

# Plan 2009-2010



## ZAMBIA

### Executive Summary

Despite recent economic growth, Zambia still faces numerous challenges. Over the past three years, more than one million Zambians have been affected by either flooding or drought - half of them requiring intense and sustained emergency food assistance. Almost 37 percent of Zambians lack access to safe drinking water and 42 percent to adequate sanitation. According to UNAIDS, in 2007 Zambia had an estimated 1.2 million orphans, 75 percent of whom having lost parents to HIV and AIDS.<sup>1</sup> The United Nations High Commission for Refugees (UNHCR) has estimated that more than 130,000 refugees are currently living in Zambia, most of them requiring some form of humanitarian assistance.



The overall goal of this plan is to ensure that the programmes and services of the Zambia Red Cross Society (ZRCS) remain focused on the needs of the most vulnerable, and that they are responsive, sustainable and that they meet necessary standards in terms of performance, accountability and integrity. In today's competitive environment, emphasis will be on showing more clearly the benefits of the Red Cross and Red Crescent (RC/RC) programmes and how our actions and advocacy contribute to achieving the [Millennium Development Goals](#)<sup>2</sup> and other major global efforts to reduce poverty and inequity and promote sustainable human development. To accomplish this goal, the International Federation of Red Cross and Red Crescent Societies (IFRC) General Assembly adopted a new plan called the [Federation of the Future](#)<sup>3</sup> (FoF) in 2005 aiming at achieving the [Global Agenda](#)<sup>4</sup>, with [four goals](#) aligned to the core areas of [Strategy 2010](#)<sup>5</sup>. The Global Agenda demonstrates commitment to

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<sup>1</sup> **Zambia Country Report**; Multi-sectoral AIDS Response Monitoring and Evaluation Biennial Report 2006-2007 (January 2008)

<sup>2</sup> **Millennium Development Goals** – The UN Millennium Goals charter – states that by the year 2015, all 191 United Nations Member States have pledged to meet eight goals, thus, eradication of extreme poverty and hunger; achievement of universal primary education; promotion of gender equality and empowerment of women; reduction of child mortality; improvement of maternal health; combating HIV and AIDS, malaria and other diseases; ensuring environmental sustainability; development of a global partnership for development.

<sup>3</sup> **Federation of the Future** - <http://www.ifrc.org/Docs/pubs/who/fof-en.pdf>

<sup>4</sup> **Global Agenda Goals**: Link: <http://www.ifrc.org/who/fof.asp#globalagenda>

<sup>5</sup> **Strategy 2010** - Is the IFRC's guideline framework for the decade 2000 to 2010. This overall strategy identifies the following four core areas as the cornerstone upon which the International Federation will continue to build its collective

increasing the impact of our work by committing to scaling-up and improving the quality of our programming at both domestic and international level. As such, the ZRCS plans for 2009-2010 are developed from national strategic plans at the same time are aligned to the Global Agenda's goals.

ZRCS' health and care programmes are based on the Millennium Development Goals, Zambia's Fifth National Development Plan (FNDP), the 2010 African Red Cross/Red Crescent Society Health Initiatives (ARCHI 2010<sup>6</sup>), and the Algiers Plan of Action<sup>7</sup>. ARCHI 2010 goal is '*Better health for Africa's vulnerable individuals and groups served by the Red Cross/Red Crescent Societies (RC/RC) in Africa by mobilizing the power of humanity*'. Consensus was reached on the major public health interventions which African National Societies should address as priorities during the next decade, which include community level promotion and prevention activities focused on: HIV and AIDS; childhood preventable diseases; women and pregnancy related issues; initial responses to accidents and injuries. By 2010, ZRCS will be recognised for its "niche" relating to public health priorities including emergencies. Country-wide networks of volunteers will effectively be the major vehicle for addressing community health problems at the district level and beyond.

The 6<sup>th</sup> Pan African Conference convened in Algiers, Algeria, in September 2004, under the theme '*Consolidating the role of Red Cross Red Crescent as a reliable civil society partner*', with delegates from 53 African National Red Cross and Red Crescent Societies in attendance. The National Societies assessed and reviewed the progress made since the [Ouagadougou Declaration](#)<sup>8</sup> of 2000, and reaffirmed through the Algiers Plan of Action the following key interventions and decided to pursue them with renewed commitments, vigour and focus, to be implemented within the next four years: Food Security; Health; HIV and AIDS; Institutional Capacity Building as a cross-cutting issue.

