

Plan 2009-2010



Kazakhstan

Executive summary



The rapid increase in oil production coupled with the rise in world oil prices have been the main engine of economic growth of Kazakhstan after the transformational recession of 1990s that followed the independence. But its favourable macroeconomic indicators do not entirely reflect the country's level of social development.

The high income inequality, large numbers of disadvantaged and vulnerable groups and poor economic and social conditions in underdeveloped regions, small towns and rural areas remain the country's major challenges. Unemployment and low wages became the main causes of poverty; 9.8 per cent of the population lives below the poverty line and up to 40

per cent of the population belong to the vulnerable category with per capita incomes only slightly higher than the subsistence minimum. Given the very thin layer of Kazakhstan's middle class and the existence of a very large group of the population with fragile incomes and high risks of poverty, people's vulnerability to economic shocks is potentially quite high. Currently, Kazakhstan is being hit hard by rising prices for food and energy across the globe: rising prices are keeping inflation high, at a year-on-year rate of around 19 per cent so far in 2008, the highest rate since 2000.

Health indicators in Kazakhstan clearly demonstrate slow progress in the reduction of human poverty. The Tuberculosis (TB) epidemiological situation in the country in recent years shows improvements and a trend to stabilisation in both, civil and penitentiary sectors, but the incidence rate is still high. A growing concern is multi-drug resistant (MDR) TB and the HIV expansion increases the risk of TB. Although the absolute number of officially registered HIV cases is still comparatively low, an exponential increase has been recorded in recent years. The stigma associated with HIV and TB is common and is projected to family members of sick people. Other health related problems are preventable infectious diseases, viral hepatitis, brucellosis and diarrhoea.

Gender inequality factors remain critical for both men and women: for women these are mostly related to the economic sphere, access to resources, and insufficient political participation, for men they mostly concern health and hazardous activities. The quality of life that women lead is inferior in terms of high maternal and infant mortality, morbidity, unemployment, wage disparities, income disparities, intra-household disparities and target of violence compared to that of men.

Kazakhstan is prone to natural disasters, including weather-related disasters and major earthquakes, landslides and floods; local experts estimate the direct damage from natural disaster risks in the country at about 20 million US dollars annually. There also exists a risk of industrial accidents.

Another source of vulnerability is migration as there is a large number of migrants working in Kazakhstan, the majority from the neighbouring central Asian states, and most working illegally.

The Kazakhstan Red Crescent is the longest established humanitarian organization in the country providing needs based services to the most vulnerable communities. Acting as auxiliary to the public authorities in the humanitarian field, the National Society has been making a difference to people's lives through preventive campaigns and support in health and care, disaster risk mitigation and response operations, tracing services and the promotion of humanitarian values to tackle discrimination, intolerance and violence in communities.

The key priority recognized by the Red Crescent Society in its current strategic plan is to expand assistance to vulnerable populations depending on their humanitarian needs. Consequently, the National Society programming in the coming two years will address the vulnerabilities arising from existing health risks, natural and man-made disasters, gender inequalities, migration and discriminative attitudes. The Kazakhstan Red Crescent partners include the Global Fund to Fight AIDS, Tuberculosis and Malaria, the German, Netherlands and Spanish Red Cross Societies, the Japan International Cooperation Agency (JICA), the Red Crescent Society of the United Arab Emirates, the International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies.

The International Federation secretariat's key areas of support to the Kazakhstan Red Crescent in 2009-2010 will include health and care, disaster management, principles and values and National Society capacity-building. This is in line with the Global Agenda goals to reduce the number of deaths, injuries, and impact from disasters; to reduce the number of deaths, illnesses and impact from diseases and public health emergencies; to increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability; and to reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity. The main outcomes to be achieved will be:

- reduced vulnerability of communities in disaster-prone areas of the country (community preparedness and risk reduction);
- strengthened capacity of the National Society in disaster preparedness and response (including planning and recovery);
- reduced vulnerability of communities to HIV and Tuberculosis and their impact, as well as to most common diseases and trauma;
- enhanced ability of communities to oppose discrimination, intolerance and violence (including sexual and gender-based) and to promote respect for diversity;
- increased National Society capacity in effective governance and management, human resources and financial management, volunteer promotion and development; and developed Red Crescent law;
- the International Red Cross and Red Crescent Movement's Fundamental Principles and humanitarian values are promoted and adequately integrated into Red Crescent operational programmes.

Target beneficiaries directly benefiting from the programmes will be people most vulnerable to illnesses (including groups at a higher risk of HIV infection and its transmission), stigma, discrimination and violence; to risks related to disasters and migration; and general public and Red Crescent staff and volunteers.

The total 2009-2010 budget is CHF 3,091,529 (USD 2,825,895 or EUR 1,969,127).

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Country context

Kazakhstan is located on the border of two continents, Europe and Asia. The extent of the territory from east to west is more than 3,000 kilometres, and from north to south – 1,700 kilometres. Kazakhstan is about the size of Western Europe¹. It is the largest country in central Asia and one of the most sparsely

¹ Here and below the source used is the UN Human Development Report for Central Asia 2007.

populated in the world. The population of Kazakhstan is over 15 million, and there are over half a million more women than men.

Kazakhstan has an open economy with good growth prospects as it is rich in oil and gas. The rapid increase in oil production coupled with the rise in world oil prices have been the main engine of economic growth. After the transformational recession of the 1990s that followed independence, when GDP fell by 39 per cent, the economic growth picked up, exceeding 9 per cent per year in 2000-2005. From 2006 the economy started feeling the destabilizing effects of the inflowing oil revenues and the associated fiscal, monetary and credit expansion.

Accelerating **inflation** and liquidity problems in the banking sector are among the principal challenges currently facing Kazakhstan's policy-makers. Kazakhstan recorded an average annual consumer price inflation of 10.8 per cent in 2007 and a year-end rate of 18.8 per cent, the highest rates since 2000. Rising food prices, in conjunction with rapid growth in monetary aggregates, were the main factors behind the acceleration in inflation. Further acceleration is anticipated in 2008, to an annual average rate of just over 17 per cent according to the Economic Intelligence Unit.

The Human Development Index (HDI) for Kazakhstan is 0.794, which gives the country a rank of 73rd out of 177 countries with data.

