

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

30 April 2005

In Brief

Appeal No.: 01.19/2004 – http://www.ifrc.org/cgi/pdf_appeals.pl?annual04/011904.pdf

Appeal target: CHF 4,573,698 (USD 3,434,995 or EUR 2,944,124)

Appeal coverage: 52.9% ([Click here to access the final financial report](#))

Appeal 2005: Zambia no. 05AA016 – http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/05AA016.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. All International Federation assistance seeks to adhere to the Code of Conduct and is committed to the Humanitarian Charter and Minimum Standards in Disaster Response in delivering assistance to the most vulnerable. For support to or for further information concerning Federation programmes or operations in this or other countries, please access the Federation's website at <http://www.ifrc.org>

For further information specifically related to this Annual Appeal please contact:

- **In Zambia:** Charles Mushitu, Secretary General, Zambia Red Cross Society, Lusaka; Email zrcs@zamnet.zm; Phone +260.1.25.36.61 and +260.1.25.22 18; Fax +260.1.25.22.19
- **In Zambia:** Stephen Omollo, Federation Head of Zambia Delegation, Lusaka; Email ifrczmb06@ifrc.org; Phone +260.1.25.23.56 and +260.1.25.40 74; Fax +260.1.25.22.19
- **In Zimbabwe:** Françoise Le Goff, Federation Head of Southern Africa Regional Delegation, Harare; Email ifrczw02@ifrc.org; Phone +263.4.70.61.55; Fax +263.4.70.87.84
- **In Geneva:** Terry Carney, Federation Regional Officer for Southern Africa, Africa Dept.; Email terry.carney@ifrc.org; Phone +41.22.730.4298; Fax +41.22.733.0395

Overall analysis of the programme

In 2004, Zambia experienced an increase in agricultural production owing to stabilization in the economy, new agricultural policy and an increase in precipitation in most parts of the country. Improved funding and a good harvest had taken Zambia off the critical list of countries requiring food emergency assistance in 2004. Zambia exported three million metric tones of maize meal to neighbouring Zimbabwe, Angola and Malawi. However, this good news was eclipsed by the fact there were still food insecure households in some pockets of southern parts of the country. The Zambia Red Cross Society¹ supported by the Federation maintained its presence in these marginalized zones through food distribution targeted at HIV and AIDS affected people within the home-based care (HBC) programme.

In the fight against HIV and AIDS pandemic, the government stepped up its effort by passing a legislation allowing for the establishment of regional HIV and AIDS focus groups which are community-owned and responsible for identifying priority areas for intervention by various NGO groups. Supported mainly through the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), it is expected that by decentralizing HIV and AIDS intervention and empowering the local community, implementation and compliance will easily be monitored. The HIV and AIDS infection rate has reduced by 23% amongst the adult population attributed mainly

¹ Zambia Red Cross Society - <http://www.ifrc.org/where/country/check.asp?countryid=12>

Zambia; Annual Appeal no. 01.19/2004; Annual Report

to HIV and AIDS policy, behavioural change and effective leadership in prevention and control at all levels. However, despite these positive indicators of reduced HIV and AIDS infection rates in Zambia, the situation still poses a great threat to livelihood with 16% of adult population infected by HIV.

According to UNICEF, Zambia continues to lag behind in achieving the millennium development goals (MDG) and needed to redouble efforts in 2004. Although Zambia made efforts in issues affecting children, prevention and treatment of HIV and AIDS, more needs to be done in other sectors such as in education. Of the more than five million children in Zambia, 23% are orphans. The government continued to rank health as one of the priorities requiring special attention with particular emphasis on HIV and AIDS prevention and control. The updated National HIV and AIDS Strategic Framework (2002-2005) is expected to form the basis for planning and implementation of a consolidated response to prevention and control. The policy document estimates that nearly 660,000 people died of AIDS related illness while a further 1,000,000 are living with the virus.

On the economic front, year-round inflation remained steady at 22.3%, and the GDP growth rate was over 4.3%, owing to improved maize harvest and high copper production. The Zambia Kwacha (ZMK) has remained relatively stable against the major currencies owing to increased exports and liberalization programs initiated by the government. According to World Bank and IMF country offices, this positive economic achievement has seen Zambia attain the HIPC² completion points thereby enabling the country to benefit from debt relief in 2005. According to the government's Poverty Reduction Strategy Paper (PRSP) covering 2002-2004 periods, the country placed its priority on growth-stimulating interventions covering a wide spectrum of activities in education, health, environment and food security, in line with the MDG.

In 2004, some 3,850 Congolese refugees crossed the border into Zambia's Kilwa Islands in Lake Mweru – northern Zambia. These refugees were relocated to Mwange settlement camp after undergoing rigorous government scrutiny. Mwange Camp is home to some 24,000 Congolese refugees where Zambia Red Cross supported by the Federation are currently providing care and maintenance assistance. By the end of 2004, a total of 28,525 Angolan refugees residing in Zambia were repatriated, mainly to the province of Moxico in Angola. The returnees have been the largest compared to other countries of asylum. It is expected that the remaining 32,325 Angolan refugees will go back home before the end of 2005. The Angolan Population Movement operation was largely not funded resulting into premature closure. Save for the HIV and AIDS home-based care (HBC) activities currently being implemented in western region, bulk of planned activities remained at the planning stage owing to lack of resources. As a result, the operation closed at the end of 2004.

Another important development in 2004 was that Zambia Red Cross/Federation assumed the management of the refugee urban caseload from YMCA, the primary implementing agent. The 5,000 refugee urban caseload comprising of a multi-ethnic refugee group have been put under the management and care of the Red Cross with effective from January 2005. A tripartite agreement (Zambia Red Cross, Government of Zambia and UNHCR) has been negotiated for the implementation of the operation. In addition to this, UNHCR asked the Red Cross to take full responsibility of managing refugee transit camps in Chienge, Kaputa, Mpulungu and Mwense in 2004.

In general, the year 2004 was largely successful as the national society prioritised its interventions aimed at improving the quality of life of the most vulnerable communities. These interventions are well articulated in the Strategic Development Plan (SDP)³ and draft Cooperation Agreement Strategy (CAS).