The ZRCS therefore aims to revitalize its volunteer network to further develop community-based health programming, with a strong component of community-based First Aid (CBFA) as an entry point and minimum requirement for most of its branches. For 2009 to 2010, the IFRC Zone office technical support areas to the ZRCS include guidance on developing responsive community-based health strategies and strengthening disaster management capacities. It is expected that by the end of 2010, ZRCS activities will have directly benefited 1.5 million people in Zambia.

**This plan for 2009-2010 is seeking a total of CHF 5,759,450 (EUR 3,668,439 or USD 5,264,580)**

[Click here to go directly to the attached summary budget of the plan](#)

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expertise and reputation: Humanitarian values; disaster preparedness; disaster response; and health and care in the community. Refer to <http://www.ifrc.org/who/strategy.asp>

<sup>6</sup> The decisions and experiences of the National Societies led to a formal ARCHI 2010 strategy approved at the 5th Pan African Conference in Burkina Faso in September 2000 and again reviewed and endorsed at the 6th Pan African Conference in Algiers in October 2004. Refer <http://www.ifrc.org/what/health/archi/>

<sup>7</sup> <http://www.ifrc.org/docs/pubs/events/algiers04/algiers-action.pdf>

For background on APA visit <http://www.ifrc.org/meetings/regional/africa/6thpac/index.asp>

<sup>8</sup> **Ouagadougou Declaration** – The 5<sup>th</sup> Pan African Conference convened in Ouagadougou, Burkina Faso, from 21 to 25 September 2000 with delegates from 52 African National Red Cross and Red Crescent Societies in attendance. The conference focused on the key themes of the African Red Cross/Red Crescent Health Initiative (ARCHI 2010) and food security in Africa.

## Country Context

Despite economic growth during the last few years, poverty levels in Zambia still remain very high with 68 percent of the population living below the level of poverty; the highest maternal mortality rate in the world (729 deaths for 100,000 births); very high under-five mortality rate (182 per 1,000 births); and only one medical doctor for 1,000 habitants. The incidence of extreme poverty is very high in rural areas where two thirds of the population is extremely poor compared to a third in the urban areas. The vulnerability is further exacerbated by low adult literacy rate (68.3 percent) and the high prevalence of HIV and AIDS (16 percent). According to 2006 Global Human Development Report, Zambia's 2004 human development index (HDI) is 0.407, which ranks it 165 out of 177.

Rapid and uncontrolled urbanisation has resulted in high population density in the cities where communities are at high risk of cholera outbreaks and other communicable diseases. These areas have limited health facilities, inadequate drainage systems; low access to sanitation facilities and to safe and clean drinking water. Summarising the findings on access to sanitation in 2005, the Central Statistics Office of Zambia (CSO) reported that over 50 percent of the households countrywide use pit latrines and 13.2 percent do not have any form of toilet facility.

Like most countries in Southern Africa, Zambia is not regarded as a country that is at high risk to major disasters; it is, however, faced with many risks of natural and man-made disasters. According to the Emergency Events Database (EM-DAT) from 1991 to 2008, the top ten natural disaster events that stroke Zambia (floods and droughts) affected almost nine million people. There are indications that climate change will result into an increase in the frequency and the severity of disasters, particularly drought and flash floods.

In addition to natural disasters, Zambia is one of the largest refugee host countries in the region, regularly dealing with complex human emergencies linked to the refugees. It is expected that in 2009 Zambia will still be host to some 110,000 refugees of various nationalities, among them about 40,000 will be living in four refugee camps. The country however lacks adequate mechanisms and capacity to prevent and or timely respond to all these emergencies.

In order to address the socio-economic challenges in Zambia, in 2006 the government launched the Vision 2030, which articulates the country's development agenda for the next 25 years. From the humanitarian perspective, the most important components of Vision 2030 are:

- Reduction of national poverty to less than 20 percent of the population from the current 68 percent;
- Provision of secure access to safe water and improved sanitation facilities to 100 percent of the population; and
- Provision of equitable access to quality health care to all.