Development Indicators		KAZAKHSTAN	
<i>Various indicators</i>			
HDI value	0.794	Adult literacy rate (% ages 15 and older)	99.5
GDP per capita (PPP USD)	7,857	Combined primary, secondary and tertiary gross enrolment ratio (%)	93.8
Life expectancy at birth	65.9		

Sources: World Health Organization; World Bank, Economic Intelligence Unit

Table 1: Selected development indicators for Kazakhstan

Due to the specific nature of Kazakhstan's economy, dominated by the oil and mineral sector, its value of per capita GDP and other favourable macroeconomic indicators do not truly reflect the country's level of social development. Despite strong economic performance Kazakhstan's earlier experience of transitional recession, social dislocation, existing human poverty and high regional disparities exacerbate the country's acute development needs.

Unemployment and low wages became the main causes of **poverty** in Kazakhstan following the recession of the 1990s. Implementation of the poverty reduction programmes has led to an overall improvement of people's material well-being and considerable reduction of income poverty. However, according to the 2006 report², 9.8 per cent of the population lives below the poverty line³ and up to 40 per cent of the population belong to the vulnerable category with per capita incomes only slightly higher than the subsistence minimum.

The high income inequality, large numbers of disadvantaged and vulnerable groups and poor economic and social conditions in underdeveloped regions, small towns and rural areas remain the country's major challenges. Poverty remains high in a number of regions in the west and the south of the country: the poorest area is the region of southern Kazakhstan, with the lowest income per head in December 2006. Availability of housing remains very low for low-income and vulnerable households in Kazakhstan and therefore is considered as a major factor of poverty. Similarly, poor sanitary conditions, lack of sewage systems in rural areas and in many small towns is a cause of poor living conditions, affecting

² Poverty reduction in Kazakhstan: policy outcomes and UNDP contribution, UNDP, 2006.

³ The international poverty line equals 1.08 US dollars PPP a day. For central Asian countries, World Bank recommends the more acceptable poverty line of 2.15 US dollars PPP a day.

health and many other aspects of people's life. Another area where poverty and vulnerability are concentrated is the vast category of self-employed people. This group includes the majority of rural residents whose source of livelihood is household plot and livestock as well as urban population engaged in the informal sector, predominantly retail trade.

The benefits of the new country's economic prosperity have been very unevenly distributed between different social, professional and demographic groups of the population. The export led growth and the economy's high dependence on the world oil and energy prices carries a potential of serious external shocks caused by the deterioration of external conditions, such as fall in oil or mineral prices. Given the very thin layer of Kazakhstan's middle class and the existence of a very large group of the population with fragile incomes and high risks of poverty, people's vulnerability to economic shocks is potentially quite high. Those who benefit from fast economic growth are men and cities, and those who lose are women and *auls* (villages).

Kazakhstan has achieved the Millennium Development Goals (MDGs) of universal primary education and gender equality in primary and secondary education, and there is no problem preventing girls' access to any level of education. However, the lack of schools and teachers has become a problem, particularly in remote rural areas.

Although during 1999-2003 there was a positive tendency in the growth of the Gender-related Development Index⁴ (GDI) in the country in all three dimensions – life expectancy, access to education, and the GDP per capita, **gender inequality** factors remain critical for both men and women. While for women these are mostly related to the economic sphere, access to resources, and insufficient political participation, for men they mostly concern health and hazardous activities.

Development Indicators GDI compared to HDI		KAZAKHSTAN	
<i>Various indicators</i>			
GDI as % of HDI	99.7	Adult literacy rate (% ages 15 and older)	99.5
Life expectancy at birth (%)	118.1	Combined primary, secondary and tertiary gross enrolment ratio (%)	106.1 (2004)
Sources: World Health Organization; World Bank, Economic Intelligence Unit			

Table 2 : Development indicators for Kazakhstan: GDI compared to HDI

Higher life expectancy for women tend to hide the negative side of the picture and can hardly offset the acute imbalances in the capability and capacity of women and the inferior quality of life that women lead in terms of maternal mortality, infant mortality, morbidity, unemployment, wage disparities, income disparities, intra-household disparities and target of violence compared to that of men. The number of low-income female-headed households in Kazakhstan was as high as 40 per cent in 2006, indicating that the female heads of households are struggling mostly with their children to rear, to work for income, to survive and also to maintain a life with dignity. About a sixth of the population, predominantly families with many children, single women pensioners, and rural unemployed, lives in poverty, and most unemployed in the country are women.

Central Asia is particularly prone to **natural disasters**, including major earthquakes, landslides and floods, on a scale that could affect millions of people over large swaths of the region. Kazakh experts have estimated the direct damage from natural disaster risks in the country at about 20 million US dollars annually, and indirect damage at up to 10 times that amount. According to the International Federation's World Disasters Report 2007, the number of people affected by natural and technological disasters in the country between 1997 and 2006 was 675,973 and the number of killed 132⁵.

⁴ The gender-related development index measures achievements in the same dimensions using the same indicators as the HDI, but captures inequalities in achievement between women and men.

⁵ The estimates of the Kazakhstan's Ministry of Emergencies suggest that the number of people killed in 2003 alone made 4,442.

Across the region, one of the most prominent and potentially devastating hazards is earthquakes. Around 30 per cent of the territory of Kazakhstan, home to more than 6 million people and 40 per cent of the country's industries, is under constant threat of a devastating earthquake. The city of Almaty was destroyed three times in the late 1800s and in the early 1900s by earthquakes measuring over 7 on the Richter scale. If another quake of similar magnitude were to happen today, more than 60 per cent of the buildings in the Almaty region could collapse, with an estimated 500,000 injured and 300,000 killed. According to experts, even a less destructive earthquake could kill 75,000 of the 1.5 million residents of Almaty.

Health indicators in Kazakhstan clearly demonstrate slow progress in the reduction of human poverty and in attaining the MDGs. The country has one of the highest maternal mortality rates – 40.86 deaths per 100,000 live births in 2005⁶. Similarly infant mortality rate (deaths per 1,000 live births) is as high as 63⁷.

The analysis of the **Tuberculosis** (TB) epidemiological situation in the country in 2006-2007 shows improvements and a trend to stabilisation in both civil and penitentiary sectors. The TB incidence rate initially declined from 175.6 per 100,000 population in 2004 to 132.1 per 100,000 in 2006. During the first six months of 2007 it further decreased to 69.5 from 70.6 per 100,000 population over the same period of 2006. However, it is still very high. The TB mortality rate was 20.3 (per 100,000) in 2006, compared to 20.8 in 2005.