² HIPC- Highly Indebted Poor Countries - Achieving 'Completion Points' means restoration of IMF/World Bank aid and would ensure cancellation of undisclosed amount of debt owed by Zambia to the Bretton Woods institutions.

³ The national society's structure and programming were redefined to be in harmony with the SDP, which defines the strategic visions and directions in line with the Federation's Strategy 2010. The objective of SDP is to facilitate timely and effective response to local vulnerabilities and to strengthen service delivery by consolidating five core programme areas:

(1) Disaster Preparedness and Response, (2) Health (including HIV and AIDS, Community Health and Water and Sanitation), (3) Organizational Development (linked to national society recovery plan), (4) Youth and Social Welfare, and (5) Branch Development, Information dissemination and Tracing

Health and Care

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.

Objective: The Zambia Red Cross capacity is improved 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 by 2007.

Health and Care: Community-based health care

Objective: The capacity of Zambia Red Cross to design and implement health projects that contribute to the reduction of morbidity and mortality from common health problems is strengthened.

Progress/Achievements

Epidemic prevention and control

Zambia Red Cross participated in cholera prevention and control measures, combating one of the longest outbreaks the nation experienced since 1991-1992. With an additional DREF allocation of CHF 50,000, the national society was able to quickly mobilize volunteers, procure much needed disinfectants and other materials, and embark on hygiene promotion and public health education campaigns in the worst hit areas. A cholera task force was also formed at headquarters to ease coordination and provide support to field teams.

In total, some 105 volunteers were trained in cholera prevention and control measures to carry out community sensitization in six zones in Lusaka targeting over 100,000 people. Communities highly affected by cholera were mobilized to control and prevent further transmission through hygiene promotion, health education, creation of awareness and community sensitization by use of public awareness system, community match past and drama performances in public places depicting cholera situation and preventive key messages. The national society also participated in contact tracing and disinfections of affected and surrounding households. Zambia Red Cross complemented government efforts by making donations of various medical supplies such as cholera kits, blankets, cups, collapsible water containers chlorine tablets and tents.

Malaria Prevention and Control

A total of 15,500 treated mosquito nets were distributed to flood affected areas of Lukulu, Zambezi, Chavuma and Luanshya, targeting 45,000 beneficiaries. In total some 150 volunteers were trained as malaria agents in malaria endemic areas. This was a major boost to the national society human resource capacity required to distribute the impregnated mosquito nets (ITN). During the malaria campaigns, Zambia Red Cross managed to re-establish partnership with – national Malaria Control and Zambia Malaria Foundation.

Community Based First Aid

Community-based First Aid training was conducted in the districts of Kabwe, Lusaka, Nchelenge and Mpulungu. The areas were selected owing to their susceptibility to cholera outbreaks. Owing to this vulnerability, a need to strengthen branch capacities in the fight against communicable and preventable diseases in communities was identified. A total of 80 volunteers were trained to strength capacity in carrying out first aid activities.

Impact

There was timely control of outbreaks in areas where the national society implemented cholera prevention and control activities. Zambia Red Cross is recognized as a major stakeholder in public health and related issues. In the high-risk urban areas, the national society managed to control the outbreak through public health education and hygiene promotion campaigns. Use of domestic chlorine was recorded at almost 98% and environmental sanitation was improved in the areas reached by the Red Cross volunteers.

Zambia; Annual Appeal no. 01.19/2004; Annual Report

Some 5,000 HBC clients in the Southern province were provided with food and agricultural tools, quality water and sanitation services and public health education. As a result networking and communication systems in branches have been strengthened through integrated programming. In most districts, government-driven health management teams highly depended on Zambia Red Cross interventions and efforts in the delivery of public health activities to communities in marginalized areas where health service delivery is inaccessible.

Constraints

Delay in disbursement of funds resulted in late implementation of health programmes. The high staff turnover in health programmes impacted negatively on project implementation as more time was spent on HIV and AIDS activities and less on community-based health care and First Aid. As a result there was limited monitoring of health programmes in project areas and branches around the country. Lack of funds made it impossible for the national society to participate in national activities such as child health week; national immunization days; Southern Africa Development Community (SADC) malaria day, among other national events.

Health and Care: HIV and AIDS

Objective: By the end of 2004, the Zambia Red Cross has increased the impact of its HIV and AIDS programmes through increasing the quantity and quality of its interventions.

Progress/Achievements

5,000 people living with HIV and AIDS (PLHIV) in Kapiri Mposhi, Sesheke, Choma, Livingstone and Mamba districts receive HBC and nutritional support

By the end of 2004, the Red Cross HBC coaches and care facilitators reached 3,375 clients. The activities implemented involved counselling, health education, hygiene education and identification and registration of OVC and clients. Nutritional supplements and drugs and medical supplies were purchased and distributed to Sinazongwe (Maamba), Livingstone, Kapiri Mposhi, Sesheke, Mporokoso, Mansa and Mongu reaching 3,375 targeted population, representing 100% coverage. The hygiene materials were also distributed to clients in Sinazongwe (Maamba), Livingstone and Sesheke improving health status of the HBC clients. A total of 40 clients and care facilitators were trained in the formation and management of support groups in Mansa and Mporokoso.

In its efforts to scale up HIV and AIDS intervention, the Zambia Red Cross established two new HBC projects in Mansa and Mongu in Luapula and Western provinces respectively - after carrying out baseline surveys, community sensitization and training of care facilitators. There has been an increased awareness of HIV and AIDS, care and support in the referred areas. The Netherlands Red Cross supported the national society to scale up interventions in Sinazongwe (Maamba), Livingstone and Sesheke by training 80 care facilitators who were integrated into the larger group of care facilitators.

Zambia Red Cross received funding from International AIDS Alliance to scale up its HIV and AIDS activities in Kapiri Mposhi. As a result, it was possible to train 40 additional care facilitators in the district. It is anticipated that Chipata district, located about 550 kilometres in the Eastern province will be the eighth HBC project area by the end of 2005. Thus far, a baseline survey has been conducted by an external consultant to assess the impact of HIV and AIDS in the district. Support to care facilitators was provided in the form of incentives, uniforms and bicycles.