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|--|-------|
| Population, total (million), 2005  | 11.5  |
| Population, urban (% of total population), 2005  | 35.0  |
| Population, under age 15 (% of total population), 2005                                 | 45.7  |
| Life expectancy at birth, annual estimates (years), 2005                               | 40.5  |
| Adult literacy rate (% aged 15 and older), 1995-2005                                   | 68.0  |
| Combined gross enrolment ratio for primary, secondary and tertiary education (%), 2005 | 60.5  |
| GDP per capita (PPP US\$), 2005  | 1,023 |
| Population undernourished (% of total population), 2002/04                             | 46    |
| Under-five mortality rate (per 1000 live births), 2005                                 | 182   |
| Infant mortality rate, poorest 20% (per 1000 live births)                              | 115   |
| One-year olds fully immunized against tuberculosis (%), 2005                           | 94    |
| One-year olds fully immunized against measles (%), 2005                                | 84    |
| HIV prevalence (% aged 15-49), 2005  | 17.0  |
| Human Development Index value, 2005  | 0.434 |
| Human Development Index rank, 2005   | 165   |
| Human Poverty Index (HPI-1) value (%)  | 41.8  |
| Human Poverty Index (HPI-1) rank   | 96    |
| Population living below \$1 a day (%), 1990-2005                                       | 63.8  |
| Population living below \$2 a day (%), 1990-2005                                       | 87.2  |
| Population living below the national poverty line (%), 1990-2004                       | 68.0  |

Source: UNDP, Human Development Report 2007/2008

The government also launched the Fifth National Development Plan (FNDP) for 2006 – 2010 and provides the operational framework for implementation of Vision 2030 and for achieving the Millennium Development Goals. ZRCS programmes have been developed in line with the priorities of the FNDP and the IFRC Global Agenda. It is worth noting that the government contracted the ZRCS to develop a short, understandable and user-friendly version of the FNDP on the basis that the NS is the largest and most experienced community-based organization in the country.

## National Society priorities and current work with Partners

Through an integrated approach, ZRCS currently implements programmes, which combine actions that simultaneously address emergency and long-term development needs in the country. In 2009 and 2010, ZRCS will continue implementing programmes to reduce the deaths, injuries and impact from disasters, by providing humanitarian assistance to more than 20,000 refugees in the Northern and Luapula provinces. ZRCS has also made a commitment towards building resilience of communities affected by food insecurity by providing training in conservation farming and providing agricultural input to 35,000 people (7,000 households<sup>9</sup>) in three districts of the country. In addition, the National Society (NS) will contribute to strengthening community early warning mechanisms, disaster risk reduction, advocacy and planning; enhancing contingency planning processes as well as building disaster management capacities through adequate trainings at community, district, provincial and national levels. Furthermore, ZRCS will increase its readiness to respond to emergencies in adequate and timely manner. This is achieved by improving its disaster preparedness and disaster response mechanisms, further enhancing the capacities of its national disaster response team (NDRT), its emergency stocks as well as its membership in the regional disaster response team (RDRT).

Food insecurity remains a major cause of malnutrition and poverty in the Southern African region, as well as being responsible for high rates of morbidity and mortality in vulnerable communities. Causes of food insecurity include HIV and AIDS, climate change, population size, poor governance, decline in public services, decline in crop production, increasing inflation and debt. Zambia is among the five countries in Southern African (Lesotho, Malawi, Namibia Swaziland and Zambia) selected to implement the IFRC Five-Year Strategic Framework on Food Security in Africa.<sup>10</sup> ZRCS will work, in accordance with the new Food Security initiative to:

- Reduce the vulnerability of communities through longer-term support to livelihoods and food security;
- Strengthen livelihoods in order to improve food security and resilience, in alignment with our disaster risk reduction work;
- Further strengthen and integrate long-term food security plans in the areas of community-based health care, water and sanitation.

