

ANNUAL REPORT



International Federation of Red Cross and Red Crescent Societies
Fédération Internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

ZAMBIA

31 May 2006

In Brief

Appeal No. 05AA016; Appeal target: CHF 3,327,244 (USD 2,746,837 or EUR 2,134,216); Appeal coverage: 96.6%. [Click here to go directly to the attached Financial Report.](#)

Annual Appeal : <http://www.ifrc.org/docs/appeals/annual05/05AA016.pdf>

Programme Update no. 1: <http://www.ifrc.org/docs/appeals/annual05/05AA01601.pdf>

Programme Update no. 2: <http://www.ifrc.org/docs/appeals/annual05/05AA01602.pdf>

This Annual Report reflects activities implemented over a one-year period; they form part of, and are based on, longer-term, multi-year planning.

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Operational context

Zambia Red Cross Society supported by its partners aimed to strengthen its capacity in responding to emergencies, while at the same time initiating actions to address long-term needs. The 2005 Annual Appeal and plan of action were a reflection of the needs that emanated from the context of the society's strategic development plan and Cooperation Agreement Strategy (CAS). Central to all activities was the recognition to address the needs and roles of people living with HIV and AIDS (PLWHA), particularly women, orphans and other children made vulnerable by HIV and AIDS (OVC) in prevention, care and treatment of HIV and AIDS.

Despite expectations for improved food security following the 2003-04 agricultural season, critical vulnerability remained primarily due to complex linkages between the spread of the HIV and AIDS pandemic, food insecurity, governance and the decline in social service provision. Zambia is vulnerable to HIV and AIDS related illness, malaria, cholera outbreaks and other infectious diseases. According to World Health Organization (WHO) and the Ministry of Health central bureau of health statistics of 2004, 16% of Zambian adults are HIV positive, and among urban women in their 30s, prevalence exceeds 40%. However there was small improvement including evidence that prevalence rate has declined for girls aged 15-19.

According to the 2004 Global Human Development Report, Zambia's the Human Development Index (HDI) was pegged at 0.386% which ranked Zambia at 164 out of 177, thus making it one of the world's poorest countries. The

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United Nations (UNDP /WHO Report 2004) estimates that Zambia has the lowest life expectancy at birth in the world, that is less than one in three Zambians born today will survive past 40 years. The government also achieved significant improvement in services for OVC and households affected by HIV and AIDS in the past five years.

The water and sanitation (WatSan) programme focussed on the rehabilitation of boreholes, distribution of sanitary platforms for the construction of latrines, hygiene/sanitation promotion and awareness campaigns at public institutions and their surrounding communities in the 43 villages. The Global Water and Sanitation Initiative (GWIS) strategy was introduced in the project area. The GWIS has an overall goal of “contributing to the achievement of the Millennium Development Goal (MDGs) by scaling up established capacities”. The primary objective is to “increase sustainable water and sanitation coverage among the vulnerable people while encouraging greater hygiene awareness”. Through their achievements in 2005, the Federation and national Zambia Red Cross Society contributed significantly to the water and sanitation MDGs, ARCHI¹ 2010 and Algiers Plan of Action; however, the GWIS is designed to promote a common approach among national societies.

Increased hostility and political instability in the neighbouring Democratic Republic of the Congo (DRC) continued to impact negatively on the affairs of refugees in Zambia. Increased rebel incursions in eastern DRC and sporadic military skirmishes along the border with Zambia have resulted into a small influx of Congolese refugees. As a result, planned repatriation of Congolese refugees was put to a hold. It is envisaged that voluntary repatriations will only commence once peace has returned to the DRC after the presidential and parliamentary elections later in 2006.

The country reached the HIPC initiative Completion Point in April, 2005. As a result, most of the Paris Club creditors wrote-off 100% of Zambia’s public and publicly guaranteed debt. In addition, the country qualified for write-off of 100% of its debt to African Development Bank, International Monetary Fund and the World Bank. Following the debt cancellation, Zambia is now able to re-allocate money erstwhile earmarked for debt servicing towards specific projects in the area of primary health, education, and agriculture and infrastructure rehabilitation.

Analysis of 2005 programmes

Health and care

Goal: Sustainable improvement in health and well being for targeted vulnerable populations

Community-based health promotion

Objective: A sustainable improvement in the health status of vulnerable people (30,000) in priority health areas in Kapiri Mposhi, Sinazongwe, Maamba, Mporokoso, Mongu and Livingstone, and Mansa districts by 2006.

The community-based health promotion project (PZM 412) did not receive funding, save for the Federation Disaster Relief emergency Fund (DREF) allocation of CHF 50,000 towards responding to cholera emergencies, and bilateral funding for malaria control and prevention from the Canadian Red Cross Society. In consultation with the national society, it was decided that this project be closed and activities integrated into HIV and AIDS, water and sanitation and disaster management functions. This annual report therefore reflects these activities as an ‘integrated’ and complementary to other health and care functions.

Progress/Achievements

Volunteers have capacity to address common health problems and minor injuries.

The national society facilitated a joint health emergency and disaster management training for 32 Red Cross volunteers from Lusaka, Kapiri Mposhi, Maamba, Mporokoso, Livingstone and Mongu districts. Government health technicians, police and non-governmental organizations representatives attended the training that covered basic health emergency, first aid and basic disaster management. The trained Red Cross volunteers enhanced their

¹ ARCHI – African Red Cross/Red Crescent Society Health Initiatives 2010 builds on its strength: a Red Cross and Red Crescent presence in each of 53 countries in Africa and, in all, more than two million volunteers. The overall goal of ARCHI 2010 is to make a major difference in the health of vulnerable people in Africa. Refer <http://www.ifrc.org/what/health/archi/>

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capacity to respond to health emergency situations. During the fourth quarter of 2005, 45 volunteers supported Cholera and Marburg virus emergency interventions in Lusaka, Mansa and the Copperbelt districts. A total of 1,000 households were reached during public health education campaigns in cholera endemic areas.