The Zambia Red Cross Youth Peer Education project is expanded to reach a total of 100,000 youth in safer-sex skills

Youth peer-education activities were carried out in Livingstone, Kapiri Mposhi, Sesheke and Mansa. The target established at the onset of the project has not been achieved because of the inadequate absorptive capacity of the branches. Out of seven established HBC project areas, only three have had their youths trained as peer educators.

Zambia; Annual Appeal no. 01.19/2004; Annual Report

5,000 OVC receive material and psychological support.

Zambia Red Cross supported OVC in accordance with the established guidelines and assistance from the regional OVC delegate. The target projected at project inception was not fully achieved due to inadequate absorption capacity. The support has been provided in education i.e. school fees and uniforms. From the seven HBC project areas, some 404 OVC were supported in 2004.

The capacity of the Zambia Red Cross to manage, implement, monitor, and evaluate its HIV and AIDS programme is strengthened

The capacity of the national society to manage, implement, monitor and evaluate the HIV and AIDS programme has improved following various trainings carried out in the year. The Federation-supported HIV and AIDS workshop in Caprivi, Namibia was particularly useful in skills empowerment, and finance and project management. The branches with the new HBC projects were strengthened through the establishment of new infrastructure, identification on staff, volunteer mobilization and increased membership recruitment drives.

New Developments – Anti-retroviral treatment (ART) Project

A team of experts constituted by the Federation Secretariat in Geneva collected information to formulate guidelines/modalities on ART provision in Zambia. The president of the Zambia Red Cross was the chairperson and spokesperson for the team. A local consultant was engaged to prepare the project proposal on ART and the first draft was presented to the stakeholders; the Ministry of Health, National AIDS Council, Federation, a consultant from Geneva, SANASO, Swedish Red Cross and other collaborators. The second draft will be ready for submission in the first quarter of 2005. Sinazongwe (Maamba) and Kapiri Mposhi were selected as pilot areas representing the rural and urban areas respectively.

Impact

Awareness on HIV and AIDS prevention in the communities where HBC projects are implemented has increased. Stigma and discrimination has been addressed through establishment of income-generating activities (IGA) through support groups. There was an increase in membership recruitment and volunteer engagement due to increased HBC project areas. The number of clients participating in support groups has increased thus improving livelihood mechanism and quality care. More clients are talking openly about their status and mobilizing others to go for HIV voluntary counselling and testing. According to MSF (collaborating partner in Kapiri Mposhi), VCT visits increased 15% over the reporting period.

Collaboration with other organizations such as the UNAIDS, UNICEF, UN Population Fund (UNFPA), partner national societies (PNS) and the government has improved. Zambia Red Cross is the lead agency under the National Network Alliance for HIV and AIDS

Constraints

Late disbursement of funds had a direct bearing on completion of activities. Accessibility to project areas has been a challenge due to unavailability of vehicles. This has therefore also hindered the desired constant monitoring of the projects.

Health and Care: Water and Sanitation (WatSan)

Objective: Establishment of sound, sustainable environmental services for vulnerable population (28,000) in southern province in water supply, sanitation and hygiene promotion.

From April 2004, Zambia Red Cross WatSan projects were concentrated at ward level (the administrative district below district level). At ward level villages and communities are responsible for their water supply and sanitation facilities and are encouraged to establish lower level (Water Supply, Sanitation and Hygiene Deduction) WASHE committees - village water and sanitation health education (V-WASHE) to ensure effective community planning and management of water supply and sanitation facilities. In this way they are assisted by extension workers, for example environmental health technicians and community development assistants and by non-governmental organizations.

Zambia; Annual Appeal no. 01.19/2004; Annual Report

Zambia Red Cross project officers were fully involved in community trainings at ward level on hygiene promotion, community-based management training and operation, maintenance and management training. The project identified PLHIV as a priority in the project. While all training programmes included curricular on HIV and AIDS awareness, malaria prevention and control, they also had built-in community hygiene promotion activities

The operational ward, Macha, in Choma was selected through the D-WASHE. The local Red Cross branch was responsible for volunteer mobilization and engagement while monitoring of progress was conducted mainly from the Federation regional office. The objective of the programme was to rehabilitate hand-pumps; provide new boreholes fitted with hand-pumps in areas with no safe water supply; construct ventilated improved pit latrines for schools; distribute sanitation platforms to make family latrines hygienic; train volunteers in VIP latrine construction and the use of participatory hygiene and sanitation transformation (PHAST) tool kits for hygiene promotion; and provide courses for hand-pump mechanics and the training of V-WASHE.

Detailed assessment of the project area (Macha ward, Choma district in Southern province) indicated that the population to be much smaller than originally envisaged. The original beneficiary number was based on the assumption that 500 people would use each hand-pump. The detailed assessment carried out in August 2004 once the software officer was employed on the project revealed a total population in the Ward of approximately 8,000 people. This is supported by government census figures. All hand-pumps in need of rehabilitation in the ward have been rehabilitated. This project raised safe water coverage in the ward to within the government minimum standards in terms of number of people per hand-pump (target less than 250 people per hand-pump) and most people will be within 1km of a hand-pump. Over 80% of families in Macha ward had an adequate hygienic latrine at the end of the project.

Though there was no Zambia Red Cross HBC project in Choma District, the project coordinated with Macha Mission Hospital and its HBC project. The HBC project beneficiaries were targeted in the water supply, sanitation and hygiene promotion project.

Hygiene/sanitation promotion volunteers effectively cover target population of 28,000 by year 2005

A total of 48 village hygiene promoters were trained and one hygiene promoter is present in each of the villages in Macha ward. To add to that, five PHAST promotion tool kits for the hygiene promoters were produced. The village hygiene promoters implement hygiene/sanitation promotion using PHAST kits with assistance and supervision from five staff volunteers and the software officer who work on the project full time. The total population of the ward has been covered with hygiene promotion activities through household visits and meetings. There has been a significant improvement in household hygiene: over 80% of households have dish racks (for keeping cooking utensils off the floor) and adequate latrines.

