

Plan 2010-2011



International Federation
of Red Cross and Red Crescent Societies

ZAMBIA

Executive Summary

Despite recent economic growth, Zambia continues to face 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.

The overall goal of this plan is to ensure that the programmes and services of Zambia Red Cross Society (ZRCS) remain focused on the needs of the most vulnerable, and that they are responsive, sustainable and meet the necessary standards in terms of performance, accountability and integrity. The Strategic Development Plan will be revised taking into account priorities of the [Johannesburg Commitment](#) adopted by Red Cross and Red Crescent Leaders in the 7th Pan African Conference (PAC).



To accomplish its goal of providing support to the National Society, the IFRC has reviewed its strategic direction by developing the new global strategy – [Strategy 2020](#): developed through an extensive consultation process with active participation of all National Societies, including meetings in all Zones. Strategy 2020 is based on three mutually-reinforcing strategic aims for 2020;

1. Save lives, protect livelihoods, and prepare for and recover from disasters and crises;
2. Enable healthy and safer living;
3. Promote social inclusion and a culture of non-violence;

and three enabling actions to deliver Strategic Aims

1. Build strong National Red Cross Red Crescent Societies;
2. Pursue humanitarian diplomacy to prevent and reduce vulnerability;
3. Function effectively as the International Federation.

This plan for 2010-2011 is seeking a total of CHF 1.2m (EUR 0.8m or USD 1.1m)

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

Country Context

Table 1: Statistics from the Human Development Report 2007/2008¹ for Zambia

Population, total (million), 2005	11.5
Life expectancy at birth, annual estimates (years), 2005	40.5
Adult literacy rate (% aged 15 and older), 1995-2005	68.0
Under-five mortality rate (per 1000 live births), 2005	182
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
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 \$2 a day (%), 1990-2005	87.2
Population using improved water source (%) 2004	58
Population using improved sanitation (%) 2004	55

Despite economic growth during the last few years, poverty levels in Zambia remain very high with 68 percent of the population living below the poverty datum line; one of 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 inhabitants. 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 countries.

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 continued to experience population growth against stagnant social services; this scenario implies limited job opportunities, health facilities, and 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 fewer than 50 percent of 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 struck Zambia (floods and droughts) affected almost nine million people; more than 2/3 of the population. There are indications that climate change will result into an increase in the frequency and the severity of disasters, particularly drought and flash floods; including making the disasters less predictable and more complex.

¹ UNDP, Human Development Report 2007 - 2008

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.

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

ZRCS has developed its Strategic Plan 2009-2011, through an integrated approach that simultaneously addresses emergencies and long-term poverty vulnerability reduction in the country.

Disaster Management Priorities

The Zambezi River crosses seven countries in southern Africa among which is Zambia and in the past eight years, flooding in the basin has resulted in mass displacements, caused outbreaks of water-borne and vector-borne diseases, and has devastated crops and livestock, as well as damaging the environment. This represents a humanitarian challenge amongst southern Africa National Societies, who have also a common vision of maximising the impact of Red Cross interventions in an integrated and holistic way. Whilst Red Cross flood operations had managed to avert loss of life and livestock and to prevent disease outbreaks, it was argued that the challenges faced by affected communities were beyond the scope of emergency relief. Sequential to this review, the Zambezi River Basin Initiative (ZRBI) project was developed aimed at reducing vulnerability and building community resilience against hazards and threats.

The ZRBI project was endorsed by the seven affected countries (Angola, Botswana, Malawi, Mozambique, Namibia, Zambia and Zimbabwe)² in June 2009. The initiative is in line with the IFRC's *Framework for Community Safety and Resilience*, which provides a foundation upon which Red Cross Red Crescent integrated community-level risk reduction can be planned and implemented.

Through the ZRBI, ZRCS 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 through the Disaster Management Master Plan (DMMP). 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). All these mainstream changes will be embarked on simultaneously with support functions especially logistics and human resource.

² For more information on ZRBI refer to: http://www.ifrc.org/Docs/pubs/disasters/160400-Zambezi_River_Project_LR3.pdf

The ZRCS has 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 households³) in three districts of the country. 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.⁴

Health and Care Priorities



Zambia Red Cross Volunteer jointly working with local health officer at a cholera treatment centre in 2009. The volunteer network is instrumental in ensuring adequate coverage in all outreach programmes

The health and care programme (mostly integrated with ZRBI) will contribute to the reduction in the number of deaths, illnesses and impact from diseases and public health emergencies. 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 an intensified community-based First Aid (CBFA) programming. ZRCS will also embark on First Aid for public utility drivers in collaboration with the Road Transport and Safety Agency.

³ Each household is estimated to have five members

⁴ For more information on refer to: <http://www.ifrc.org/what/disasters/recovering/food-security.asp>

The water and sanitation WatSan projects in Choma and Sinazongwe Districts of the Southern Province will end in February 2010. At the close of the WatSan programme, it would have contributed to an improved access to clean and safe water and adequate sanitation for more than 18'000 households (90,000 people) in Choma and Sinazongwe Districts. The projects will be sustained by the communities who were trained on proper management and maintenance.