Families have capacity to address common health problems and minor injuries.

Community sensitisation was carried out in high risk areas targeting food insecure and HIV and AIDS affected households. Some 500 households were sensitised in basic health and care, hygiene promotion, and sanitation in all the home-based care (HBC) project areas.

Volunteers have promoted sexually transmitted infections (STIs), HIV and AIDS prevention and control to 30,000 vulnerable people.

Red Cross volunteers worked closely with Medecins Sans Frontieres (MSF)-Holland in the prevention and control of STIs, HIV and AIDS mainly in Kapiri-Mposhi district. The volunteers conducted door-to-door campaigns on sensitization and educating on public health, good sanitation practices, prevention of HIV and AIDS, anti stigma and discrimination reaching approximately 30,000 people.

Volunteers have promoted malaria prevention and control to 30,000 vulnerable people.

The evaluation report for malaria control and the distribution of Insecticide Treated Nets (Malaria – Bed nets) (ITN) was issued by the Canadian Red Cross Society consultant. The evaluation followed the distribution of 15,500 ITNs targeting some 4,000 households in Western and Copper Belt provinces. Expectations for further funding from the Canadian Red Cross Society did not materialise owing to some structural and priority changes by the donor.

Volunteers have promoted tuberculosis (TB) prevention and control.

Activities under this section were integrated into HIV and AIDS projects. The volunteers played a very important role in monitoring to ensure that the home-based care client on TB direct observation treatment (DOTS) adhered to the treatment, with guidance from the health authorities.

Volunteers have promoted safe water use, adequate sanitation and hygiene to 30,000 vulnerable people.

The national society conducted a refresher course in public health education using Participatory Hygiene and Sanitation Transformation (PHAST) techniques for 43 hygiene promoters. Access to safe water and sanitation increased by 35% and a general decrease in morbidity levels amongst the population in the project areas.

Volunteers have capacity to respond to health emergencies.

Responding to cholera outbreaks was the major aspect of the community-based health activities during 2005. Zambia Red Cross Society with support from the Federation country delegation responded effectively to cholera outbreaks in northern Zambia and in Lusaka. A total of 20,000 people were affected by cholera in the two districts with 15 deaths reported. The interventions were mainly in hygiene promotion, door-to-door health education campaigns, training of hygiene promoters, distribution of oral dehydration salt (ORS) and disinfectants. The DREF funds were utilized for the above activities including the procurement of various cholera treatment materials. The Federation regional delegation donated two cholera kits to the Ministry of Health for use during the operation.

Capacity of national society to resource and deliver quality health and care projects to the vulnerable in coordinated programmes is increased.

Zambia Red Cross is an active member of the Interagency Coordination Committee and the National Social Mobilization Committee. Partnerships with United Nation Children's Fund (UNICEF) and WHO have been negotiated and memorandum of understanding agreed.

Impact

Despite the slow funding response for the cholera outbreak, the Red Cross volunteers and health technicians were the first on the ground to intervene in the hardest hit areas of Lusaka and Northern Province. The knowledgeable Red Cross volunteers and health technicians provided accurate information on how to prevent and respond to cholera outbreaks at community level.

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The cholera intervention enhanced visibility and profile of Zambia Red Cross Society in the country. Being the first to react to cholera outbreaks, coupled with the 2004's record coverage of over 92.5% of the mass measles campaign, Zambia Red Cross Society re-established contact with a wider donor and population base.

Constraints

Despite the successes of the cholera campaigns, implementation of routine project activities was derailed due to shortfalls in funding and high staff turnover at the Zambia Red Cross Society. The recently appointed health coordinator's contract was not renewed in the second half of 2005. However, with the recent confirmation of HIV and AIDS programme manager, it is anticipated that monitoring and supervision of health project activities will be carried out effectively and timely. Patients defaulting from taking TB drugs have been identified as a major problem in combating the disease in Zambia.

HIV and AIDS

Objective: The impact of the HIV and AIDS programme is increased by the end of 2005 through improving the quantity and quality of its interventions.

Progress/Achievements

The HBC project for PLWHA is expanded to reach a total of 5,000 clients in eight targeted districts.

In 2005, the coaches and care facilitators reached 4,169 HBC clients. Activities implemented involved counselling, health and hygiene education and training of primary health care givers on home care. Strict adherence to treatment protocols on TB DOTS and antiretroviral (ARVs) was observed.

Zambia Red Cross Society organized joint antiretroviral therapy (ART) training with Southern Africa AIDS Information Dissemination Service (SAFAIDS). A total of 32 Red Cross staff and volunteers comprising of three project officers, a training advisor and 28 care facilitators drawn from Sinazongwe, Livingstone and Chipata HBC project areas were trained in ART management. A total of 25 Red Cross volunteers were trained as care facilitators at Chipata branch, with the support of the Federation.

5,000 HIV and AIDS clients receive quality nutrition support.

With the assistance of the Netherlands Red Cross Society and the Federation, food parcels consisting of maize meal, beans, oil and kapenta (local fish) were distributed to 3,607 HBC beneficiaries in seven project areas. The food aid was for 60 days as part of the contribution to nutrition and health well being of the clients and food basket was enough to provide 2,600 kilo calories per day per person. Nutritional supplements were also distributed to clients in Kapiri Mposhi, Sinazongwe, Sesheke, Mporokoso, Livingstone, Mansa and Mongu, the results of which saw the weaning off of 72 HBC clients.

The youth peer education projects is expanded to reach a total of 5,000 youths.

Youth peer-education activities in Mansa, Maamba, Livingstone and Kapiri Mposhi reached 342 youths. Drama groups established in Mansa, Mongu and Kapiri Mposhi were provided with uniforms. The target established at the onset of the project was partially achieved due to inadequate absorption capacity and slow disbursements of funds.

5,000 OVC receive materials, education, psychological and social support.