One sustainable sanitation promotion (hardware) units established in target area

Construction and distribution of 1,000 sanitary platforms (SanPlats) to households who build adequate traditional latrines by 2005

Since the onset of the project, 1,000 SanPlats have been constructed and over 700 have been distributed to families that have built traditional latrines. Some SanPlats will be left over for the 2005 project for the next adjacent ward as most of the households in the ward have now got an adequate latrine fitted with a SanPlat. The Red Cross branch in the market town of Choma produced the SanPlats which resulted in high transport costs to Macha Ward. In 2005 a hardware sanitation unit will be established in Macha ward. The sanitation hardware unit in Choma plans to produce SanPlats for the local Red Cross branch to sell.

50 viable and adequate latrines at schools and health centres in target area by 2005

All the planned latrines have been constructed and four schools have received 10 latrines each. The remaining 10 latrines have been constructed at the Mission hospital where people stay for days assisting their relatives admitted at the hospital. The latrines are high quality brick and concrete latrines and will significantly improve the sanitation in these areas and allow people to live with more dignity.

Zambia; Annual Appeal no. 01.19/2004; Annual Report

55 viable, fully functioning and adequate community managed water supplies in low-income villages by 2005 (15 new boreholes fitted with hand-pumps, 40 hand-pump rehabilitations)

In total, 40 hand-pumps have been rehabilitated completing the required hand-pumps rehabilitation in the Macha ward. A total of 14 new boreholes fitted with hand-pumps have been completed; one of the envisaged boreholes was dry.

55 community-based operation and maintenance and cost recovery systems established and functioning by 2005

Some villages already had trained V-WASHE committees to manage their hand-pumps and these were given support to improve their maintenance. A total of 15 hand-pump mechanics and 40 V-WASHE have been trained.

Increased resources for water/sanitation and hygiene promotion projects, and contribution to sector policies, best practices, coordination and cooperation by 2005

The income for the project is in line with the appeal budget. Income received is nearly three times that of 2003. The project manager attended national sector coordination meetings. The project manager has been active in the Choma district water, sanitation and hygiene education committee coordination meetings. Collaborators such as OXFAM have appreciated the role of the national society in the provision of water and sanitation services to the community. Discussions with the NGO WaterAid on how to gain financial support for the national society water supply and sanitation projects have begun.

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

The project manager implemented the water supply, sanitation and hygiene promotion component of the national society's response to the flooding that occurred along the Zambezi River in May and 14,000 people benefited from this response. The Zambia Red Cross implements a water supply, sanitation and hygiene promotion operation in a refugee camp for 28,000 Congolese refugees in Northern Zambia.

Impact

Better access to safe water and sanitation not only leads to improvement in health, but also saves time and energy and enhances livelihood opportunities. In total 48 villages (approximately 8,000 people) now have good access to safe water within a 30-minute round trip from their homes and with a capacity to ensure 15 litres of water per person per day. Over 80% of families in Macha ward now have a hygienic latrine.

The hygiene promotion and health education (software part of the programme) made a remarkable impact. For instance, at baseline level, 0% of the community/households in Macha ward practiced hand washing before and after using the toilet, a figure which rose to 100% by October 2004. The baseline survey reflected only 18% of households with refuse pits; this increased to 79% by December 2004. This was possible owing to financial support by the Federation and technical backstopping by Harare water and sanitation delegate. Undoubtedly, there is increased sense of ownership of project by the community.

Constraint

The time the project manager spent on emergency operations reduced the time available on project implementation. Delayed disbursement of funds entailed hurried implementation of activities, especially in the last quarter of the year. The community at times were unwilling to fully participate in VIP construction arguing that other competing NGOs paid cash for similar work done.

Disaster Management

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

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

Progress/Achievements

Assistance to Congolese Refugees

UNHCR and government undertook a population verification exercise in Mwange Refugee Camp reducing the number of refugees from 28,000 to 24,447. According to UNHCR there are more than 47,000 Congolese refugees accommodated in various camps in the country.

Table 1: Re-verified camp population and expected repatriation of refugees in 2005/2006.

Camp	Total population, verified 17-Dec-04	Refugees expected to repatriate in 2005	Refugees expected to repatriate in 2006	Remaining refugees in 2007	Total repatriated in 2004
Meheba	19,347	12,060	-	7,287	11,383
Mayukwayukwa	7,227	4,599	1,373	1,255	9,578
Nangweshi	20,809	14,830	5,053	926	4,380
Ukwimi	16	-	-	16	2,184
Mwange	24,447	-	-	24,447	0
Kala	22,130	-	-	22,130	0
TOTAL	93,976	31,489	6,426	56,061	27,525

Source: UNHCR

Generally, the camp situation is satisfactory with mortality rate at 0.2/10,000/day and the under five-mortality rate at 0.2/10,000/day well within SPHERE standards. There were no cases of epidemic outbreaks recorded and malaria remains the highest cause of morbidity at 41.1% followed by non-blood pneumonia at 15.8%. Use of condoms and acceptance of other reproductive health interventions is still low. The amount of water provided per person per day was 21.1 litres.

A memorandum of understanding was signed between Zambia Red Cross/Federation and WFP on the funding of the food distribution sector. During the last quarter of 2004, the food rations were reduced due to shortages of food experienced globally by WFP.

Assistance to Angolan Refugees and Host Community Care (Zambia Initiative Program ZIP⁴): Population Movement Project

A total of 27,525 out of the planned 32,245 Angolan refugees were repatriated to Angola by the end of the year. The government has provided land for the Angolan refugees that have decided to settle in Zambia, in order to allow for quick resettlement and integration with the local host community. Through ZIP, the government supported by partners will meet the social and infrastructural needs of these remaining refugees – thereby building a sustainable future for Angolan refugees together with their host communities. The ZIP program provides a tool for the UNHCR in Zambia for engaging multi and bilateral development assistance donors, other UN Agencies and NGOs to address the development needs of the spontaneously settled refugees and the host communities. However, owing to unprecedented low funding levels with only 2% receipts over the last year, a transition and phase-out strategy was developed. Expect for the HIV and AIDS HBC project activities, all planned activities were discontinued in the third quarter of 2004.

⁴ ZIP – Zambia Initiative Program – implemented under the auspices of Government of Zambia and UNHCR, ZIP aims to alleviate the imbalance between the refugees and the host communities in the surrounding areas by compensating for underdevelopment and providing development assistance to host population.