A growing concern is MDR-TB, which is much more difficult and expensive to treat. By 2006, a total of 8,189 MDR-TB patients had been registered, 45 children among them. TB is also the main opportunistic infection and a leading cause of death for people living with HIV (PLHIV). In Kazakhstan, TB is diagnosed in 45.8 per cent of PLHIV and counts for 36 per cent of deaths among them. The **HIV expansion** increases the risk of TB in the country. In total, 286 TB/ HIV patients had been registered by the national AIDS centre by the end of 2006.

In 2005 UNAIDS estimated that the number of people living with HIV in Kazakhstan was between 11,000 and 77,000. However, the number of registered PLHIV at the end of 2007 made 9,381 according to the Ministry of Health. The number of AIDS deaths is 506. Although the absolute number of officially registered HIV cases is still comparatively low, an exponential increase has been recorded in recent years.

The HIV epidemic in Kazakhstan is concentrated among highly vulnerable populations, mainly among injecting drug users (73 per cent) and sex workers, but is also spreading to other vulnerable groups including youth, migrants and long-distance drivers. More than half (55 per cent) of all registered are young people aged 15-29 and 23.4 per cent of all are women. The proportion of affected women is increasing, and there is also a trend of an increased number of HIV transmissions through sexual contacts (by 3.3 per cent during 2007). By 2007 there had been registered 223 children with HIV; unsafe blood transfusion became the cause of infection for 138 children in 2006.

Other health related problems are preventable infectious diseases, viral hepatitis, brucellosis and diarrhoea. Part of the health problems result from low access to safe water and sanitation, and from threatening environmental pollution. Inadequate water supply and poor sanitary literacy among people are some of the reasons for high intestinal infection rates, particularly among children. Stigma and discrimination attitudes towards people living with HIV and TB can still be easily observed in the society. As a result, these already vulnerable groups can be deprived of, or have limited access to medical and social care. Moreover, the stigma associated with HIV and TB and discrimination against those people are projected to other family members, including children born to HIV-positive mothers.

The uneven economic development between the states in central Asia creates the conditions for heightened **migration** as people move to more prosperous areas. According to the baseline research

⁶ WHO Regional Office for Europe 2007

⁷ World Bank, WHO, 2007

undertaken by the Almaty office of International Organization for Migration (IOM) in 2005 and other sources, there are an estimated 220,000 to 300,000 foreigners working in Kazakhstan, while the official quota for licensed foreign labour is only around 10 per cent of this figure. The majority of foreigners are seasonal workers from Uzbekistan (over 200,000), Kyrgyzstan (50,000) and Tajikistan (about 15,000). Officials and experts agree that most labour migrants in Kazakhstan work illegally.

Migrants, both regular and irregular, frequently face discrimination as ethnic and religious minorities; and language difficulties can create serious obstacles to integration and enjoying the full rights due to them. Their lack of legal status and fear of discovery and subsequent removal puts irregular migrants at serious risk of abuse and exploitation; such uncertainty surrounding their situation can also have serious psychological impact. Sexual exploitation and abuse are not uncommon, nor are physical and/or psychological abuse by those in positions of power, such as employers or people smugglers. Irregular migrants also have little or no access to basic medical, social and educational services.

National Society priorities and current work with partners

The Kazakhstan Red Crescent Society has a long history of cooperation with local authorities and governmental ministries, including emergency, health, social welfare, justice and education ministries, and their structures at regional and local level. Coordination of the National Society's work in communities with state bodies helps to achieve a good level of complementarity, increases the likelihood of support and promotes an understanding of the role of the Red Crescent. However, the near future holds little perspective of financial support from the government.

Disasters

The National Society comes to disaster response, preparedness and risk reduction with the aim of achieving a holistic approach to disaster management. This is in line with the National Society strategic plan for 2007-2011. The Red Crescent Society's role in disaster response is stipulated by the country national plan. The International Federation has been supporting the Kazakhstan Red Crescent to build its institutional capacity to meet its disaster management obligations as well as its community-based initiatives in the most vulnerable communities, including mitigation. These two main directions will continue. The partners contributing through the International Federation's current appeal to the disaster management programme are the Norwegian and Swedish Red Cross Societies. Community-based actions of the National Society in rural areas and youth preparedness are also supported bi-laterally by the Netherlands Red Cross; pilot projects with a focus on earthquake preparedness are also implemented in cooperation with JICA this year. Besides, new bi-lateral partnerships are shaping; with the German Red Cross that focuses on earthquake preparedness in Almaty city and with the Turkish Red Crescent in terms of the National Society response capacity-building (disaster stocks).

Despite the progress in Red Crescent response capacity-building the needs remain, for instance, in developing the skills of the national and regional disaster response teams or integrating health into disaster relief. The key areas of recovery require even more attention. This includes increased capacity in livelihoods, shelter, public health in emergencies, water and sanitation. The National Society will also consider smoother and more effective approaches to early recovery so that communities are assisted in effectively restoring or improving their pre-disaster conditions. This approach links relief, recovery and development. The Red Crescent will need the support of the International Federation's secretariat to address those capacity-building needs in the coming years. Besides, special attention should be paid to the promotion and dissemination of the International Disaster Response Laws (IDRL).

Health

In accordance with the International Federation's health and care strategy, the National Society strategic plan and based on the identified needs in the country, the main components of the Kazakhstan Red Crescent's health and care programme are HIV, TB and community-based first aid (CBFA). Work in these directions will continue through 2009-2010. Prevention of diseases is one of the priorities as it is much easier to prevent the disease than to treat it.

Part of the funding for the health and care programme of the National Society is channeled through the International Federation's appeal multilaterally. Partner National Societies currently supporting the

Kazakhstan Red Crescent HIV and/ or TB prevention within the framework of the regional appeal are the British, Norwegian and Swedish Red Cross Societies. Another source of global level International Federation funding addressing MDR-TB is from the pharmaceutical company Ely Lilly. The National Society is also cooperating with the German and Spanish Red Cross Societies in TB prevention bilaterally and this support is expected to last until the end of 2009 and 2008 respectively. Besides, the Kazakhstan Red Crescent has secured funding for information, education, communication and mobilization activities in TB prevention as a sub-recipient of the National TB Centre under the Global Fund to Fight AIDS, Tuberculosis and Malaria for 2008-2010. The community-based health and first-aid (CBFA) activities are supported by the Finnish Red Cross, also through the Federation appeal. CBFA is also implemented in the Aral Sea region through bilateral partnership with the Netherlands Red Cross that aims at branch development. By the end of 2008 the Netherlands Red Cross is funding three information and education centres promoting healthy lifestyle and preventing communicable diseases including HIV and TB among urban youth. There is also a bilateral assistance from the Red Crescent Society of the United Arab Emirates in support of orphaned children.