A total of 4,060 OVC were registered in HBC project areas and 610 of them received educational support. Zambia Red Cross Society supported the OVCs in accordance with the guidelines and assistance from the regional OVC delegate. The target established at the onset of the project was partially achieved due to inadequate absorption capacity and slow disbursement of funds. In order to enhance good service to OVCs, the national society recruited an OVC focal person.

Stigma and discrimination decrease through advocacy and communication strategies directed at media and authorities.

Zambia Red Cross Society launched the OVC strategy at a function held in Mansa and attended by some 250 people from the humanitarian agencies, government departments, private sector and the general public. The national society is hence developing clear operational guidelines in conformity with the regional OVC strategy also launched in 2005.

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The capacity of the national society to manage, implement, monitor and evaluate its HIV and AIDS programme is strengthened.

As a way of rolling-out and scaling up the HIV and AIDS projects, HBC projects were established in Chipata district. An HBC project officer was recruited to manage the Chipata branch activities. The national society recruited a national HIV and AIDS programme coordinator which improved implementation and monitoring of the HBC projects. Support in terms of training was also provided from the Federation regional delegation.

Zambia Red Cross Society has partnerships with sector agencies.

Partnerships were established with local offices for Joint United Nations Programme on AIDS (UNAIDS), UNICEF, National AIDS Council, embassies and other government departments. In the refugee operation, a reproductive health and HIV and AIDS proposal was drawn to consolidate HBC project in Mwanze refugee camp. United States Agent for International Development (USAID), under the President's Emergency Plan for AIDS Relief (PEPFAR) funding provided USD 80,000 for the implementation of HIV and AIDS activities in the camps. Refugee leadership committees in Mwanze refugee camp were also included in the training programme.

Impact

Awareness on the prevention of STI, HIV and AIDS in the communities where HBC projects are implemented was increased indicated by positive behavioural changes. Stigma and discrimination has been addressed through establishment of income generating activities for support groups. More HBC clients are disclosing their HIV status and take voluntary testing and counselling.

Collaboration with other organizations such as the UNAIDS, USAID, UNICEF, UN Population Fund (UNPFA), partner national societies and the government has improved, evidenced by the improved coordination of HIV and AIDS programmes at national level. Zambia Red Cross Society is recognised by the government and other stakeholders as a credible humanitarian agent. For example the national society was given the lead role under the National Network Alliance for HIV and AIDS. There was increased membership recruitment and volunteer engagement due to increased presence of the national society in the HBC project areas such as the new projects in Chitapa and Mongu districts.

Constraint

Scaling-up efforts were hampered by inadequate absorption capacity of the national society. Additional staffs have now been identified to support project activities in the field including an OVC and PLWHA officers.

Water and Sanitation (WatSan)

Objective: Establishment of sound, sustainable environmental services for 30,000 vulnerable people in Mapanza ward, Choma district, Southern province by 2005 in water supply, sanitation and hygiene promotion.

In 2005, Zambia Red Cross Society supported by the Federation regional and country delegations strengthened the health and care programme in the areas of water supply, sanitation, vector control, hygiene/sanitation promotion and in training of communities to manage their water supply facilities 'software'² aspects of the project). WatSan activities were initiated in Mapanza ward, Choma district, targeting public institutions communal water points and HIV and AIDS affected households as part of its integration with the HBC programme.

The WatSan baseline survey carried out in the first quarter of 2005 was the guiding tool for intervention in Mapanza, Choma district. The WatSan projects were concentrated at ward level (the administrative structure below district level). At ward level villages and communities were responsible for their water supply and sanitation facilities and were encouraged to establish lower level (water supply, sanitation and hygiene education) WASHE committees – village water and sanitation health education (V-WASHE) to ensure effective community planning and management of water supply and sanitation facilities. The committees were assisted by extension workers such as the environmental health technicians, community development assistants and by non-governmental organizations.

² Software (WatSan) – refers to the planning stage of a project where needs of a community are identified, defined and capacities build in order to promote self-sustainability, ownership.

Hygiene promotion/sanitation promotion volunteers effectively cover target population of 30,000 by year 2006.

A total of 63 village hygiene promoters were trained and deployment to villages in Mapanza ward. Ten sets of PHAST promotion tool kits for the hygiene promoters were produced and implemented hygiene promotion activities using the kits. The volunteers have visited 1,557 households, and conducted 43 village meetings reaching the targeted 30,000 beneficiaries.



Construction and distribution of 1,000 sanitary platforms (SanPlats) to households who build adequate traditional latrines by 2006.

Efforts were concentrated on identification and siting of latrines in seven sites in Mapanza ward so that beneficiaries could start digging the pits in preparation for latrine construction. Following this preparatory phase, 800 SanPlats were provided for household latrine construction.

80 viable and adequate latrines at schools and health centres in target area by 2006.

A total of 80 viable latrines were constructed covering schools and hospital centres, also accessible to the surrounding communities.

65 viable, fully functioning and adequate community managed water supplies in low-income villages by 2006 (20 new boreholes fitted with hand pumps, 45 hand pumps rehabilitations).

Rehabilitation work was started late due to delayed disbursement of funds from the headquarters. A total of 20 water-points (boreholes) were rehabilitated and by end of the year the project was constructing new water points.

Water supply, sanitation and hygiene promotion projects, efficiently and effectively implemented using demand responsive community managed approaches by 2006.

The V-WASHE committees managed the hand pumps with assistance from the WatSan officers. Some 12 community-based hand pumps mechanics were trained in equipment maintenance. Activities such as project selection, identification and implementation, selection of water-point committee members, community-based management training, hygiene promoters' training was carried out using demand responsive community-based approaches.



Increased resources for water/sanitation and hygiene promotion projects, and contribution to sector policies, best practices, coordination and cooperation by 2006.

The WatSan officer is an active member of the National WatSan Collaborative Council where lessons learnt and best practices are shared and advocated for amongst different players in the WatSan sector. The national society has the lead role in the interventions under the Ministry of Water Development.

Zambia Red Cross Society's ACP-EU water facilities application was successful. The national society with support from Federation regional and country delegation will work in collaboration with the British and Swedish Red Cross Societies on the proposed three-year WatSan project.