In 2010, ZRCS will be in its final year of implementing the five-year integrated HIV and AIDS programme (MAA63003ZM)⁵, which is part of the southern Africa Regional HIV and AIDS programme (MAA63003) and a component of the IFRC Global Alliance on HIV. The ambition to scale-up has not necessarily translated into capacity for increased resource mobilization and implementation. It is unlikely in the current economic context that ZRCS will be able to raise additional funding foreseen to scale-up HIV interventions by the end of 2010. Most of the funding from the IFRC and PNS existing agreements are coming to an end in 2010. In addition, the annual income either through the IFRC or direct to National Societies is expected to decrease (perhaps by 30 percent if not more), primarily due to the financial crisis that has engulfed all sectors (government, private sector, foundations and Movement partners).

ZRCS leadership progressively discussed the future of the HIV programme at the Southern Africa Partnership of Red Cross Societies (SAPRCS) meeting held in June 2009. The leaders agreed on the urgent need to integrate HIV and AIDS activities with other community-based health and care activities, while ensuring alignment with government priorities. SAPRCS also commissioned a rapid assessment to determine the implications of doing so; develop a detailed plan and budget that will take into consideration the transition of the programme management and activities. Therefore, in 2010, the HIV and AIDS programme will continue supporting the current level of beneficiaries with more integrated and holistic activities in prevention and care for OVC, while ensuring positive living and ART adherence support for PLHIV. The programme plan for 2011 will be reviewed based on the results of the rapid assessment, no later than December 31, 2009.

Organisational Development Priorities

In organisational development, two branches (Sesheke and Kazungula) in the Southern Province will be developed, focusing on improving the volunteer base in order to deliver better service delivery and increased outreach. The installation of local branch leadership will be facilitated through a Branch Assembly followed. Thereafter, a branch development workshop will be conducted and attended by leaders of these two branches. At the end of the workshop, a local action plan will be developed, which will be supported by the national OD, DM and Health Team. These action plans will be geared towards, volunteer recruitment, training, mobilization and recognition; increasing youth participation; membership recruitment; project planning; and income generation.

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.

⁵ For more information please refer to the Southern African Regional HIV and AIDS Appeal (MAA63003) and country plan (MAA63003MZ) or follow the link <http://www.ifrc.org/appeals/annual06/MAA63003MZ.pdf>. The original budget figures are adjusted annually based on NS implementation rate and result of the resource mobilisation efforts.

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 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 NS has been facing difficulties in the past two years to recover from the past debts and strategies put in place to sustain the headquarters and branches core costs have not yet bear the expected results. The issue was addressed to the Zambian government and resulted recently in a decision to integrated ZRCS into the Ministry of Health's budget as from 2010. Therefore, the NS will benefit from an annual grant in recognition of the auxiliary role.

Since the phase-out of the IFRC Country Representation office, the Sub-Zone office is directly supervision the programme in Zambia and focus in 2009 was on dealing with the outstanding financial matters (working advance reconciliation, reporting etc.). With the technical support of a finance analyst from Swedish Red Cross for two months, various proposals to move forwards were presented to the governing board and management to decide upon. ZRCS is at a crossroad between the pressure of humanitarian need in the country and the necessity to have in place credible and accountable systems to respond to international standards of external partners. The decision on the way forward is with the ZRCS leadership.

Disaster Management

a) The purpose and components of the programme

Programme Purpose	
	Reduce the number of deaths, injuries and impact from disasters.

The Disaster Management programme budget for 2010-2011 CHF1.1m (EUR 0.7m or USD 1.0m)

Programme component: Food Security	
Outcome 1	Household food availability is improved.
Outcome 2	Household food utilisation is improved.
Outcome 3	Household access to food is improved.
Programme component: Zambezi River Basin	
Outcome 1	The risk and impact of disasters among communities living along the Zambezi River basin is reduced through community preparedness.
Outcome 2	Access to adequate and nutritious food commodities increased among communities along the Zambezi River Basin.
Outcome 3	The number of deaths, illnesses and impact from diseases reduced among communities along the Zambezi River Basin.
Outcome 4	ZRCS capacity to implement disaster preparedness, response and recovery operations is increased.

b) 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

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

The Health and Care programme budget for 2010 is only for the WatSan programme CHF 84,000 (EUR 56,000 or USD 81,000)

Programme component: Community-based Health and First Aid	
Outcome 1	Communities are able to cope with health and disaster challenges achieved through implementation of Community-Based Health and First Aid (CBH&FA) and traditional and commercial First Aid activities.
Outcome 2	Mother and child health is improved through immunization services to children and mothers in areas of ZRCS operations.
Outcome 3	Blood donation awareness and pool of voluntary non-remunerated blood donors (VNRBD) is increased through the Club 25 Methodology.
Programme component: Emergency Health	
Outcome 1	ZRCS targeted communities with increased capacity to cope with health emergencies
Programme component: Water and Sanitation (WatSan)	
Outcome 1	Access to clean and safe water and sanitation services has improved in Southern, Eastern and Northern provinces of Zambia.
Programme component: HIV and AIDS (Refer to Link http://www.ifrc.org/appeals/annual06/logframes/Africa/MAA63003ZM.pdf)	
Outcome 1	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).
Outcome 2	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.
Outcome 3	Address stigma and discrimination with targeted communication and advocacy activities.
Outcome 4	Build the NS capacity to plan, implement, and manage the programme.

b) 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. There is also the challenge of ensuring that the water and sanitation program that will be handed over to the communities will be sustained. 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. ZRCS will also strengthen community ownership of the water and sanitation program.