In 2007, the Kazakhstan Red Crescent joined the Red Cross Red Crescent Global Alliance on HIV to scale up the national HIV programming to reduce the vulnerability to, and impact of, HIV. The framework is expected to strengthen and make better use of the combined capacities of the National Society and the International Federation, also by bringing in regional networks and other funding and operating partners. It is currently in the planning phase. The scale-up will mean expanding the range of services to PLHIV and increasing the coverage by HIV prevention activities from 2009. To sustain a higher level of programming the Red Crescent also requires support in capacity-building with a focus on monitoring and evaluation and resource mobilization.

There is a need for better integration between the health and care and disaster management programmes of the National Society to ensure better response to disasters, including needs assessment, delivery and monitoring of activities.

Humanitarian values

The promotion of humanitarian principles and values is one of the priority areas of the Red Crescent work that is carried out in partnership with the International Federation. The National Society assigns a specific part to the promotion of principles and values in the prevention of stigmatisation and discrimination in the society today and in the coming years. This function in the National Society is combined with the communications function. Significant attention is paid to increasing the awareness of Red Crescent staff and volunteers followed by dissemination to wider communities through the educational system, public sector, local authorities and non-governmental organizations. The work is closely linked to the dissemination of the International Humanitarian Law (IHL) and the promotion of the rules of emblem use. The elements of non-discrimination, respect to diversity and tolerance are being incorporated in all programmes of the National Society but this requires further attention.

Recognizing the human vulnerabilities arising from the migration in the country and in order to put into practice the Istanbul Commitments made by the VII European Regional Conference in 2007 in terms of addressing the needs of people affected by migration the National Society of Kazakhstan plans to become a part of the Central Asian Red Crescent Labour Migration Network to serve irregular migrants. The initiative is also in conformity with the role of Red Cross and Red Crescent Societies to provide humanitarian assistance to vulnerable migrants, irrespective of their legal status, that was acknowledged at the 30th International Conference of the Red Cross and Red Crescent. The International Federation secretariat is currently seeking funding through the EU thematic programme for the network to become a reality in 2009.

Capacity-building

Capacity-building is recognized as one of the Kazakhstan Red Crescent's development priorities based on the results of a self-analysis held in 2007. The organizational development programme of the National Society is supported by the International Federation with contributions from the Finnish, Norwegian and Swedish Red Cross Societies to the regional appeal. The revised Red Crescent statute is awaiting the registration with the Ministry of Justice before the implementation can start. The process will involve the establishment of good and effective governance and management structures. Improvements in the areas of human resources management, integration between different

National Society programmes, fund-raising, development of monitoring and evaluation capacities, and adoption of the Red Crescent Law are the priority areas that the Red Crescent Society will be focusing on in the coming two years.

The International Committee of the Red Cross (ICRC) is cooperating with the Kazakhstan Red Crescent in the fields of institutional capacity development, IHL, the dissemination of fundamental principles, tracing and building capacities for assistance to conflict-affected populations.

Secretariat supported programmes in 2009-2010

Disaster Management

Emphasis will be placed on developing a culture of prevention, risk-reduction and self-reliance at all levels, particularly in high risk communities. The ability to respond effectively will be based on supporting and building capacities at local level first and foremost, combined with further strengthening preparedness and response mechanisms at national, regional and international level; and promoting early recovery and livelihoods.

a) The purpose and components of the programme

Programme purpose
To reduce the number of deaths, injuries, and impact from disasters.

The disaster management programme budget is CHF 929,791 (USD 849,901 or EUR 592,224).

Programme component 1: Disaster management planning
Component outcome 1: Improved ability to predict and plan for disasters to mitigate their impact on vulnerable communities, and to respond to and effectively cope with their consequences.

For this component, the National Society will update its national disaster response plan, test the standard operating procedures and make relevant changes. Besides, the zonal (sub-national) disaster response plans will be developed. Introduction of necessary amendments to the regional contingency plan and its testing is foreseen.

Programme component 2: Organizational preparedness
Component outcome 1: Strengthened capacity of the National Society in disaster preparedness and response through increased skills and knowledge of Red Crescent staff and volunteers, strengthened financial and technical resources, effective mechanisms for emergency response and recovery assistance.
Component outcome 2: Improved understanding and application by the National Society of the International Federation's standardized guidelines for effective response.

Under this component the National Society will recruit, train, retain and manage a diverse, gender balanced volunteer network, conduct training for newly established disaster response teams (DRTs) and refresh the skills and knowledge of already existing ones. The replenishment of emergency stocks also falls under this component.

To ensure improved understanding and application of the International Federation's standardized guidelines for effective response the National Society will regularly participate in the regional disaster management working meetings and get involved in the development and/ or updating of methodologies, materials and tools, including issues of recovery and climate change. Workshops on shelter and relief and lessons learnt from relief operations will be also arranged for staff incorporating the Sphere standards. Ways to develop an approach and strategy for integrating shelter in future National Society activities will be explored. The National Society will also work on developing

standardized criteria for emergency stock and emergency first-aid kits and disseminate information about such criteria.

To promote IDRL a working group comprising representatives of central Asian National Societies and the International Federation secretariat was formed. The group is expected to analyse the legal environment of disaster response operations in the region. Based on the results of such analysis a work plan will be developed with concrete steps to be taken at country level by all parties involved. The advocacy will primarily target relevant government agencies.

Programme component 3: Community preparedness/Disaster risk reduction
Component outcome 1: Strengthened capacities of communities in disaster-prone areas to respond to future disasters through community-based disaster preparedness.
Component outcome 2: Strengthened capacities of secondary school students and teachers to respond to future disasters through integrated disaster preparedness and first-aid trainings.
Component outcome 3: Reduced vulnerability of communities in disaster-prone areas through the implementation of mitigation projects.