Zambia; Annual Appeal no. 01.19/2004; Annual Report

Integrated Food Security Programme

The programme was started in response to the 2001/2002 drought that had affected most of the Southern province as part of the Zambia Red Cross response to food security and HIV and AIDS. Targeting some 50,000 beneficiaries, the programme achieved the following results; improved nutritional status, food security, water, hygiene and sanitation supply; increased HIV and AIDS awareness and care in the targeted communities.

During the year, the ECHO supported/Netherlands Red Cross food security project was wound-up with over 3,000 households absorbed under the mainstream HBC projects. A total of 21,000 HIV and AIDS affected and infected households and individuals received assistance in the form of food supplements, agricultural inputs/seeds, training in conservation farming, irrigation techniques using treadle pumps, vegetable gardening, agro forestry and livestock management. In addition 27 dip tanks were rehabilitated and four dams constructed to ensure sustainable household food security. The impact of the Food Security program in general can be measured in terms of:

- The tremendous improvement in client - caregiver relationships.
- Stigma reduction as more clients went for HIV voluntary counseling and testing at health centres
- Increase number of registered clients due to food security project as well as expansion of the HBC project geographical/catchments areas.
- Clients ability to complete their medication (TB) with assistance of care facilitators in the project areas
- Long-term food security support and community self reliance have been promoted and put into practice, thereby sustaining the beneficiaries.
- Coordination with various stakeholders was enhanced through regular contacts and meetings where there was useful information exchange and knowledge sharing.
- The Zambia Red Cross branches involved in the food security operation have strengthened their capacity as most of the operational and technical functions such as planning, implementation of relief distribution, relief pipeline, budgeting / accountability and coordination have been effectively managed by the field staff and the volunteers.
- The profile and image of the Zambia Red Cross has improved and volunteer and membership recruitment have increased as a result.
- Kapiri Mposhi, Choma and Maamba branches field offices have been constructed and equipped with all facilities, courtesy of capacity building funds provided by the Swiss Red Cross

Vulnerability and Capacity Assessment (VCA)

Supported by the Federation regional delegation, the outcome of the VCA exercise enabled the national society to acquire multi-sectoral skills in the planning, implementation, monitoring and evaluation of projects. A VCA steering committee has been established to ensure that lessons learned from this exercise cascade to other branches. Based on the recommendations of the VCA, Zambia Red Cross will implement an integrated health and care project in Sinazongwe district in the Southern province. The project will be similar to the Baphalali Swaziland Red Cross food security pilot project and will be supported by the Swedish Red Cross. This follows a knowledge sharing exchange visit to Swaziland in December 2004 by the programme officer.

Flood Response Operation

The Zambia Red Cross provided relief assistance to 20,000 people affected by floods in Zambezi, Chavuma and Lukulu districts with financial assistance from the Federation and the Office of the United Nations Resident Office. The government also provided 450 metric tonnes of white maize meal, which was airlifted with the help of the Zambia Air Force and distributed, to 27,000 beneficiaries in Lukulu, Zambezi and Chavuma.

Zambia Red Cross as a member of the Zambia Vulnerability Assessment Committee, which is part of the SADC Regional Vulnerability Assessment Committee and the Zambia Disaster Management Consultative Forum, participated in the livelihood zoning or mapping of ten disaster prone districts. The results of the zoning exercise will form the basis for developing the disaster management contingency plans.

Zambia; Annual Appeal no. 01.19/2004; Annual Report

Enhanced disaster management capacity of Zambia Red Cross

The disaster management policy was developed and presented to the sub-committee for review before approval. Zambia Red Cross made contributions towards the drafting of the government national disaster management policy document. The Disaster Management and Mitigation Unit (DMMU) under the national vice president's office is the government secretariat responsible for disaster management in the country. The Zambia Red Cross role is now clearly defined within the government's disaster management policy and plan.

Basic disaster management training courses were carried out in Mwange refugee camp targeting 23 national society staff and other implementing partners. In addition training was carried out in five regions for 66 branch volunteers, members, governing board and senior management members. Zambia Red Cross remained the only local humanitarian organization that provided effective disaster management training to other NGOs and to the local government authorities. The national society staff and volunteers are instrumental in the improvement of disaster management programme.

Regional disaster response training (RDRT) 2004

Zambia Red Cross hosted the fifth RDRT training in Kafue Gorge, 70 km from Lusaka. Twenty-one (21) participants from eight national societies in the region attended this training. The participants were carefully selected from RDRT members who had to apply to participate in the training. Officers from UNHCR and government officials in charge of disaster management in Zambia facilitated at the training highlighting the good relationships between Zambia Red Cross and other stakeholders. The aim of the training was to prepare participants to deal with refugees with particular reference to coordination during emergencies. Following the ten-day training both in the classroom and in field simulation exercise, participants were equipped with relevant tools that will allow for smooth and prompt field deployment in the event of disasters and emergencies in the region.

SPHERE Training

The disaster management coordinator attended a SPHERE Trainer of Trainers course in Nairobi. Following this training the coordinator co-facilitated with Federation regional disaster preparedness officer a SPHERE training workshop for 25 Zambia Red Cross headquarters and refugee project field staff including from UNHCR and WFP in Mwange refugee camp. The coordinator went on to co-facilitate another SPHERE workshop for Malawi Red Cross as part of the regional strategy to maximise available regional resources and knowledge sharing among national societies.

Impact

The integration of HIV and AIDS, food security and WatSan projects created a remarkable improvement in the health and nutritional status of HBC clients. This was through improved household food security by the provision of a comprehensive food basket, seeds, farm inputs and improved access to water and sanitation.

Through its activities both government and other stakeholders have recognized the national society as an important implementing partner in disaster management, thereby opening new opportunities for partnership and programmes.

Constraints

Funding for disaster management activities was generally poor, with exception of the UNHCR/Federation supported refugee programme and the integrated food security programme resulting in most activities not being implemented. In addition, constant staff changes at senior management and program levels affected the implementation of the activities.