Organisational 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 for 2010-2011 will be covered through other bilateral and multilateral arrangements.

Programme Component: Branch Development and Volunteer Management

Outcome 1	ZRCS branches are viable, and vibrant with sound volunteer and local youth network management systems.
Outcome 2	ZRCS has established systems and procedures for the systematic provision of technical support for branch development and volunteer management by the headquarters.
Outcome 3	ZRCS has established systems and procedures for the systematic provision of technical support for branch development and volunteer management by the headquarters.
Outcome 4	ZRCS resource base is improved and ensures sustainability of programmes.

b) 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, through inadequate monitoring and control system to ensure the accountability of the programmes.

Principles and Values

a) The purpose and components of the programme

Programme purpose

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

The Principles and Values programme budget for 2010-2011 will be covered through other bilateral or multilateral arrangements.

Programme component: Promotion of Fundamental Principles and Humanitarian Values

Outcome 1	Knowledge, understanding and application of the Fundamental Principles and Humanitarian Values are enhanced (including non-discrimination, non-violence, tolerance and respect for diversity) at all levels of the NS.
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Programme component: Operationalization of Fundamental Principles and Humanitarian Values

Outcome 1	The dissemination of the Fundamental Principles and Humanitarian Values is an integral part of all NS programmes and activities.
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b) 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 will be determined in 2010.

a) Technical Programme Support

The IFRC's mandate is to provide technical support and co-ordination to ZRCS and the tasks are geared towards strengthening branches, increasing membership, restructuring and developing various policies, procedures and guidelines. Other supports include those for logistics, information, and planning, reporting and human resource management. Technical support is provided by the programme departments and support service units at IFRC Sub-Zone office. The presence of the WatSan delegate will cease with the end of the project in early 2010. The OD delegate is directly reporting to the Sub-Zone OD coordinator.

b) Partnership Development and Coordination

Support from the IFRC will be sought to improve collaboration and co-ordination utilizing the Cooperation Agreement Strategy (CAS) approach that aligns needs, strategic directions, capacities and priorities as well as support received from partners.

c) Representation and Advocacy

The IFRC Sub-Zone 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.

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; Phone +260 211 25 36 61; Fax +260 211 25 22 19
- **In IFRC Southern Africa Sub-Zone:** Françoise Le Goff, Head of Sub-Zone Office, Johannesburg; Email : françoise.legoff@ifrc.org; Phone: Tel: +27.11.303.9700; +27.11.303.9711; Fax: +27.11.884.3809; +27.11.884.0230

For pledges towards the programmes:

- In IFRC Southern Africa Sub-Zone: Laurean Rugambwa; Resource Mobilisation Coordinator, Johannesburg; Email: zonerm.southafrica@ifrc.org; Phone: Tel: +27.11.303.9700; Fax: +27.11.884.3809; +27.11.884.0230

For Performance and Accountability (Planning, Monitoring, Evaluation and Reporting) enquiries:

- In IFRC Southern Africa Sub-Zone: Theresa Takavarasha; PMER Manager, Johannesburg; Email: terrie.takavarasha@ifrc.org; Phone: Tel: +27.11.303.9700; Mobile: +27.83.413.3061; Fax: +27.11.884.3809; +27.11.884.0230

For media enquiries:

- In IFRC Southern Africa Sub-Zone: Matthew Cochrane; Communication Coordinator, Johannesburg; Email: matthew.cochrane@ifrc.org; Phone: Tel: +27.11.303.9700; Mobile: +27.83.395.5266; Fax: +27.11.884.3809; +27.11.884.0230

MAAZM001 - Zambia

Budget 2010 - 2011

Budget 2010

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	293,900	30,600				324,500
Land, vehicles & equipment						
Transport & Storage	50,000	9,150				59,150
Personnel	87,000	29,336				116,336
Workshops & Training	109,500					109,500
General Expenditure	84,840	9,624				94,464
Depreciation						
Contributions & Transfers						
Programme Support	43,466	5,472				48,938
Services						
Contingency						
Total Budget 2010	668,706	84,182				752,888

Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Care	Capacity Building	Principles and Values	Coordination	Total
Supplies	109,200					109,200
Land, vehicles & equipment						
Transport & Storage	55,160					55,160
Personnel	94,000					94,000
Workshops & Training	54,000					54,000
General Expenditure	63,136					63,136
Depreciation						
Contributions & Transfers						
Programme Support	26,104					26,104
Services						
Contingency						
Total Budget 2011	401,600					401,600