To achieve the outcomes the National Society will establish and train local initiative groups that will disseminate the skills and knowledge to wider communities. Schoolchildren will be targeted through trained teachers. The risk of vulnerable communities will also be reduced through small-scale mitigation projects.

Programme component 4: Recovery
Component outcome 1: Increased capacity of the National Society to restore or improve pre-disaster living conditions and reduce the risk of future disasters.

The capacity of the National Society to assess the recovery needs, plan and implement quality recovery programming will be improved through training and raised awareness of good practices. In case of response operations the lessons learned will be shared during subsequent working meetings at national or regional level.

b) Profile of target beneficiaries

The disaster management programme responds to the needs of communities vulnerable to disasters, and its direct beneficiaries are people living in high disaster risk areas, both rural and urban. Among these the priority is given to people who are more vulnerable to disasters due to their social status, age, gender or health condition – single mothers, multi-children families, elderly people living alone, schoolchildren and people with disabilities – and who are not covered by the government disaster preparedness training plans at workplace.

The National Society will establish, train and equip 100 local initiative groups consisting of 1,500 members from communities who will further share their knowledge with up to 225,000 fellow community members. The training for local initiative groups and their communities includes first aid, rules of behaviour in time of a disaster, disaster risk mapping, development of community disaster response plans and simulation exercises. Over 17,500 schoolchildren will have improved skills to cope with disasters as a result of youth preparedness training and around 80,000 people will be provided with technical resources and support services through risk reduction projects. Part of the beneficiaries from the general population will be targeted through awareness campaigns and information materials. Affected populations will also receive relief items and assistance in rehabilitation during potential response operations.

Up to 1,750 Red Crescent staff and volunteers are to receive new or refresher training and practical exercises that will develop their professional skills and result in better services to the vulnerable populations. Improved disaster management coordination systems and enhanced response plans at national and sub-national levels will benefit the National Society as an institution.

c) Potential risks and challenges

Among the factors influencing the successful implementation of the disaster management programme is funding – sufficient and regular financial support is vital to allow longer-term planning. The National Society depends on external support for the programme but funding for disaster management is provided by a limited number of donors and usually on a year by year basis. A major disaster in the region may also redirect the programme support focus.

The National Society, facing the need to respond to more disasters, also faces the challenge to train and retain staff and volunteers capable of providing professional disaster response services. There is a high turnover of volunteers and staff and competition with other organizations, which is an obstacle in ensuring a flexible but professional human resources base to meet the needs of disaster response. Proper human resources management that is being pursued within the organizational development programme is expected to mitigate the consequences of staff turnover.

Health and Care

a) The purpose and components of the programme

Programme purpose

To reduce the number of deaths, illnesses and impact from diseases and public health emergencies.

The health and care programme budget is CHF 1,336,022 (USD 1,221,227 or EUR 850,969).

Programme component 1: HIV and AIDS

Component outcome 1: Vulnerability to HIV and its impact reduced through preventing further infection and reducing stigma and discrimination.

Component outcome 2: Vulnerability of people living with HIV reduced through rendering psychosocial support, advocacy, developing safe behaviour skills and integrating PLHIV as peer educators.

Component outcome 3: The capacity of the National Society to deliver and sustain scaled up HIV programmes strengthened.

To deliver the outcomes on HIV, the National Society will carry out tailored peer to peer education, awareness-raising campaigns; and will provide harm reduction services that include the exchange of injecting equipment and consultations, and social and psychological assistance to PLHIV. As the main way of transmission in the country is through injecting drug use, the education covers drug abuse prevention, healthy lifestyle promotion and life skills development.

In order to allow scaling up in HIV prevention additional skills-building among the National Society HIV staff and volunteers is required, namely in monitoring and evaluation and resource mobilization.

Programme component 2: Tuberculosis

Component outcome 1: Vulnerability to TB and its impact reduced through preventing further infection and reducing stigma and discrimination.

Component outcome 2: Vulnerability of people living with TB, MDR-TB and HIV/ TB co-infection reduced through rendering psychosocial support, advocacy, and reducing stigma.

The focus will be on the direct observation of treatment (DOT) in people with TB by Red Crescent visiting nurses and education for their relatives and close ones. Activities will also include social and psychological support and counselling, as well as raising awareness of the disease among general populations.

Programme component 3: Community-based health and first aid

Component outcome 1: Communities empowered through skills to prevent the most frequent diseases, to provide care to newborns and basic first-aid.

For CBFA the deliverables will include sessions and distribution of information materials on newborn health and care, the most common diseases, hygiene and sanitation practices and basic first-aid training in rural areas.

b) Profile of target beneficiaries

The Kazakhstan Red Crescent Society's health and care programme addresses the health needs of the most vulnerable people and those at the highest risk of getting diseases.

In **HIV**, target beneficiaries are youth, the military, groups at a higher risk of infection and its transmission – long-distance drivers, injecting drug users (IDUs) and sex workers (SWs) – and PLHIV. Members of the target groups get involved in planning, implementation and monitoring of the programme. The National Society has a stable network of volunteers (volunteering for 18 months and more) who are IDUs, SWs and/ or PLHIV; and members of these beneficiary groups are also working as staff of the programme.

Equal number of boys and girls from 9-11 grades of secondary schools and colleges aged 15 to 18 will get training from their peers to develop safe sexual behaviour skills and get knowledge on HIV and sexually transmitted infections. In total, 26,000 young people – or 17 per cent of the group registered by the relevant authorities – will be targeted. For the military aged 18–20 the coverage is estimated at 15,000 people, of which 84.5 per cent are men and 13.5 per cent women. The number of long-distance drivers, IDUs and SWs to be reached is 8,000 people, or 25 per cent of the number of each of these categories based on a rapid assessment. PLHIV (200 people) taking anti-retroviral therapy and their family members will receive information on HIV and on the prevention of opportunistic infections, social and psychological support, also through support groups to be established among PLHIV. The age of this target group is 15-35 and also the average age for drug users, who are at the highest risk of getting and transmitting the infection. Awareness campaigns are expected to reach up to 190,000 people.

In **TB**, the main focus is on patronage of vulnerable people with TB on the continuation phase of treatment to ensure positive treatment outcomes. For this beneficiary group the programme will provide direct observation of treatment by Red Crescent visiting nurses, as well as TB education that will also target their relatives and close ones. People with MDR-TB and HIV/ TB co-infection will receive social support in the form of food, hygiene items and vitamins, and psychological support and counselling in five centres of the National Society. The total number of people with TB, MDR-TB and HIV/ TB co-infection to be targeted over the two years is 1,500.