Within the food security programme implementation considerable time was spent nurturing relations as a result of lack of coordination and clearly defined roles and responsibilities between counterparts/partners. Abrupt changes to the initial Netherlands Red Cross supported food security programme implementation plans without looking at the capacity and impact of such changes had some negative effect on the completion of some of the project activities particularly livestock production. The food distributions were initially delayed as the food came late due to poor food pipeline. Delays in tender procedures for procurement of seeds led to non-purchase of the required open pollinated variety as there was no stock available locally.

Humanitarian Values

Goal: The promotion of the fundamental principles and dissemination of humanitarian value brings about a change in the behaviour of the Zambian people.

Objectives: Enhanced capacity of Zambia Red Cross to promote the fundamental principles and humanitarian values by 2007.

Special events and public campaigns were organized through the public relations unit in the major urban centers in the country. In such events such as the World Red Cross days, World Disaster Report launches, Child Welfare and Health days etc, the leadership of the national society conveyed advocacy messages concerning HIV and AIDS, plight of refugees, food insecurity, disaster management, protection of children against molestation etc. The government and civil society in general recognize the role of Zambia Red Cross in alleviating the suffering of vulnerable people in disaster situations.

Progress/Achievements

Greater understanding of humanitarian values and fundamental principle within Zambia Red Cross

The disaster relief and emergency interventions carried out by the national society have helped enhance the image and profile of the Red Cross in Zambia. There is a greater understanding of humanitarian values and fundamental principle within Zambia Red Cross. Fundamental Principles and Humanitarian Values remain an item of discussion in all types of trainings carried out by the national society. The story of Red Cross and the founder Henry Dunant is related at every workshop and field sessions targeting branches and volunteers in operations countrywide. The ICRC continued to provide support to dissemination activities of the national society. In 2004, two dissemination workshops were facilitated by ICRC where participants included the police force and army attended.

Increased profile and image of Zambia Red Cross countrywide

Zambia Red Cross profile as a key humanitarian actor has improved and advocated in the country with the added advantage of a network of Red Cross branches capable to deliver services at community level. Zambia Red Cross is now recognized by the government and other partners in the country as a credible civil society. The national society is now a member of key government sub-committees in the sectors of health and disaster management unit.

Impact

More vulnerable people continue to have confidence and hope as a result of Red Cross intervention in the area of advocacy and humanitarian values. Most vulnerable people are protected and their human dignity respected through wider respect for humanitarian values. The visibility of the national society was increased following prompt and accurate media coverage of news events and advocacy campaigns in which Zambia Red Cross and/or Federation are involved. The national society organized 13 media events and 24 press releases in 2004.

Constraints

The fact that there is no core budget provision in the annual appeal process tends to isolate humanitarian values and fundamental principles from core funding. This has had negative impact on implementation of activities. There is a need therefore, for specific funding allocation to support the promotion of fundamental principles and humanitarian values.

Organizational Development

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

Objective: By 2007, Zambia Red Cross 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

Following the development of the Recovery Plan in 2002, the national society has benefited from the Federation Capacity Building Fund (CBF) for two terms covering the periods between 2002 and 2004. A total of CHF 168,000 was disbursed in October 2003 to support the implementation of the Recovery Plan in 2004. The Recovery Plan seeks to turnaround management and governance to ensure that Zambia Red Cross continues to work as a credible and reliable organization. The national society finalized internal evaluation of the recovery plan, and main findings were presented to the donors/partnership meeting in Johannesburg in the third quarter of 2004. These main findings have formed the basis for drawing organizational development agenda in 2005. A detailed implementation analysis and benchmark for further support to the agenda has been submitted to the CBF committee for consideration to support long-term activities.

The revised Strategic Development Plan (SDP) and draft Cooperation Agreement Strategy (CAS) documents formed the basis for discussion with donors during the donor partnership meeting held in Johannesburg in November 2004. The SDP which was utilized as the benchmark for CAS development clearly articulates priority programs tailor-made to facilitate timely and quick response to local vulnerability. The following priority programs have been included in SDP and CAS: disaster preparedness and response; health; youth and social welfare; capacity building/branch development; and information dissemination and tracing.

The human resource policy was reviewed and a new organization structure developed and duly approved by the National Executive Council (NEC). Key performance objectives/indicators (KPO) for senior management staff was developed and shared with all staff at the national headquarters and field. The NEC also approved a new provincial structure to support branch development and appointed provincial managers. A new position of organizational and resource development coordinator was created to support the recovery plan and to facilitate fundraising activities. Key positions have been advertised according to recommendations from the human resource policy and restructuring review.

Zambia Red Cross has a legal foundation and effective and efficient leadership and management that support the effective implementation of programme activities

The draft CAS document developed early 2004 was forwarded to the NEC and partners for review. Once agreed with partners it is expected that there will be a renewed commitment from donors and partners to support the SDP. A memorandum of understanding once agreed will consolidate CAS and strengthen partnerships

During the period under review, the NEC met according to statutory requirements and deliberated on various matters concerning policy, programmes and elections at branch and provincial levels. The NEC appointed a new secretary general a, former public relations and information manager for the national society. The NEC also approved the appointment of head of programmes. The positions of auditor, finance director and organizational development coordinator have all been filled and respective officers are expected to take up their duties in the first quarter of 2005.

A special committee, led by the vice president of the national society was appointed by the NEC to tour Red Cross branches with a view to mediate on outstanding governance issues. Divisions and internal squabbling that have rocked the branches governing boards over the first half of the year have threatened peace and stability in the national society and stalled implementation of activities. This has had a negative impact on the lives of vulnerable people as the provision of humanitarian services has been greatly impeded. Visits to Chipata, Mansa, Kasama and Choma by the special committee had positive results. Further branch visitations was planned for Northern and

Zambia; Annual Appeal no. 01.19/2004; Annual Report

Luapula provinces but could not be implemented due to funding constraints. A total of 33 branches were visited in the year especially in the Southern Province where food security projects were implemented. During the visitations branch activities and plans were reviewed and guidance and support given in order to improve performance.

Zambia Red Cross hosted a historical joint governance workshop where three national societies of South Africa, Zambia and Zimbabwe came together to discuss leadership and governance issues. It was a three-day intensive leadership and governance workshop with an objective of learning good governance practices and exploring opportunities for increased partnerships in the region, of, in addition to cross-learning and knowledge sharing. A former Federation head of organizational development department was the main facilitator, assisted by the regional organizational development senior officer. The workshop was also attended by the Federation Representative in South Africa and the head of regional delegation as a signal of priorities in the region.