Capacity to respond, (and if necessary) to disasters requiring water/sanitation and hygiene promotion response.

The national society has four technicians who have been trained in RDRT and can respond immediately in the event of a disaster. The WatSan department supported the Red Cross response to the cholera outbreak in Lusaka and in

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the Makeni refugee transit camp for Angolan returnees. The Zambia Red Cross Society is implementing water supply, sanitation and hygiene promotion operation in Mwangwe Refugees camp for Congolese refugees, in Mporokoso, Northern Province and the transit camps in Lusaka. The water pumping, chlorination and distribution network comprising one reticulated water system (one spring, one stream, three generators, three pumps, five distribution tanks, 25 tap stands and 145 taps) and 28 boreholes provided quality water with a minimum of 20 liters/per/day.

A total of 29 ventilated improved pit latrines were constructed in public places. Within the camp, 18 hygiene promoters trained in PHAST methodologies and 40 actors trained on malaria prevention and control.

Impact



There was a significant improvement in the hygiene of households, with a visibility of over 85% of the households having dish racks (for keeping cooking utensils off the floor) and adequate latrines.

Community ownership and sense for self-responsibility has been raised due to the formation of village water committees, training on operation, maintenance and hygiene awareness.

quantity for both the caregivers and HBC clients. The villagers were urged to use spill water for gardening.

Visibility of the Red Cross especially in branches was enhanced due to the water and sanitation projects which reached the most

vulnerable communities affected by HIV and AIDS.

Constraints

The funding for the WatSan projects had a shortfall of 35% owing to slow response from traditional donors. This led to the delays in the implementation of the planned activities, thus failing to reach the targeted beneficiaries. In addition, delays in the disbursements of funds from the national society head office in Lusaka hampered the smooth running of the operation.

The WatSan field vehicle meant for hygiene promotion was taken by court bailiffs and sold by auction due to some legal matters, thus affecting the implementation of the activities. Implementation of activities has been slow owing to frequent relocation of project officer to attend to other water and sanitation activities in Makeni refugee transit centre.

Disaster management

Goal: The quality of life, health, and productivity of targeted communities is improved through better disaster management.

Objective: By 2007, the Zambia Red Cross Society has developed mechanisms for empowering and strengthening communities in disaster management so as to reduce human suffering.

Progress/Achievements

Capacity of the national society to respond to disasters strengthened in order to reduce community vulnerability.

Following the approval of the national disaster policy bill, Zambia Red Cross Society reviewed its own disaster management policy and plan in order to incorporate the new roles and responsibilities assigned to it by the government. Basic disaster management training courses were carried out in Lusaka, Mongu, Mansa and Mporokoso targeting national society staff and volunteers, community-based non-governmental organizations and government relevant departments. The objective of the various trainings was to equip participants with basic disaster management techniques including first aid and emergency response. Zambia Red Cross Society remained the only humanitarian organization that provided effective disaster management training to other humanitarian agents and the local government authorities, especially in first aid.

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Zambia Red Cross Society was among the four national societies in the region selected to implement the three-year DFID funded disaster risk reduction project, being implemented in Sinazongwe and Sesheke districts in Southern province. The focus of the project is to build resilience among disaster affected communities and strengthen the capacity of the national society to respond to disasters effectively and efficiently.

The disaster management coordinator attended a 14 days intensive FACT³ training in Archamp, France in April. The national society also sent four members of staff for RDRT training held in Namibia, under the ‘response to epidemics such as Marburg’. Therefore, Zambia Red Cross Society has four RDRT members. Training in first aid was undertaken for the Red Cross staff, Zambia Police Service, Local Council Fire Brigade, Department of Civil Aviation and National Airport Authorities and other stakeholders.

Disaster response activities are within agreed standards or acceptable time scale

Zambia Red Cross Society disaster response team was actively involved in providing first aid and relief assistance to the victims of the road traffic accident in Kawambwa and mines victims from Chambishi copper mines factory in which more than 80 people died. The government applauded the role of the Red Cross in providing immediate rescue, relief and rehabilitation of the victims.

With funding from Federation DREF, Zambia Red Cross Society responded to cholera outbreak in Lusaka. According the Ministry of Health, some 2,450 cases were recorded in Lusaka and districts within the Copper Belt province. Other partners involved in the campaign included Medecins Sans Frontieres (MSF), Japanese International Cooperation Agency (JICA), District health Management Boards (DHMT), District Councils, and society for family health.



In collaboration with the government’s disaster management and mitigation unit (DMMU), Zambia Red Cross Society distributed 2,165 MT of white maize relief food to 78,000 beneficiaries affected by flash floods in Zambezi, Chavuma and Lukulu districts in early 2005. In response to the current food insecurity situation in the country, the national society distributed food on behalf of the government targeting 12,000 beneficiaries in the following areas; Chavuma 52 MT; Zambezi 157 MT; Lukulu 193MT; and Mazabuka 689 MT. Other distribution activities are ongoing under the food security operation supported through the Federation regional *Food Security Emergency Appeal (05EA023)*.

Community-based early warning system in place and are able to cope with disasters.

A Food Security Initiative proposal was submitted to Swedish Red Cross Society based on the recommendations from a vulnerability capacity assessment (VCA) conducted in Sinazongwe and Maamba districts in Southern province. Integration with HBC and water and sanitation programmes has been achieved. The programme’s main objective was to establish long-term food security initiatives to ensure sustainable food security among HIV and AIDS affected and infected households under the HBC project. A full package encompassing WatSan, health and care, disaster management and food security activities will be developed and implemented to reach 1,000 households.

The RDRT trained staff members participated in the National Vulnerability Assessment Committee (VAC) needs assessment conducted during the first half of 2005. The objective of the mission was to verify the food stocks in the country in view of the erratic rainfall patterns, communities’ coping mechanisms, and levels of crop diversification.