The health and care programme will therefore significantly contribute to the reduction in the number of deaths, illnesses and impact from diseases and public health emergencies. In addition, contribute to improved access to clean and safe water and adequate sanitation for more than 16,000 households (80,000 people) in three provinces. Mother and child health through Malaria and tuberculosis (TB) prevention and control will be strengthened. The promotion and the monitoring of children under five years immunisation, hygiene education and nutritional information are among other focus areas. The premise for these developments is a renewed and expanded community-based First Aid (CBFA) programming. ZRCS will also and embark on more structured Road Safety programming in 33 districts.

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<sup>9</sup> Each household is estimated to have five members

<sup>10</sup> For more information on refer to: <http://www.ifrc.org/what/disasters/recovering/food-security.asp>

ZRCS will continue implementing the five year integrated HIV and AIDS programme (2006-2010) (MAA63003ZM)<sup>11</sup>, which is part of the Southern Africa Regional HIV and AIDS programme (MAA63003) and a component of the IFRC Global Alliance on HIV. The NS is scaling-up its response to HIV and is committed to reducing vulnerability and increasing its impact by preventing further infections, expanding care, treatment and support and reducing stigma and discrimination. In order to achieve these three outputs, the capacity of ZRCS is to be further strengthened through a fourth enabling output area on capacity development, designed to ensure expansion of effective service delivery to the most affected communities. The programme represents a quadrupling of the Red Cross effort in the country and targets to reach five million people with messages on prevention and reducing stigma/discrimination; provides services for 22,600 people living with HIV and 71,000 orphans and vulnerable children by 2010; representing approximately 10 percent of the current caseload in Zambia.

Our actions are guided at all times by our Fundamental Principles of humanity, impartiality, neutrality, independence, voluntary service, unity and universality. The purpose of promoting the Movement's Fundamental Principles and Humanitarian Values (P&V) is not simply to ensure that people – staff, volunteers, public and private authorities, or the community in general know of these P&V, but to influence their behaviour through developing an understanding and raising awareness.

While the promotion of P&V is a core area in its own right, their integration into all activities of disaster management and health and care in the community is also seen as an essential part of what makes a well-designed Red Cross Red Crescent (RC/RC) intervention. Promoting and respecting our P&V is indispensable if the RC/RC is to be perceived as an impartial, neutral and independent actor, and furthermore to facilitate the RC/RC to carry out its mandate. ZRCS operational programming based on, and in conformity with, our P&V is key to demonstrating the comparative advantage of the RC/RC versus other humanitarian actors.

To support its programmes, ZRCS is to scale-up local resource mobilisation, starting with the development of a strategy. The NS has been a credible humanitarian agency, which has given it a favourable position for the development of strategic partnerships. Corporate governance has improved and leadership is taking roles and responsibilities proficiently, with technical support from the IFRC Country Representation. Visibility and publicity has been increased through information and communication activities, and the dissemination of the P&V.

The overall goal is to ensure that programmes and services are focused on the needs of vulnerable people, and that they are responsive, sustainable and of acceptable standards in performance, accountability and integrity. In all programming, ZRCS works closely with government and the communities. The other partners include the American, British, German, Norwegian, Spanish and Swedish Red Cross Societies; the International Committee of the Red Cross (ICRC), IFRC, WFP, UNHCR, DFID, PRM, PEPFAR, Australian Development Cooperation (AusAid) and some private companies such as Shell.

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<sup>11</sup> For more information please refer to the Southern African Regional HIV and AIDS Appeal (MAA63003) and country plan (MAA63003ZM) or follow the link <http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003ZM.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

# Disaster Management

## a) The purpose and components of the programme

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| <b>Programme Purpose</b>   |
| Reduce the number of deaths, injuries and impact from disasters. |

The Disaster Management programme budget for 2009-2010 is CHF 2,519,012 (EUR 1,604,466 or USD 2,302,570)

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| <b>Programme component: Disaster Preparedness</b>   |
| <b>Outcome 1:</b> ZRCS capacities improved in skilled human, financial and material resources for effective disaster management.  |
| <b>Outcome 2:</b> Capacity of communities to reduce their vulnerabilities to public health emergencies and disasters is strengthened.   |
| <b>Programme component: Disaster Response</b>   |
| <b>Outcome 1:</b> The quality of coordination and management of disaster response interventions is enhanced to meet the needs of refugees and communities affected by displacement. |
| <b>Programme component: Disaster Risk Reduction</b>   |
| <b>Outcome 1:</b> Vulnerability to floods and associated risks is reduced and coping capacity of communities living along the Zambezi River Basin strengthened.                     |
| <b>Outcome 2:</b> Community resilience to food insecurity is improved for 35,000 households affected by HIV and AIDS in Sinazongwe and Sesheke districts.                           |

