

Revised Plan 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 ZRCS is committed to contribute to the International Federation of the Red Cross and Red Crescent Societies (IFRC)'s [Strategy 2020](#) and to meet the objectives of the [Johannesburg Commitments](#), signed at the 7th Pan African Conference held in Johannesburg under the theme 'Together for Action in Africa', and attended by representatives from all African National Societies. The Africa National Societies leadership re-affirmed their commitment to the development in Africa. The theme "Together for action in Africa" underscores a renewed focus on capacity-building including infrastructural development for addressing challenges at national, regional and local levels. The priority areas for African National Societies, have advised the IFRC secretariat in modelling its membership support programmes.

The IFRC support to ZRCS plan for 2011 will be through its Southern Africa Regional Representation Office (SARRO) based in Johannesburg. Through its membership service mandate, SARRO concentrates on coordination, representation, facilitation, humanitarian diplomacy and National Society (NS) capacity development. This ZRCS plan for 2011 also focuses on resourcing for long-term programmes whose funding is ending in 2010 such as the HIV and AIDS programme, integrating HIV and AIDS programming under the health and care portfolio, consolidating activities under the [Zambezi River Basin Initiative](#) (ZRBI) rolling out the new concept for national society development adopted in June 2010 and aligning the new strategic plans to the priorities of the Johannesburg Commitment.

The total 2010-2011 budget is CHF 650,647

[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. 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.

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.

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

³ Each household is estimated to have five members

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

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.

In partnership with the Zambia National Blood Transfusion Service (ZNBTS), ZRCS will continue with the implementation of the blood donation programme launched in May 2010 and the Club 25 programme whose objective is to save lives through giving blood targeting youth in school.

The water and sanitation WatSan projects in Choma and Sinazongwe Districts of the Southern Province ended in February 2010. At the close of the WatSan programme, it had 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 of WatSan facilities.

HIV and AIDS remains a priority for National Societies in sub Saharan Africa which is at the epicentre of the epidemic. According to the UNAIDS outlook report, 70 percent of the burden of the disease, new infections and deaths all occur in the southern Africa region and countries with the highest infection rate in the world are in southern Africa. A total of 11.4 million PLHIV are found in the region and about 5 million children have lost one or both parents due to AIDS.

In April 2010, the Southern Africa Regional Representation Office (SARRO) conducted a midterm review of the 2006–2010 regional HIV and AIDS implemented under the Global Alliance on HIV framework. The results of the review indicated that the Global Alliance on HIV has been well understood and adopted by all National Societies in the form of the 'seven ones'.⁵ However, the implementation of the Global Alliance is at different levels among National Societies, with many National Societies appreciating the benefits of the 'regionality' concept, especially the sharing of common materials, manuals, good practices and lessons. Weaknesses were highlighted in branch and volunteer management, capacity building efforts at branch levels and sustainability. It was also noted that the targets and budgets for the programme were very ambitious in terms of National Societies' absorption capacities and resource mobilisation prospects.

In 2009, an HIV and AIDS budget was developed as part of the 2010-2011 Zambia country plan. The assumption then was that the HIV and AIDS programme ([MAA63003ZM](#))⁶, which is part of the southern Africa Regional HIV and AIDS programme ([MAA63003](#)) would continue into 2011.

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

⁵ The Global Alliance and its partners abide by the 'seven ones', namely: one set of working principles, one national HIV and AIDS plan, one set of objectives, one division of labour understanding, one funding framework, one performance tracking system and one accountability and reporting system.

⁶ 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.

As it became clearer that the appeal MAA63003, which ends in December 2010 was not going to be re-launched, a decision was made for all National Societies in the region to come up with four year (2011-2014) HIV and AIDS country plans which were subsequently presented at a meeting of the regional HIV and AIDS working group (SARAWO) held in September 2010.

The budget from the original plan will be revised through an update in the first quarter of 2011. However, for this revised 2011 plan, the ZRCS' HIV and AIDS activities will be guided by the priorities espoused in the four year plan and the recommendations of the 2009 rapid assessment and the HIV and AIDS programme midterm review.