³ **FACT** – Field Assessment and Coordination Teams rapidly assess and coordinate humanitarian response to large-scale emergencies. The system is designed to form and deploy teams of highly trained Red Cross and Red Crescent response practitioners to a disaster site within 12 to 24 hours. Refer to <http://www.ifrc.org/what/disaster/fact/>

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A secondary objective was to identify target beneficiaries for a possible food intervention. The results indicated that the half of the country received less than normal rainfall which was unevenly distributed and crop failure estimated at 60% to 90%. The Federation allocated DREF CHF 50,000 to assist Zambia Red Cross Society complete a needs assessment and beneficiary identification. In addition, to determine actual needs and priorities of the communities affected and support food intervention for HBC clients. Following these developments, a food security and livelihoods appeal was launched to support some 118,000 beneficiaries with immediate food aid and long-term developmental assistance.

Improved quality of life for 24,000 Congolese refugees and internally displaced persons (IDPs) by providing a comprehensive care and assistance

Congolese refugees: In 2005, there was no new influx of refugees from the DRC save for isolated cases of Congolese nationals crossing into northern Zambia for economic reasons. Planned repatriations for the 24,000 Congolese refugees in Mwange Camp were put on hold owing to increased hostilities in eastern DRC. Zambia Red Cross with the support from the Federation provided assistance in health, care, nutrition, distribution of food and non food items, water and sanitation and camp management. More than 3,911 MT of food and 189,481 pieces of non-food items including 189,411 pieces of soap were distributed to more than 24,000 refugees in Mwange camp, Kaputa, Chiengi and Mpulungu transit centres.

Table 1: Food distribution in 2005 – Mwange refugee camp

	Quantity (MT)	Number of Beneficiaries*
Sorghum	1180,806	23,920
Maize grain	788,95	23,720
Maize Meal	649,019	22,435
Pulses	985,318	23,930
Cooking oil	172,516	23,930
Salt	80,510	23,930
HEPS	50,264	881
Milk	3,492	807
Total tonnage	3,910,875	

*The number of beneficiaries is not cumulative

Zambia Red Cross Society signed separate sub-agreements with WFP for food distribution, United National High Commissioner for Refugees (UNHCR) for non food items and general camp management. Previously the distribution of food items was covered under the Zambia Red Cross Society/Federation/UNHCR programme. WFP handed over the management of the Extended Distribution Points (EDP) to Zambia Red Cross Society in July 2005.

Angolan Refugees: The repatriation of Angolan refugees recommenced following brief stoppages as a result of 'new discoveries' of land mines in eastern part of the country. A total of 16,787 Angolan refugees were repatriated by end of 2005. Delays in the repatriations were attributed to reluctance by some Angolans refugees citing concerns over being forced to return before harvesting their crops from settlement areas in western and north-western Zambia. Makeni Camp transit camp was established in Lusaka for mainly Angolan Refugees.

Refugee Urban Caseload in Lusaka: A new tripartite agreement was concluded with UNHCR concerning the implementation of the new refugee urban caseload project. Zambia Red Cross Society supported by the Federation were responsible for providing social and community welfare assistance to 5,000 refugee urban caseload of multi-ethnic origin based in Lusaka. In addition to the Federation support, the UNHCR also endorsed the payment of in-country costs for finance delegate, programmes coordinator and head of delegation in addition to meeting the 5% PSR costs to the Federation.

Impact

- Integrated programming led to efficient utilisation of resources, sharing of ideas and information.
- The refugee project coordinated by the Zambia Red Cross and supported by the Federation country delegation earned credibility from a wide partners and visitors to the camps.

Constraints

- The major constraint was low funding due to poor donor response to the annual appeal. Most of the planned activities under the disaster risk mitigation functions were not implemented.
- UNHCR funding for the urban caseload was inadequate and the budget was reviewed to include missing components. Shortfalls in the funding for the refugee projects meant non-compliance to the SPHERE minimum standards for disaster response.
- Lack of transport, trained and skilled volunteers remains the greatest constraint in the implementation of disaster management activities.
- A nutrition survey conducted in refugee camps indicated increased levels of malnutrition among children under five years due to high incidences of malaria, diarrhoea diseases and monotony in diet. Low birth weight among newly born babies was equally high. Recommendations by the consultant were considered for implementation after discussions with other stakeholders among them UNHCR and WFP working in Mwanze.

Humanitarian Values

Goal: The promotion of the Fundamental Principles and dissemination of Humanitarian Value brings about change in the behaviour of the Zambian people:

Objectives: Enhanced capacity of the Zambia Red Cross Society to promote the Fundamental Principles and Humanitarian Values by 2007.

Progress/Achievements

The resource development and public relations officer coordinated various training on the ‘Red Cross,’ ‘*who we are and what we do*’ targeting the police, army and national society staff and volunteers working in various projects in the country. There is a greater understanding of humanitarian values and fundamental principle within Zambia Red Cross Society’s structures. Information dissemination workshops were held in Mpulungu branch where the grass root volunteers were sensitized on the Red Cross issues, ideals, values, Fundamental Principles and Humanitarian Values.

There was increased media coverage this year ranging from daily Red Cross activities, involvement of the Red Cross in emergency rescues, food insecurity assessments, and cholera operation. The national society held various press briefings on the Red Cross activities on interventions of the current food insecurity situation in the country. Recent operations have greatly contributed to enhanced profile and image of the national society, that is, the mass measles campaign, cholera operation, food security operation, flood operation and the refugee programs.

The national society organized several activities to commemorate the international days such as World Red Cross and Red Crescent Day, World Refugee Day, First Aid Day and World Risk Reduction Day, International Volunteers Day and many others. The Red Cross used this as a platform to influence national agenda through advocacy activities. The World Red Cross Day always offered a platform for expanding dissemination activities and promotion of Humanitarian Values.

The national society produced and aired a programme on national television on the Additional Protocol and the need for an additional Red Cross Emblem. The national society’s own film production on the role of First Aid in traffic accidents and emergencies was aired by the national television. The Zambia Red Cross Society lobbied the government to introduce a statutory instrument on the compulsory First Aid Training for drivers as a measure that would reduce the road traffic accidents in the country.