The aim is to strengthen NS capacities and that of targeted communities to reduce disaster risk, and render effective and timely response services during emergencies. Early warning systems will also be established at local levels and contingency and response plans will be developed, both within the community and at different levels of the organisation. Furthermore, ZRCS will actively participate technically and financially to the development and implementation of district and national contingency plans for the most threatening hazards in the country.

Based on the results of the on-going discussion with UNHCR and the reduced presence of the IFRC Country Representation, ZRCS will continue to provide Sphere compliant care and maintenance assistance to refugees in the Northern and Luapula provinces. If a separate agreements with UHPCR and the government is reached, the NS will also contribute to the voluntary repatriation of Congolese refugees by setting up and/rehabilitating and managing transit centres and by providing medical escorts during the repatriation convoys.

## b) Profile of Target Beneficiaries

The direct beneficiaries under the disaster preparedness programme component will be 100 headquarters and branch staff in 33 districts. Other direct beneficiaries will be district disaster management committees (DDMC) in at least 30 districts most at risk. The community preparedness programme component targets 1.5 million people in the 33 project district areas, with disaster awareness raising activities, training and disaster risk reduction initiatives.

The food security programme component is targeting 35,000 food insecure people including HIV and AIDS affected and female-headed households in Sinazongwe, Sesheke, and Choma districts. The NS commits itself to working beyond relief provision towards implementation of livelihoods programmes that address underlying vulnerability to food insecurity.

## c) Potential Risks and Challenges

The greatest risk is lack of adequate resources, mainly at ZRCS branch level. These local branches play a crucial role in the implementation of the disaster preparedness programme, and their limitations in terms of capacity are greatly due to lack of adequate funding. Consequently, it led to lack of technically capable staff, able to implement and manage programmes effectively and

proficiently. Many communities and the families within the programme area are poor and live below the poverty datum line. Therefore, ZRCS activities may not meet the immediate priority needs of the communities. As such, it is challenging to prepare communities against impending hazards.

## Health and Care

### a) The purpose and components of the programme

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| <b>Programme purpose</b>  |
| To reduce the number of deaths, illnesses and impact from diseases and public health emergencies. |

The Health and Care programme budget for 2009-2010 is CHF 2,135,600<sup>12</sup> (EUR 1,360,255 or USD 1,952,102)

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| <b>Programme component: Community-based Health</b>  |
| <b>Outcome 1:</b> Communities are protected from malaria and TB through adequate surveillance, preparedness and response measures in areas of ZRCS operation.   |
| <b>Outcome 2:</b> Mother and child health is improved through immunization services to children and mothers in areas of ZRCS operations.  |
| <b>Outcome 3:</b> The number of communities which are able to cope with health risks and hazards in their environment is increased through integrated NS community based health and First Aid activities.   |
| <b>Outcome 4:</b> Blood donation awareness and pool of voluntary non-remunerated blood donors (VNRBD) is increased through the Club 25 Methodology.   |
| <b>Programme component: Emergency Health</b>  |
| <b>Outcome 1:</b> Road traffic accident morbidity and mortality rates reduced through the impact of ZRCS First Aid interventions.   |
| <b>Outcome 2:</b> Well developed First Aid, psychosocial support and WatSan programmes incorporated in emergency operations protocols.  |
| <b>Programme component: Water and Sanitation (WatSan)</b>   |
| <b>Outcome 1:</b> Access to clean and safe water and sanitation services has improved in Southern, Eastern and Northern provinces of Zambia.  |
| <b>Programme Component: HIV and AIDS</b><br>(Refer to Link <a href="http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003ZM.pdf">http://www.ifrc.org/appeals/annual06/logframes/africa/MAA63003ZM.pdf</a> )  |
| <b>Outcome 1:</b> Prevent further infections through targeted community-based peer education and information, education, and communication (IEC) activities, and promote uptake of services including voluntary counselling and testing (VCT) and parent to child transmission prevention services (PPTCT). |
| <b>Outcome 2:</b> Scale-up community home-based care and support for vulnerable children with holistic support to address education, food and nutrition, psychosocial support, social inclusion, and economic support.  |
| <b>Outcome 3:</b> Address stigma and discrimination with targeted communication and advocacy activities.  |
| <b>Outcome 4:</b> Build the NS capacity to plan, implement, and manage the programme.   |