The programme also carries out information, education and communication (IEC) activities among the general population to increase TB awareness and mobilize the communities to oppose the epidemics. This may involve mass campaigns and TV and radio broadcasts. About 35,000 people are to be covered by IEC activities.

Extra efforts will be made to attract former TB patients in the programme as peer volunteers. These people are good examples that the disease can be cured, which builds up the faith of the beneficiaries and encourage adherence to the treatment.

Beneficiaries of the TB programme are mainly represented by the urban population as the number of people with TB in the cities and suburbs is higher. Men make up about 55 per cent of the beneficiary group because in this group the disease prevails according to the statistics. Among people with MDR-TB up to 65 per cent are males. Most people with the disease are unemployed and do not receive financial support from the government.

Support provided by the Red Crescent contributes to a decreased default rate and better treatment outcomes in people with TB. Besides, IEC activities improve population knowledge about the disease, resulting in timely referral for medical check-up and treatment. Finally, awareness campaigns contribute to the reduction of stigma among the public.

The National Society, as auxiliary to the government, takes an intermediate role in providing first-aid and disease prevention skills and knowledge to the most vulnerable communities in rural areas, to help save lives during disasters and in day-to-day emergencies.

The **CBFA** is focused on communities residing in areas that are most frequently affected by the outbreaks of infectious diseases to make them more resilient to the effects of disasters and health crises. Based on morbidity rates, the density of the population and taking into consideration the work of other actors in the field to avoid duplication the most vulnerable communities will be targeted.

Community and household prevention actions are to be carried out by community-based volunteers representing medical staff of primary healthcare facilities, housewives and women committees and aim to strengthen local capacities. Up to 3,600 women with newborns and pregnant women and girls below 18 will be targeted. These are the most vulnerable segments of the population in terms of access to information on health issues and decision-making. Besides, women's health directly influences the health of newborns and mother's knowledge on childhood diseases and their prevention can significantly reduce the number of complications and child mortality. Basic first-aid training is to target men and women equally. In total over 54,000 people will be covered by different educational activities.

To improve the level of integration between CBFA and disaster management programmes the first-aid training curriculum for volunteers will be revised and applied in both programmes.

c) Potential risks and challenges

The lack of sustainable funding is one of the most significant challenges for the health and care programmes because only long-term interventions can lead to meaningful results. Shortcomings in the implementation of the directly observed treatment short-course strategy at country level and existing resistance of medical staff, particularly in the penitentiary system, may negatively influence the impact of Red Crescent interventions in TB prevention. Inadequate quality of TB medications, shortcomings in TB/ HIV registration practices and laboratory control deficiencies affect the results of TB treatment and are out of the Red Crescent control.

The HIV Global Alliance will add to the National Society obligations in terms of tracking performance and accountability. Adequate monitoring and reporting is a challengeable task and will require proper follow-up from the Global HIV Unit and the Planning, Monitoring, Evaluation and Reporting department of the secretariat when the implementation starts.

Organizational Development/Capacity Building

a) The purpose and components of the programme

Programme purpose
To increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.

The organisational development/capacity-building programme budget is CHF 409,634 (USD 374,437 or EUR 260,914).

Programme component 1: National Society organisational development and capacity-building (headquarters and branches)
Component outcome 1: Effective governance and management structures.
Component outcome 2: Effective and transparent human resources management systems.
Component outcome 3: Proper and effective financial management in line with clear procedures, guidelines and leadership commitments.

The programme focus will be on establishing clear and effective governance structures and interrelations between governance and management. For that purpose training on governance roles will be provided for branch chair people and leaders of primary organizations to enable them to participate in the National Society work more effectively.

Improvements in the National Society human resources and finance management will be sought through guidance, consultations and possible training for relevant staff.

Programme component 2: National Society legal base development

Component outcome 1: Red Crescent Law developed and promoted for adoption.

The development of the Red Crescent Law will involve the study of existing Red Cross Red Crescent laws as examples, the drafting of the law and advocacy in front of the government and the parliament.

Programme component 3: Volunteer promotion and development

Component outcome 1: Expanded range and improved quality of youth services.

Young volunteers will be recruited through youth clubs that work under regional youth centres; the network of clubs will be expanded. The volunteers will receive training and get involved in Red Crescent programmes to deliver important messages or services to their peers and vulnerable groups. They will participate in actions dedicated to important events and raise the image of the youth and the Movement. Youth and volunteers will also work to improve internal and external communication and strengthen relationships and partnerships with other youth organizations.

b) Profile of target beneficiaries

Target beneficiaries are the National Society headquarters and branch staff (200 people), around 2,000 volunteers including youth and about 2,500 members who are leaders of the grass-roots organizations and governing board members nation-wide.

c) Potential risks and challenges

The process of the new statute implementation is hampered by the delay in the registration of the statute with relevant authorities in the country. Besides, the Kazakhstan Red Crescent has not yet received the feedback from the Joint ICRC/ International Federation Statutes Commission. As soon as the comments arrive, the National Society will most likely have to incorporate them and this would take time and result in further delays in the implementation.

The National Society foresees difficulties with adopting and further promoting the Red Crescent Law due to limited knowledge of the government officials about the Red Crescent activities and insufficient understanding of the role of the Red Crescent in the country. Meetings between the National Society leadership and high -level government officials and parliament members will help to bring both parties closer and establish a dialogue with stakeholders in the government.

The organizational development programme of the Kazakhstan Red Crescent is being supported only by the International Federation and even that funding is diminishing over the years. In case the multilateral funding is ceased the programme will be under threat.

Principles and Values

a) The purpose and components of the programme

Programme purpose

To reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

The principles and values programme budget is CHF 416,081 (USD 380,330 or EUR 265,020).

Programme component 1: Promotion of humanitarian principles and values

Component outcome 1: Fundamental principles and humanitarian values of the Movement promoted.

The programme will promote principles and values through specific training and thematic sessions for Red Crescent staff and volunteers, public campaigns, round-table meetings and through mass media sources.

Programme component 2: Operationalisation of fundamental principles and humanitarian values
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Component outcome 1: Fundamental principles are integrated into National Society operational programmes.