Zambia Red Cross Society has had a high profile as a key humanitarian actor and advocates in the country with the added advantage of a network of Red Cross branches capable to deliver services at community level. Zambia Red Cross Society is now recognised by the government and other partners in the country as a credible organization of first choice.

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More strategic partnerships were established and funding to support vulnerable people increased. Recent partnerships with USAID, Ministry of Health, UNICEF, and WFP, WHO, UNHCR, UNDP, partner national societies and local donor governments in the country are true testimony of the level of the national society cooperation with others.

Impact

- Due to increased Red Cross community-based and disaster response activities during this reporting period there is a marked increase in the number of people registering to be volunteers.
- Zambia Red Cross Society has successfully influenced policy change as shown by the government introduction of the new first aid policy.
- There is a better understanding of emergency issue among the media and they are now playing an active role in highlighting the plight of the most vulnerable members of the communities. There is more coverage of Red Cross work in the media as shown by the number of stories on food insecurity in the country from Zambia Red Cross Society.
- More people that are vulnerable are protected and their human dignity respected through wider respect for Humanitarian Values.
- Prompt and accurate media coverage of news events and advocacy campaigns in which Zambia Red Cross Society and/or Federation are involved. There is increased interest by the media personnel to cover all Red Cross activities and events.
- There was a decrease in abuse of the Red Cross Emblem and there is wider understanding of the Red Cross mandate and activities.

Constraint

The national society requires specific funding and material to support the promotion of Fundamental Principles and Humanitarian Values. Funds are mainly required to procure the most needed equipments such as cameras to improve efficiency in information gathering, processing and dissemination.

Organisational development

Goal: The lives of the vulnerable people in Zambia are improved as a result of better leadership, management, more efficient and better targeted programming of the Zambia Red Cross Society.

Objective: By 2007, the Zambia Red Cross Society has increased capacity to design and implement strategic directions and is clearly heading towards becoming a well-functioning national society.

Progress/Achievements

Recovery plan fully implemented and the national society is positioned to embark on significant reform with backing of major partners.

Zambia Red Cross Society implemented the plan on action from the Recovery Plan and recommendations from the organizational audit conducted by Strategic Business Solutions (SGS) Audit firm. An internal evaluation for the national society Recovery Plan was concluded and findings presented to donors during the Southern African Partnership of Red Cross Societies (SAPRCS) partnership meeting held in Johannesburg. Whilst most of the planned activities were accomplished according to agreed time-frame, there remained major challenges facing the national society, especially in financial management and branch development. The National Executive Council (NEC) endorsed the two documents and tasked the governing board and management to focus areas that would bring change to the national society.

The Zambia Red Cross Society has a legal function, effective and efficient leadership and management that support implementation of programme activities

The audit by the Swiss-based SGS Auditing firm was sponsored by the Secretariat of the new Partnership for African Red Cross and Red Cross Societies (NEPARC). Results of the organizational audit finding were released and shared with partners in order to map out key national society capacity building strategies. It was clear from the recommendations that Zambia Red Cross Society will have to put extra effort in organizational development in order

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to attain SGS accreditation points. The SGS organizational audit recommendations outlined key areas that the recovery plan was already addressing.

Following the SGS audit, the Fritz Institute (NEPARC funding partner) pledged to support Zambia Red Cross Society in the implementation of SGS audit recommendations. Fritz Institute with NEPARCS support worked closely with the national society in the implementation of SGS organizational audit recommendations. KPMG Consultancy firm was engaged to support the national society in the implementation of SGS recommendations. It is expected that SGS may be invited early 2006 by the national society to re-assess the situation.

The Zambian Red Cross Society has in place effective financial and logistics procedures to support programme implementation.

The national society recruited a finance director, a key position that is crucial for the national society finance development reform programme. Save for the positions of health coordinator, all other vacant positions were filled in 2005, which is secretary general, auditor, WatSan coordinator, public relations and resource mobilization manager. Following the visit of the regional finance development delegate, the national society agreed to embark on financial reforms aimed at strengthening finance management capacity. A plan of action was drawn and funding opportunities were identified. Swedish Red Cross Society was approached to consider some activities outlined in the report.

With the support from South African Navision consultant and Federation regional delegation, Navision Accounting software was re-installed. The national society engaged a Navision trained accountant to manage the accounting system. The financial audit reports for 2001 – 2004 were released by Grant Thornton auditing firm. A draft Financial Manual was also released and awaits a final approval by the governing board.

Branch development

Branch development activities carried out centred on membership recruitment, volunteer identification and deployment to cholera and floods emergencies. Branch governing board elections were conducted in northern and southern provinces following protracted conflict in the management of the branches.

Impact

- Ÿ Whilst the national society has scored high in its recovery process, gains have been wiped out by the ever crippling debt that continued to derail any progress made in the society's organization development.
- Ÿ There is a need for continued leadership commitment to change and reform, especially in the area of finance management. Good governance is central to national society's ability to adapt to change and respond to both future needs and challenges.
- Ÿ Zambia Red Cross Society will require unequivocal governance support to achieve set objectives. Separation of roles of governance and management remained a challenge not only at the national headquarters but throughout the branches. There is a need therefore, to develop a 'compliance guidelines for separation of roles of governance and management' as laid down in the Constitution.

Constraints

- Ÿ The major constraint to the national society's development process was the huge debt situation that has wiped out gains achieved. Even though the national society has worked tirelessly to bring down by 55% its total debt, there are signs that this trend may start to creep upwards again owing to less income from royalties and reluctance by partners to provide direct funding to the national society.
- Ÿ The national society requires support in the implementation of recommendations outlined in the SGS audit report. A plan of action was drawn and shared with partners in the second half of 2006.
- Ÿ Income generating activities in the branches especially hostel and restaurant businesses have not performed well owing to financial mismanagement by branch officials. This is a major concern that must be addressed by the national society's management and National Executive Committee (NEC).
- Ÿ The other challenge to be addressed by the national society concerns the volunteers and their role in the National society when projects for which they were recruited have closed. What to do with large numbers of volunteers who have been disengaged from relief and emergency operations following the closure of such projects?