The key activities aim at improving the health status of people living in rural areas of Zambia. Activities will include provision of community health information, provision of fluids and food to sick children with diarrhoea, provision of First Aid to primary health incidences by the volunteers trained on community-based First Aid.

<sup>12</sup> ZRCS is a beneficiary of the IFRC Global Water and Sanitation Initiative (GWSI)

The maternal and child health component aims at increasing the immunization rate for children under five years old from the current 84 percent to at least 95 percent in ZRCS operational areas (33 districts). In addition, endeavour to significantly increase the percentage of pregnant women who receive the full doses of tetanus toxoid immunization.

ZRCS is an active member of the National Road Transport and Safety Agency-where the NS provides First aid and medical evacuation to victims of road accidents in coordination with the Road Traffic and health centres. The activities include reviewing/upgrading the commercial First Aid training curriculum as well as the kits; training adequate numbers of First Aid volunteers in 33 branches and strengthening the collaboration between Road Traffic Police offices, district health centres and branches in targeted districts.

The WatSan projects were launched in 2006 and 2007 and are being implemented in the Eastern, Northern and Southern Provinces and are sustained by consistently building community participation and ownership, knowledge and good practices through the PHAST methodology and by training community member on management and maintenance.

### **b) Profile of Target Beneficiaries**

A total of 600 volunteers will be mobilised and trained on CBFA, mother and child health and prevention of malaria and TB. The volunteers are expected to reach approximately 250,000 households (1.5 million people) in 33 districts. It is further estimated that these efforts will contribute to ensuring that more than 90 percent of reported sick children with diarrhoea age 0-23 months will receive fluids and continue eating during an illness. Approximately 10,000 children aged 0-5 years will be fully immunised in ZRCS project areas.

The direct beneficiaries of the road safety programme component are the 600 First Aid volunteers who will receive additional training and adequate relevant material. The efforts are expected to contribute to the reduction of number of injuries and deaths from road accidents.

The WatSan programme components targets 15,000 households (90,000 people) in the Southern province and 1,600 households (10,000 people) in the Eastern and Northern Provinces. A total of 250 staff and volunteers will be trained and supported to roll-out hygiene education by promoting the PHAST methodology in the project areas. A targeted 100 pump minders will be trained to ensure regular and cost effective maintenance of the water points (boreholes).

### **c) Potential risks and challenges**

The high poverty level and the subsequent fast depleting volunteerism among Zambian communities will negatively impact on the implementation of community-based projects. In addition to the recurrent natural disasters this will further weaken community and households coping mechanisms. To mitigate this, ZRCS will enhance its volunteer management framework in order to build on the resilience of targeted communities (including its own volunteers) to disasters.

The rising commodities prices have a negative impact for the WatSan projects, which include heavy hardware components. To avoid inadequacy of resources in the long run, the tactic will be to accelerate implementation of the hardware component<sup>13</sup>.

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<sup>13</sup> **Hardware (WatSan)** – refers to low-cost technology to enable community level sustainability

## Organisational Development/Capacity Building

### a) The purpose and components of the programme

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| <b>Programme purpose</b>   |
| 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 for 2009-2010 is CHF 941,284 (EUR 599,544 or USD 860,406)