Zambia Red Cross has in place effective financial and logistics procedures to support programme implementation

Grant Thomson Auditors finalized the financial audit covering the periods of 2001-2003. The findings of the audit will be released once the final instalment is paid to the auditing firm – expected in the first quarter of 2005. These findings are eagerly awaited: they will influence the level of development of the finance sector of the national society. Zambia Red Cross put in place effective financial management systems by installing a financial software system (NAVISION) and by appointing head of finance unit. Netherlands Red Cross finance development delegate assisted with the development of finance management systems – as part of contribution to organizational development.

Zambia Red Cross has increased its resource base in both value and diversity

The NEC decided to sell residential property belonging to the national society, in order to service debt that has been outstanding for over 10 years. The current financial obligations to various bodies impacted negatively in the implementation of project activities – as meagre project resources had to be diverted to pay outstanding liabilities. It is hoped that the proceeds from sale of property will help address the problem of liquidity in the long term.

Zambia Red Cross has in place effective volunteer management system at all levels to support branch development

A draft volunteer management policy was developed and is now before NEC for final approval. Once approved by NEC, issues pertaining to volunteer identification, recruitment, engagement, motivation, mobilization and retention would be clarified and understood by all parties concerned. A report from the volunteer management workshop was shared widely with other national societies in the region and partners.

A governance workshop was conducted for 24 volunteers from Mongu, Senanga and Kaoma branches in the areas hosting the Angolan refugees under the ZIP. Governance aspects were also covered in basic disaster management conducted for Central, Copperbelt, North-western and Lusaka provinces. Branch elections were conducted in 16 branches but orientation for branch executive committee members could only be done in six branches due to lack of funds.

Impact

Major progress has been made by the National Society since the inception of the recovery plan, despite governance and management challenges. The increase in staff turn-over in both senior and middle management hampered smooth implementation of activities. Despite the development of key performance indicators for senior and middle management, the national society has not been able to apply these benchmarks in programming and appraisal of staff.

Proposal to open the position of a senior organizational development manager was timely and one that will require tremendous support from NEC and other stakeholders. It is envisaged that a framework for fundraising, resource mobilization and managing change process, will be the key focus areas for this position. Preliminary discussions with partners regarding proposed organization structure was well received.

Zambia; Annual Appeal no. 01.19/2004; Annual Report

Constraints

Despite the encouraging development during the recovery process (2002-04 periods), the national society faces considerable challenges, not only in meeting demands of the very poorest in the country, but also its own development as a leading humanitarian organization. Although supported by a number of PNS and other donors, the national society continues to face challenges typical to humanitarian organizations in the context of a developing country. These include:

- finance and resource development capacity;
- the development and retention of staff and volunteers;
- funding of the core budget (including branch costs);
- debt servicing strategy;
- alignment of partner agendas with organizational priorities;
- strengthen management / leadership and governance relationship at headquarters;
- better integration of programmes with branch development;

The commitment by the leadership to realize its organizational development objective will remain critical for the future of the organization.

Coordination, Cooperation and Strategic Partnerships

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

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

Coordination and collaboration with UNHCR, WFP, government and other key stakeholders in the refugee programme and population movement affairs have been strengthened through continuous dialogue and engagement at both the field and national level. The head of Zambia delegation, accompanied by the secretary general participated in the inter-agency coordination meetings in Lusaka. At the field level, both the Federation programme and national project coordinator participated in the camp coordination meetings.

Activities implemented during the year were made possible owing to support by various partners and cooperating agencies including the Belgian, British, Canadian, Finnish, German, Japanese, Netherlands, Swedish and Swiss Red Cross Societies. The national society also received financial support from the UNHCR, DFID, Federation and the ICRC. The HIV and AIDS project was supported by the Royal Netherlands Embassy, Swedish Embassy and Ireland Development Corporation (DCI) and maintained partnership with government and other stakeholders such as UNAIDS and National AIDS Council. The national society has negotiated a new partnership with SANASO (an indigenous HIV and AIDS organization) who are currently housed at the headquarters of Zambia Red Cross. Other partners that supported the national society include WFP, WHO, MSF Greece, the government, UNICEF, Southern Africa Aids Trust (SAT), Lions Club and Round Tables, Vernamo Freds, UNDP, Water Aid, Irish Aid and SIDA (Sweden).

Networking with local organizations, the UN System, trade, international organizations and foreign missions and embassies accredited to Zambia has been largely successful. As a result, the US Department of State approved a grant of USD 150,000 (CHF 180,000) for HIV and AIDS and malaria prevention and control programme. It is also anticipated that increased cooperation and partnerships will be enhanced following these partnerships meetings.

The CCM established in 2003 has become an important forum for dialogue and strategic planning. It is an important vehicle for coordination and cooperation bringing together Movement partners in the country. In this forum, the ICRC, the Federation, Zambia Red Cross and all bilateral partner national societies give feedback and advice on national programmes, policies, and governance and management issues of common interest. Harmonization of planning with ICRC and other bilateral partner national societies partners was the key to the successful integration and implementation of all programs.

Zambia; Annual Appeal no. 01.19/2004; Annual Report

The Netherlands Red Cross country office following the completion of the ECHO funded food security operation, which was supporting the national society in finance development, recovery plan development and implementation, in addition to overseeing implementation of food security operations in Southern province.

Progress/Achievements

- Ÿ Federation supported programs were implemented and resources applied in accordance with the existing standards, strategies and objectives of the Federation, including transferring increased responsibility and accountability to the field. This included Angolan and Congolese refugee program, flood and cholera operations and food security programmed.
- Ÿ Quality services and sufficient management support were provided to Zambia Red Cross personnel to efficiently and effectively carry out their work in a coherent way. The Federation country delegation provided technical assistance through the head of delegation, finance and administration delegate, logistics delegate and refugee program coordinator. Assistance was also provided in the facilitation of different trainings carried out by the national society.
- Ÿ All programs were well managed financially and met the Federation financial standards. Federation finance and administration delegate and the Netherlands Red Cross finance development delegate continued to provide technical assistance in finance management including the installation of NAVISION software package.
- The priorities of the Federation delegation were set under the guidance of global Federation objectives, and based on priorities outlined in Zambia Red Cross strategic plan and Ouagadougou commitments.