Coordination, cooperation and strategic partnerships

Goal: Increased partnership and coordination is promoted and built to support the Zambia Red Cross Society programming and service delivery in the core areas.

Objective: The Zambia Red Cross Society is empowered and strengthened to achieve their mandate through strategies for developing strategic partnerships.

Progress/Achievements

The priorities of the Federation country delegation were set guided by the global Federation objectives, and based on priorities outlined in the national society's Strategic Development Plan and the Algiers Plan of Action. Federation supported programmes (Angolan and Congolese refugee programmes, cholera, floods and food security operations) were implemented in accordance with the existing standards, strategies and objectives of the Federation, including transferring increased responsibility and accountability to the field.

Federation provided quality services and sufficient management support to Zambia Red Cross Society governance, and management through the head of delegation, finance and administration delegate, and refugee programme coordinator. Assistance was also provided through facilitating at various workshops. Federation finance and administration delegate and the regional finance and development delegate provided technical assistance to the national society in the area of finance management including the installation of Navision Accounting software.

Partnerships within and outside the Movement were established to support Zambia Red Cross Society activities, for example, new partnership with USAID for HIV and AIDS control and prevention in the refugee camps; WFP concerning the management of food EDPs; UNHCR to manage the refugee urban caseload; UNDP and WHO. Coordination Committee Meeting (CCM) is used as a forum for building effective partnerships, coordination and harmonization of stakeholder's plans, for example, the CCM forum has been effectively used to enhance partnerships. Federation logistics staff continued to provide technical assistance to the national society logistics department especially in the area of procurement and transport management.

Impact

The country delegation was a fully functional business centre of the Red Cross Movement. Partner national societies and other partners appreciated the facilitation and coordination role of the Federation country delegation. In appreciation of this role, UNHCR, WFP and USAID are paying in-country costs for all accredited Federation delegates in the country.

Through CCM forum, harmonization of activities with ICRC and partner national societies has greatly improved, including the development of joint ventures (e.g. basic disaster management training and RDRT training), joint planning and sharing of knowledge and best practices.

Closer linkages have been established between the Federation country delegation and the regional delegation and other partners to ensure adequate flow of resources for programme support.

Constraints

Constant and unprecedented changes in the national society staffing, including the key positions of head of programmes, has been met with criticisms from donors and national society partners. It is important to note however, that the key position of secretary general and finance director have now been filled

The period was marked by uncertainty regarding the status of the Federation presence in the country. The donors contend that the national society will require substantial support in capacity and organizational building in both short and medium term with support of the Federation.

Delegation management

Goal: The Federation systems and procedures are improved to ensure effective implementation of Federation objectives in the country and to support capacity building of the Zambia Red Cross Society.

Objective: The Federation delegation in Zambia has effective and efficient systems and procedures in place and oversees the delivery of services to the Zambia Red Cross Society through facilitation of cooperation models and effective coordination of Federation resources.

Progress/Achievements

Federation support to programmes has been implemented and resources applied in accordance with the existing standards, strategies and objectives, including transferring increased responsibility and accountability to the field. Narrative and financial reports of all Federation supported programmes and projects are compiled according to Federation standards and donor pledge management notes. The country delegation has developed a transition plan to hand-over Federation supported projects to Zambia Red Cross Society.

The Federation country delegation continued to provide technical assistance through the head of delegation, finance and administration delegate and refugee program coordinator. Assistance was also provided in the facilitation of different trainings carried out by the national society. All programmes are well managed and meet the Federation financial standards.

Impact

Zambia Red Cross Society, donors and partners have applauded the role of the Federation in the country. The Federation has been instrumental in supporting the national society in its organizational and development agenda. The Federation will continue to provide back up support to the national society in the management of its priority programmes and organizational development.

Constraints

Delay in the confirmation of financial support led to delayed service delivery to the national society activities. High staff turnover at the national society has resulted into unprecedented delay in project implementation. Save for disaster management and home based care activities, most of the projects have not met their intended milestones in the second half of the year.

Table 1: Partners and donors who provided financial and technical support to Zambia Red Cross Society for all programmes in 2005.

Red Cross Movement partners	Projects
Federation	HIV and AIDS, community-based health, WatSan, disaster management
ICRC	Information and promotion of Humanitarian Values
American Red Cross society – Government PRM	HIV and AIDS programme - Mwange Refugee Camps
British Red Cross Society	HIV and AIDS, community-based health and care water and sanitation, disaster management,
Canadian Red Cross Society	Community-based health and care
Finnish Red Cross Society	Water and sanitation
Netherlands Red Cross Society	Country delegation management
Swedish Red Cross Society	Community-based health and care, WatSan, disaster management, organizational development
NEPARC	Organization development
Other Organization	
Consortium (Royal Netherlands Embassy (RNE), Swedish International Development Agency (SIDA)/Swedish Red Cross Society and Development Cooperation Ireland (DCI) through the Federation	HIV and AIDS
Government departments	HIV and AIDS, community-based health, WatSan, disaster management
British government’s Department for International Development (DFID)	Disaster Risk Reduction Phase II project

-Table continues next page-

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JICA	Disaster Management
National Network Alliance for HIV and AIDS	Coordination in HIV and AIDS
MSF	Disaster management, community-based health and care
SAFAIDS	HIV and AIDS
UNAIDS	HIV and AIDS
UNHCR	Disaster management, population movement
UNDP	Coordination, disaster management
UNICEF	Community-based health and care
UNFPA	HIV and AIDS, population movement
USAID (PEPFAR)	HIV and AIDS
WHO	Community-based health and care
WFP	Disaster management, food aid distribution

[Final financial report below; click here to return to title page and contact information.](#)

International Federation of Red Cross and Red Crescent Societies

ZAMBIA

Selected Parameters	
Year/Period	2005/1-2005/9998
Appeal	M05AA016
Budget	APPEAL

All figures are in Swiss Francs (CHF)