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| <b>Programme component: Leadership and Management Development</b>   |
| <b>Outcome 1:</b> NS leadership (governance and management) capacity increase on developing and implementing policies and strategies for optimal organisational performance and accountability.         |
| <b>Programme component: Well-functioning Organisation</b>   |
| <b>Outcome 1:</b> A well-functioning organisation with sound systems and procedures and staff with the appropriate level of managerial and technical competencies.                                      |
| <b>Outcome 2:</b> An effective financial management system, procedure and tools are in place and systematically used.   |
| <b>Outcome 3:</b> Capacity in planning, monitoring, evaluation and reporting (PMER) is improved and the NS regularly meets its obligations according to laid down standards and operational agreements. |
| <b>Outcome 4:</b> ZRCS capacity enhanced to manage increased number of partnerships.  |
| <b>Programme Component: Branch Development and Volunteer Management</b>   |
| <b>Outcome 1:</b> Effective and efficient planning and implementation of community-based activities is implemented by ZRCS branches and their volunteer aid detachments.                                |
| <b>Outcome 2:</b> ZRCS has established systems and procedures for the systematic provision of technical support for branch development and volunteer management by the headquarters.                    |
| <b>Programme component: Resource Development</b>  |
| <b>Outcome 1:</b> ZRCS (branch and head quarters) fund-raising and resource mobilisation capacity is enhanced.  |
| <b>Outcome 2:</b> ZRCS has capacity to raise 15 percent of programme cost and 75 of core cost through local resource mobilisation by the end of 2010.   |
| <b>Outcome 3:</b> ZRCS has a well-functioning internal and external communication system, supported by a reliable information technology infrastructure.  |

The specially tailored leadership and management development programme will focus on developing sustainable systems, procedures and staff recruitment practices. In addition, ZRCS endeavours implementing all humanitarian excellence benchmarks with support from the New Partnership of Africa Red Cross/Red Crescent Societies (NEPARC) and the Strategic Business Solutions (Société Générale de Surveillance SA) (SGS), as well as rolling out the NAVISION accounting Software in three provinces.

The branches will be developed to adequately have an effective volunteer base in order to better service delivery and increased outreach. In this view, about 5,000 volunteers will be recruited and adequately oriented. To facilitate and coordinate the work of the branches ten fully operational provincial branch support structures will be set up. As a minimum requirement, all 33 branches will be supported with income generation activities including training and provision of material.

The NS will also focus on developing systems for finance management (fully implementation of NAVISION accounting system), fundraising (primarily from the increasing national corporate sector) and assets management (increasing the rental income from the NS' property). The aim is that by 2010, ZRCS will be able to raise 15 percent of all its programmes costs and at least 75 percent of its core costs locally.

## b) Profile of Target Beneficiaries

The direct beneficiaries comprises of 500 branch managers to be trained and mentored by NS senior management. The indirect beneficiaries for OD are all groups targeted by health and care and disaster management programmes. However, the immediate impact of the Secretariat-supported OD programme must and will be measured in terms of its reach to 220 governance and management members, and approximately 5,000 volunteers.

## c) Potential Risks and Challenges

The immediate risk for capacity building programme is that the activities are embedded in other programme areas, and the tendency is that they are not priority. Another risk is on monitoring capacity building activities because the results are not tangible and therefore not immediately visible. Occasionally, the potential gains are lost through changes in leadership and high staff turnover.

## Principles and Values

### a) The purpose and components of the programme

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| <b>Programme purpose</b>   |
| To promote respect for diversity and human dignity, and reduce intolerance, discrimination and social exclusion. |

The Principles and Values programme budget for 2009-2010 is CHF 99,955 (EUR 63,665 or USD 91,366)

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| <b>Programme component: Promotion of Fundamental Principles and Humanitarian Values</b>   |
| <b>Outcome 1:</b> Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values is enhanced (including non-discrimination, non-violence, tolerance and respect for diversity) at all levels of the NS. |
| <b>Programme component: Operationalization of Fundamental Principles and Humanitarian Values</b>  |
| <b>Outcome 1:</b> The dissemination of the Fundamental Principles and Humanitarian Values is an integral part of all NS programmes and activities.  |

Focus is on improving the integration and understanding of the Fundamental Principles and Humanitarian Values and on dissemination within the communities, through regular workshops, informal peer group discussions.

Across all programming, the NS to ensure that issues of anti stigma and discrimination, prevention of sexual gender based violence (SGBV), and respect for diversity are explicitly integrated. Attention will be given to the Code of Conduct and incorporation of Sphere minimum standards into the design and implementation of programmes.