Continuous cooperation with other core programmes and the integration of diversity and non-discrimination elements and principles into them will be pursued. Addressing HIV and TB related stigma is an example of how it works in practice. This may also include additional calls for the adequate participation of beneficiaries in programme design and implementation, so that the humanitarian action pursues their genuine interests and their general well-being, and encouraging accountability towards beneficiaries during training and thematic sessions.

Programme component 3: Anti-discrimination and violence prevention

Component outcome 1: Ability of communities to combat discrimination, intolerance and violence and to promote respect for diversity enhanced.
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Component outcome 2: Understanding of the necessity to prevent and fight sexual and gender-based violence within communities increased.
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To tackle discrimination, intolerance and violence and promote respect for diversity the programme will hold meetings with communities; voice the needs of marginal groups in front of the mass media and state agencies. People from marginalized groups will be involved in the design and implementation of the National Society actions.

There is a plan to establish a Central Asian Red Crescent Labour Migration Network in 2009 that would serve the irregular migrants through education centres in the country of destination – Kazakhstan – and in the countries of origin – Kyrgyzstan, Tajikistan and Uzbekistan. At the regional level the network will be coordinated by the International Federation's regional representation and IOM will be the associate partner providing legal counseling. The Kazakhstan Red Crescent will render social assistance to migrants and their families through information and educational centres which can be used also as resource centres for interested parties.

Based on the results of the survey to be conducted in 2008 in communities and followed by a plan of action, activities to tackle gender-related issues with the focus on gender-based and sexual violence will be implemented by the Red Crescent.

b) Profile of target beneficiaries

The target population of the principles and values programme is diverse, including the general public, vulnerable women, PLHIV, people with TB, refugees, migrants, populations served by National Society programming, Red Crescent staff and volunteers and partners from government bodies, mass media and other humanitarian players in the country.

The Red Crescent plans to train about 140 newly hired staff and volunteers to disseminate the Movement's principles and values. The number of people to be covered through media is difficult to calculate realistically and is estimated at a few thousand people.

To address social exclusion of marginalized groups such as people living with HIV and TB, migrants, vulnerable women and others the National Society will specifically involve about 1,000 beneficiaries from these groups in the design and implementation of National Society public events during the next two years.

In migration, the National Society will be directly involved in reception, in providing social counselling, psychological and humanitarian assistance, and training on first aid, healthy lifestyles, HIV and TB prevention, and in running Russian language courses. The services will be offered in three big cities of the country where most labour migrants, both regular and irregular, concentrate. Legal labour migrants, people legally entering the country but lacking valid permission for work and also those who then fail to leave when their registration for legal stay expires are to be targeted. Counselling of these groups will help promote legal migration, on the one hand, and strengthen the protection of migrants' rights, protection against exploitation and exclusion, on the other. Advocacy and awareness-raising within the Movement and among the general public will positively influence behaviour towards migrants.

Concrete actions to tackle gender-related issues need to be further elaborated but the National Society will be covering women and men equally using two-sided approach to potential victims and aggressors. The preliminary target is 1,000 people for two years.

Better understanding of values and principles, of the importance and value of tolerant attitude towards people with illnesses and vulnerable groups, of respect for diversity, and of ways to oppose discrimination – these are benefits that target communities will gain from the Red Crescent principles and values programme.

c) Potential risks and challenges

The traditional attitudes accepted in the communities will challenge the component of the principles and values programme related to sexual and gender-based violence. To overcome possible unwillingness of people to openly discuss this sensitive topic and reveal the existing problems will require devotion and consideration from the Red Crescent staff and volunteers.

Continuous lack of funds remains the main constraint of the principles and values programme. The effects of this can be mitigated by integrating selected activities under other core programmes. Besides, staff turnover at the National Society headquarters and branch levels can affect the implementation.

In the receiving countries like Kazakhstan employment is often perceived as a limited good that cheap labour migrants take away from the local population. Because of that migration issues are sensitive, especially in the view of the official position on and treatment of irregular migrants and particularly those who are legally entering the country, but do not have a permission to work. There remains a risk that the National Society could at times be called upon to assist authorities when irregular migrants are being detained, deported or returned. To prevent such situations, the National Society is committed to remind governments to respect the human rights of all migrants, including respect for, and due application of, the principle of non-refoulement and the provisions of relevant international treaties. Advocacy will focus on the unconditional access to migrants regardless of their status and for governments' acceptance to provide humanitarian assistance for all those in need.

Role of the secretariat

a) Technical programme support

The International Federation secretariat's regional representation for central Asia based in Almaty will provide core membership services and technical and advisory support for the National Society in planning, implementation and monitoring of the programmes, as well as general supervision at the regional level. Under the guidance of the regional representative, the available programme functions within the regional representation reflect the programme structure along the International Federation's Global Agenda goals; they are disaster management, health and care, organizational development and principles and values. The regional disaster management function was recently filled with a programme officer and the recruitment of a disaster management delegate is in process. The health and care programme will be supported by the health delegate and assistant; organizational development will be supported by the regional coordinator and finance development delegate and principles and values programmes by the information officer. Relevant technical support in shelter, recovery, IDRL, resource mobilization, migration, HIV Global Alliance will be requested from the zone office and Geneva

secretariat. Additional technical assistance on migration issues will be sought from the country IOM office.

The supporting functions of the regional representation like human resources, finance, planning, monitoring, evaluation and reporting (PMER) will be used for the capacity-building initiatives within the regional organizational preparedness programme as well. More attention will be given to improving quality control, effectiveness and accountability for all programmes with technical support on developing relevant tools and mechanisms from PMER focal points at the regional and zone level.

Consultations on governance and management will be essential when the Kazakhstan Red Crescent starts the implementation of the statute. The focus for the next years will be on achieving the characteristics of a well-functioning governing board (governance self assessment). For expertise on issues related to good governance, good management and possibly resource mobilization systems a locally/ regionally recruited consultant can be engaged. The main requirements for the consultant will be knowledge of the local/ regional legislation, relevant training opportunities at country/ regional level and language.

Still a big constraint for the National Society is the lack of English language skills for the majority of the senior programme staff, precluding access to materials in English and participation in international meetings. All regional programme and technical staff working with the National Society are Russian/ English speaking, which allows regular and accurate communication and work. The regional representation will ensure that the most important materials and documents have been translated into Russian working in cooperation with other regional or country representations from Europe zone operating in Russian.