I. Consolidated Response to Appeal

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
A. Budget	1'168'086	1'697'205		270'155	191'798	3'327'244
B. Opening Balance	50'793	116'919		817	145	168'674
Income						
Cash contributions						
American Government		409'760				409'760
British Red Cross	202'115	108'474				310'589
Finnish Red Cross		340'285				340'285
Netherlands Red Cross		2'002			1'775	3'777
Norwegian Red Cross		4'622		841		5'463
PRM		0				0
Swedish Red Cross	99'090	114'030		122'450	41'000	376'570
UNHCR (UN Agency)		900'364				900'364
WFP		155'046				155'046
C1. Cash contributions	301'205	2'034'584		123'291	42'775	2'501'855
Outstanding pledges (Revalued)						
British Red Cross		0				0
PRM		55'960				55'960
Swedish Red Cross	82'500					82'500
UNHCR (UN Agency)		114'353				114'353
WFP		68'884				68'884
C2. Outstanding pledges (Revalued)	82'500	239'196				321'696
Reallocations (within appeal or from/to another appeal)						
Canadian Red Cross Society	21'648					21'648
Netherlands Government	359'744					359'744
Swedish Red Cross	244'471					244'471
C3. Reallocations (within appeal)	625'863					625'863
Inkind Personnel						
Netherlands Red Cross		74'400				74'400
C5. Inkind Personnel		74'400				74'400
Other Income						
Miscellaneous Income	8'021	-46				7'975
C6. Other Income	8'021	-46				7'975
C. Total Income = SUM(C1..C6)	1'017'589	2'348'135		123'291	42'775	3'531'789
D. Total Funding = B + C	1'068'382	2'465'054		124'107	42'920	3'700'463

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
B. Opening Balance	50'793	116'919		817	145	168'674
C. Income	1'017'589	2'348'135		123'291	42'775	3'531'789
E. Expenditure	-958'021	-2'402'734		-95'628	-21'190	-3'477'573
F. Closing Balance = (B + C + E)	110'361	62'319		28'480	21'730	222'890

Selected Parameters	
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III. Budget Analysis / Breakdown of Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation		
	A					B	A - B	
BUDGET (C)		1'168'086	1'697'205		270'155	191'798	3'327'244	
Supplies								
Shelter	36'915	746	2'595			3'341	33'574	
Construction	13'197	6'105	55'900			62'004	-48'808	
Clothing & textiles	150'781	3'485	58'700			62'185	88'596	
Food	57'348	113'168	95'868			209'036	-151'688	
Water & Sanitation	235'983	45'967	174'762			220'729	15'254	
Medical & First Aid	225'290	10'475	139'876		87	150'439	74'851	
Teaching Materials	151'740	48'171	54'121			102'292	49'448	
Utensils & Tools	7'353	441	236			677	6'676	
Other Supplies & Services	31'759		3'901			3'901	27'858	
Total Supplies	910'366	228'557	585'959		87	814'603	95'763	
Land, vehicles & equipment								
Vehicles	22'140	54'781	-27'355			16'262	5'878	
Computers & Telecom	15'222	8'400	20'674			29'074	-13'852	
Office/Household Furniture & Equipment			9'095			9'095	-9'095	
Others Machinery & Equipment	3'500						3'500	
Total Land, vehicles & equipment	40'862	63'181	2'414			-11'165	-13'569	
Transport & Storage								
Storage	17'252	1'500	18'663			20'162	-2'910	
Distribution & Monitoring			61			61	-61	
Transport & Vehicle Costs	280'980	70'346	171'709		4'233	243'798	37'182	
Total Transport & Storage	298'232	71'846	190'433		4'233	-2'490	34'210	
Personnel Expenditures								
Delegates Payroll	238'000		89'956			65'225	155'181	82'819
Delegate Benefits	124'235	15'960	218'990			-45'060	189'891	-65'656
Regionally Deployed Staff	44'100						44'100	
National Staff	868'290	20'510	64'929		102	85'541	782'750	
National Society Staff		248'161	728'313		6'971	686	984'132	-984'132
Consultants	34'372	4'511	5'147		16'430	26'088	8'284	
Total Personnel Expenditures	1'308'997	289'142	1'107'336		23'504	20'851	1'440'833	-131'836
Workshops & Training								
Workshops & Training	195'756	41'621	55'974		10'843	3'828	112'265	83'491
Total Workshops & Training	195'756	41'621	55'974		10'843	3'828	112'265	83'491
General Expenditure								
Travel	39'127	11'857	28'199		4'661	5'355	50'072	-10'945
Information & Public Relation	81'038	5'681	33'103		9'455	373	48'611	32'427
Office Costs	195'524	19'374	102'294		6'649	3'618	131'936	63'588
Communications	4'047	14'826	35'192		1'530	4'702	56'249	-52'202
Professional Fees		5'810	10'192		15'330	734	32'066	-32'066
Financial Charges		-2'340	-11'793		-1'540	-11'564	-27'237	27'237
Other General Expenses	37'024	15'897	36'358		1'677	1'218	55'150	-18'126
Total General Expenditure	356'760	71'104	233'544		37'762	4'437	346'846	9'914
Depreciation								
Depreciation			3'769			1'256	5'026	-5'026
Total Depreciation			3'769			1'256	5'026	-5'026
Program Support								
Program Support	216'271	62'271	155'863		6'216	1'377	225'728	-9'457
Total Program Support	216'271	62'271	155'863		6'216	1'377	225'728	-9'457
Operational Provisions								
Operational Provisions		130'299	67'443		12'982	3'095	213'819	-213'819
Total Operational Provisions		130'299	67'443		12'982	3'095	213'819	-213'819
TOTAL EXPENDITURE (D)	3'327'244	958'021	2'402'734		95'628	21'190	3'477'573	-150'329

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ZAMBIA

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VARIANCE (C - D)	210'065	-705'529	174'527	170'608	-150'329
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