Impact

Narrative and financial reports of all Federation-supported programmes were compiled according to Federation standards. The country delegation has become a fully functional business centre of the Federation and partner national societies and other partners appreciate the facilitation and coordination role delegation. The Federation assistance is coordinated and targeted at the specific needs of the national society. The Federation delegation improved its coordination of the collective disaster response, for example, the recent flood and cholera operations. Through CCM forum, harmonization of activities with ICRC and partner national societies has greatly improved, including the development of joint ventures, joint planning and sharing of knowledge and best practices. Closer linkages have been established between the Federation country delegation, regional delegation and other partners to ensure adequate flow of resources for programme support. All Federation logistics procedures and standards are met and continue to provide technical assistance to the national society logistics department especially in the area of procurement and transport management.

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

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA019
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
Budget (A)	1'580'998	2'241'669		515'250	235'781	4'573'698
Opening Balance (B)	5'153	-107'442		23'956	0	-78'333
Income						
Cash contributions						
British Red Cross	337'758					337'758
Netherlands Red Cross		160'126				160'126
Norwegian Red Cross		5'723		1'041		6'764
Other					0	0
PRM		387'150				387'150
Swedish Red Cross	118'600	220'200		85'000		423'800
UNHCR (UN Agency)		901'471				901'471
WFP		12'750				12'750
Cash contributions (C1)	456'358	1'687'420		86'041	0	2'229'818
Reallocations (within appeal or from/to another appeal)						
Irish Government	202'503					202'503
Netherlands Government	189'067					189'067
Swedish Red Cross	0					0
Reallocations (C2)	391'570					391'570
Inkind Personnel						
Netherlands Red Cross		59'107				59'107
Inkind Personnel (C4)		59'107				59'107
Other Income						
Miscellaneous Income		1'134				1'134
Other Income (C5)		1'134				1'134
Total Income (C) = SUM(C1..C5)	847'927	1'747'661		86'041	0	2'681'629
Total Funding (B + C)	853'080	1'640'219		109'997	0	2'603'296

II. Balance of Funds

	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	TOTAL
Opening Balance (B)	5'153	-107'442		23'956	0	-78'333
Income (C)	847'927	1'747'661		86'041	0	2'681'629
Expenditure (D)	-802'287	-1'523'300		-109'180	145	-2'434'623
Closing Balance (B + C + D)	50'793	116'919		817	145	168'674

International Federation of Red Cross and Red Crescent Societies

01.19/2004 ZAMBIA

Selected Parameters	
Year/Period	2004/1-2004/12
Appeal	M04AA019
Budget	APPEAL

All figures are in Swiss Francs (CHF)

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)		1'580'998	2'241'669		515'250	235'781	4'573'698	
Supplies								
Shelter	18'334		-56				-56	18'390
Construction		422	29'130				29'552	-29'552
Clothing & textiles	296'931	30'265	4'781				35'046	261'885
Food	174'096	23'469	1'529				24'999	149'097
Seeds,Plants		1'373					1'373	-1'373
Water & Sanitation	244'250	107'052	67'422				174'474	69'776
Medical & First Aid	164'769	6'077	129'161				135'238	29'530
Teaching Materials	74'800	799	2'231				3'030	71'770
Utensils & Tools	14'052							14'052
Other Supplies & Services	193'036	19'170	700				19'870	173'166
Total Supplies	1'180'268	188'627	234'899				423'526	756'742
Capital Expenditure								
Vehicles	132'700	37'589	20'275				57'864	74'836
Computers & Telecom	20'840	1'944			3'602		5'546	15'294
Medical Equipment	3'600							3'600
Others Machinery & Equipment	63'350							63'350
Total Capital Expenditure	220'490	39'533	20'275		3'602		63'410	157'080
Transport & Storage								
Storage	26'212	1'137	-5'234		176		-3'921	30'133
Distribution & Monitoring		292	3'119				3'411	-3'411
Transport & Vehicle Costs	295'982	67'326	176'821		12'086	0	256'233	39'748
Total Transport & Storage	322'194	68'754	174'707		12'262	0	255'724	66'470
Personnel Expenditures								
Delegates Payroll	612'050		95'155			117'654	212'809	399'241
Delegate Benefits		52'203	178'519		36'828	-117'654	149'897	-149'897
Regionally Deployed Staff	1'033'024	4'269	1'833		2'275		8'377	1'024'647
National & National Society Stal		240'714	539'697		13'794		794'205	-794'205
Consultants	67'125	8'489	3'547		2'762		14'799	52'326
Total Personnel Expenditures	1'712'199	305'676	818'752		55'659	0	1'180'087	532'112
Workshops & Training								
Workshops & Training	294'740	48'488	33'496		-12'166		69'818	224'922
Total Workshops & Training	294'740	48'488	33'496		-12'166		69'818	224'922
General Expenditure								
Travel	79'600	13'860	14'355		5'474	0	33'688	45'912
Information & Public Relation	167'312	17'189	6'405		4'205	1	27'799	139'513
Office Costs	299'605	30'933	45'929		16'238	5	93'106	206'500
Communications		13'911	35'620		4'171	1'081	54'783	-54'783
Professional Fees		2'124	452		687		3'263	-3'263
Financial Charges		25'095	29'768		10'871	459	66'194	-66'194
Other General Expenses		4'373	7'394		1'081	-1'546	11'301	-11'301
Total General Expenditure	546'517	107'484	139'922		42'727	1	290'134	256'383
Program Support								
Program Support	297'290	52'149	98'765		7'097	-9	158'001	139'290
Total Program Support	297'290	52'149	98'765		7'097	-9	158'001	139'290
Operational Provisions								
Operational Provisions		-8'425	2'485			-136	-6'077	6'077
Total Operational Provisions		-8'425	2'485			-136	-6'077	6'077
TOTAL EXPENDITURE (D)	4'573'698	802'287	1'523'300		109'180	-145	2'434'623	2'139'075
VARIANCE (C - D)		778'711	718'369		406'070	235'925	2'139'075	