The head of the Kazakhstan Red Crescent health department is a member of the International Federation's High-Level Governance Group on HIV and AIDS. Her specific technical knowledge and experience gained from the participation in the group work will be used for further development of the National Society health programme's HIV component. The National Society vice-president is currently a member of the Intensified Capacity Building (ICB) Expert Panel. This kind of experience can also be used to help access the ICB for Kazakhstan and other Red Crescent Societies in the region in future.

The regional representation is sharing the office with the Kazakhstan Red Crescent Society, which offers additional opportunities for quick and regular contacts and support.

b) Partnership development and coordination

The Kazakhstan Red Crescent Society relies mainly on international support for its programming and largely this support is coming from the Movement. The only significant local support exists on the level of good relationships with local authorities in the areas where National Society branches implement the programmes. The planned work on IDRL will contribute to the improved quality of coordination with the national government in the area of disaster response at all levels as well as with other partners.

The National Society's strategic plan for 2007–2011 prioritizes the development of partner relations and good work has been done in this direction; the Red Crescent cooperates with more than ten partners within and outside of the Movement. The Global Fund is the biggest partner outside the Movement. Taking into account that the current strategic plan also highlights attracting and retaining the partners, further work has to be done to ensure efficient coordination of partners' support starting already at planning stage.

The majority of the National Society's partners have their own partnership strategies or guidelines that to some extent contribute to building the capacities of the Kazakhstan Red Crescent. Based on the past experience of having a number of uncoordinated bilateral partners in the country and recent concerns from all partners about the coordination it is recommended, as a first step, to have a participatory National Society planning meeting in 2009. The meeting will be conducted at the country level, in appropriate time for all interested bilateral and multilateral partners. The ownership and organization of the meeting will stay with the Kazakhstan Red Crescent that will be assisted by the regional representation. The existing Memorandum of Understanding between the Kazakhstan Red Crescent,

ICRC, the International Federation secretariat and the Spanish Red Cross on cooperation in supporting the development of the National Society and strengthening its capacity to effectively deliver quality programmes and services will be a basis to build on and improve cooperation and coordination during this meeting.

Coordination and cooperation between the regional representation and the regional ICRC delegation has strengthened over the past years due to the harmonization of support to National Societies in the areas of Red Crescent Laws development, human resources systems and financial management development and joint planning. This will continue in the coming two years through further harmonization of planning processes, regular monthly meetings between key staff, work through and with the National Societies Leadership Forum and trilateral meetings (Kazakhstan Red Crescent, ICRC and regional representation).

A new partnership will be sought with the Platform for European Red Cross Cooperation on Refugees, Asylum Seekers and Migrants (PERCO) when developing the funding application and implementing the migration programme.

c) Representation and Advocacy

The regional representative and where relevant programme managers will continue to represent the Kazakhstan Red Crescent at meetings, conferences and events where the National Society has no access to or to strengthen its representation. At such occasions the International Federation will further advocate for the National Society's auxiliary role, promote the value of its community-based approach when addressing the needs, volunteers work and the value of partnerships and independence of the Movement components for the vulnerable people.

Special attention will be given to the Red Crescent Law development starting from initial dialogue with the government and following with advocacy in front of relevant government bodies. The regional representative will accompany the National Society leadership during meetings with government representatives and promote the benefits of having the Red Crescent Law for both parties.

Promoting gender equity and diversity

Traditionally women in central Asia, especially in rural areas, are engaged with households and children, leaving them with little access to information on disaster preparedness. With this in mind, the disaster management programme spotlights disaster awareness of women and children in communities. The SPHERE standards guide the Red Crescent disaster response and the fundamental principles and the value of respect for dignity and equality are at all times promoted in disaster management awareness materials, during training and work with the communities. In disaster response the distribution of assistance is made on the basis of impartiality. Actions are solely guided by needs, proportional to the degree of suffering and prioritized on the basis of urgency and vulnerability.

Similarly, limited access to health related information for girls and women make them more vulnerable to sexually transmitted infections (STIs) and HIV. Women in cities and working women have more decision-making powers and better access to information and healthcare services than women from rural communities. The community-based health and care component will address the issue by concentrating on health education for women.

Promoting gender equity and diversity is always at the heart of the humanitarian values programme. In the coming years the programme will continue to address the issue of gender-based violence seeking to change behaviour within communities, building on results of the community survey and initiatives of 2008. Also, more attention will be paid to proper integration of the principles and values in all National Society programming. The statute of the Red Crescent Society itself envisages equal opportunities for participation in the governing bodies for women and men.

Quality, accountability and learning

The National Society will carry out routine monitoring of programmes through regular field visits, observations, interviews, meetings with local authorities and community leaders, internal staff meetings with branch staff and monthly progress reports. The National Society management reports to the presidium (governing board) on a quarterly basis. Participation of representatives of partner organizations and local community members in monitoring will be encouraged. The International Federation's regional representation will also undertake monitoring trips to programme sites. To better assess the impact of programming and identify unexpected changes the ways to collect and process most significant change stories from those involved with the implementation at local level – volunteers and beneficiaries – will be explored in selected programme areas.

Relevant information will be gathered from branch reports to headquarters, budget analysis, statistics and meetings with donors. The results of monitoring will be analysed, discussed at working meetings at country and regional levels and follow-up actions will be undertaken to improve the effectiveness of interventions. Best practices will be promoted among colleagues and exchange visits between branches and National Societies will be arranged to allow learning from experience.

The programmes actively share information on the progress and cooperation opportunities during coordination meetings with partners, round tables and presentations at branch, national and regional level. Progress is also reported through the web-sites and media.

The SPHERE standards make up an integral part of the Red Crescent training for its disaster response teams and are applied by the National Society in its disaster response operations. The International Federation's guidelines on national disaster preparedness and response mechanisms, containing standards and key indicators of effective preparedness and response, will advise the capacity-building efforts of the Red Crescent Societies in the area of disaster management.

In its overall capacity-building efforts, the Kazakhstan Red Crescent Society is guided by the characteristics of a well-functioning National Society, particularly to the balanced development of the three key elements – foundation, capacity, and performance.

How we work	
The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".	Global Agenda Goals: <ul style="list-style-type: none">• Reduce the numbers of deaths, injuries and impact from disasters.• Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.• Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.• Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.
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