## b) Profile of Target Beneficiaries

The indirect target beneficiaries are those who benefit from all ZRCS activities (specifically women and ethnic /tribal minorities as specified within the individual programme components). To facilitate the roll out of the activities a national disseminators/communicators network comprising of dedicated and trained staff and volunteers branches will be formed at branch level.

## c) Potential Risks and Challenges

The main internal risk is that increased operational demands reduce the amount of time on issues around the promotion of Humanitarian Values and Fundamental Principles. This risk is managed through close cooperation with the DM and health programme managers, with a strong emphasis on integration. The external risk expected is reluctance of community leaders to allow discussions and activities around the reduction of discrimination and violence. This similarly is tackled through

ensuring cooperative efforts including all sections of the community, with a special emphasis on engaging with community leaders.

## Role of the Secretariat

The Secretariat's budget for its support role in 2009-2010 is CHF 63,599 (EUR 40,509 or USD 58,134)

### **a) Technical Programme Support**

The IFRC country office representation position will be phased out by early 2009 and ZRCS will be supported through the in-country technical delegates (branch development and WatSan delegates) under the coordination of the deputy Head of Southern Africa Zone. The technical delegates will support their respective counterparts in leading the management of these programmes, and ensuring that learning and experience of the wider IFRC is incorporated. When needed, the technical support can also be received directly from the IFRC Zone Office.

### **b) Partnership Development and Coordination**

As the NS capacity is building up, the IFRC presence is decreasing. The IFRC will continue to play an active role as a "broker" between the ZRCS and other partners. The branch development and the WatSan delegates will also support the ZRCS in managing its relations with local non-governmental organizations (NGOs) and UN agencies. As there is no ICRC delegation in the country, the OD delegate also acts as focal point for collaboration with the ICRC regional delegation in Harare, Zimbabwe as needed.

### **c) Representation and Advocacy**

The IFRC Zone OD office will work closely with the technical delegates in Zambia to ensure the Movement is well represented in inter-agency and other international forums that take place in the country.

## Promoting Gender Equity and Diversity

ZRCS realizes that there is a gender bias with regard to top positions in society, and understands the need to increase women participation at decision making levels. Recruiting women in key governance and management positions is one way for ZRCS to address these concerns. However, ZRCS has gender mainstreaming as a cross-cutting element to all programmes. The HIV and AIDS Workplace Policy is almost finalised and is a vehicle for addressing the stigma and discrimination of PLHIV in the work environment.

Volunteer will be recruited from the communities they serve and live in and as such, will include men and women of various ethnic groups. CBFA and CBDP trainings in communities will always include dissemination of the Principles and Values. In addition, the youth programme will be restructured to actively include the promotion of peace, diversity and the fight against all forms of violence.

## Quality, Accountability and Learning

ZRCS is aware of the need for practical ways for people to share positive results and to learn how to embrace challenges. Many cross-visits will be arranged in the coming two years to ensure the well-developed branches can share their knowledge and resources with less-developed branches.

The programmes coordinator position at headquarters will be revived to ensure systematic monitoring of activities. Where possible, the provincial branch development coordinators will be recruited and trained on monitoring and reporting. Policies, guidelines, and procedures will be disseminated and their compliance included into staff appraisal system.

## 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:

- 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.

## Contact information

For further information specifically related to this plan, please contact:

- **In Zambia:** Charles Mushitu, Secretary General, Zambia Red Cross Society, Lusaka; Email [zrcs@zamnet.zm](mailto:zrcs@zamnet.zm); Phone +260 211 25 36 61; Fax +260 211 25 22 19
- **In Operational Zone for Southern Africa:** Françoise Le Goff, Head of Zone Office, Harare/Johannesburg; Email [francoise.legoff@ifrc.org](mailto:francoise.legoff@ifrc.org); Phone 263.4.70.61.55, 263.4.72.03.15; Fax 263.4.70.87.84
- **In Geneva:** Busi Tshili; Officer (Management Support Team), Coordination and Programmes Division; Email: [busisiwe.tshili@ifrc.org](mailto:busisiwe.tshili@ifrc.org); Phone: Tel: +41.22.730.4207; Fax: +44.22.733.0395