Taking into consideration the findings and recommendations of the midterm review and in line with the Global Alliance approach, ZRCS has developed a four year HIV and AIDS plan and budget. The plan and budget is also aligned to the recommendations of the rapid assessment⁷ conducted in 2009 and decisions made by Secretaries General and Presidents from the region in June 2009 to scale-down or maintain existing beneficiary targets. The four year plan also takes into perspective the country priorities with regard to the magnitude of the epidemic by ensuring that under prevention activities, ZRCS will focus on the most at risk populations and key drivers of the epidemic.

Under treatment, care and support, it was recognised that with the advent of antiretroviral treatment, the need for nursing care has gone down and the four year plans will focus on treatment literacy and adherence, nutrition, psychosocial support and livelihoods support. Nursing care will be for a reduced number of clients with chronic illnesses as many PLHIV are no longer bed-ridden and are living normal healthy lives.

ZRCS will also strengthen its efforts to reducing stigma and discrimination by engaging in advocacy, promotion of human rights, tackling sexual and gender-based violence at community level including promotion and implementation of work place programmes for staff and volunteers.

Support for **orphans and vulnerable children (OVC)** remains a critical aspect of the HIV and AIDS programme. ZRCS will focus on quality rather than quantity in the provision of services for OVC, which support include educational, material, livelihoods, psychological and social support. The National Society will place more emphasis on building the capacity of families and communities to support the children and to build the resilience of children to cope with the challenges they face. ZRCS will also strengthen community structures such as the grannies/guardians clubs and Red Cross child care committees and advocate for the rights of children. Child protection will become a priority and a key activity will be the implementation of the Child Protection Strategy.

National Society Development Priorities

In June 2010, as signatory to the Rundu Commitment, ZRCS committed itself to the new concept of National Society Development which is which is framework through which the sustainable development of the National Society will be determined and driven by the National Society Itself. ZRCS has adopted the new approach towards its sustainable development that *inter alia* emphasises the use of national, sub-regional and regional capacities to address humanitarian and development challenges.

A key aspect of this approach is the establishment of sub-regional groupings that will bring together National Societies with similar challenges and historic ties to work more closely but within the greater objectives of the Southern African Partnership of Red Cross Societies (SAPRCS). The sub-regional groupings will utilise the capacities and competencies within a group of three to four NS to enable a common definition and prioritisation of challenges, joint approaches as well as the

⁷ A Rapid Assessment was conducted in November 2009 in response to the recommendations of the June 2009 SAPRCS meeting attended by Secretaries General and Presidents of the southern Africa National Societies. The rapid assessment results recommended the need to scale down or maintain the 2006 – 2010 appeal and integrate into Health and Care.

sharing of resources. It works with and compliments the objectives of SAPRCS while ensuring ZRCS takes ownership of its own development in a sustainable manner. Whilst it is the responsibility of ZRCS to be accountable for its own development, a small sub-group offers opportunities for synergies and learning.

ZRCS is in the same group with Malawi, Mozambique and Zimbabwe Red Cross⁸. The group will have a technical person who will be a staff on loan from any one of the members of the group. The sub-regional groupings will take full responsibility of their own coordination and management. The IFRC and PNS will financially support the salary of the staff on loan, the operational activities and coordination meetings of the sub-regional groupings. The staff on loan while contractually being a national society staff will have a dual reporting line to the sub-group committee and to the IFRC Southern Africa regional representative. The focus for NS development in 2011 will be on rolling out the new concept for national society development adopted by ZRCS in June 2010 and at the same time developing strategies to deal with existing and predicted vulnerabilities.

ZRCS will in 2011 also continue with the establishment of branch structures to ensure an improvement in the volunteer base in order to deliver better service delivery and increased outreach. The installation of new branch leadership will be facilitated through Branch Assemblies. Branch development workshops will be conducted and action plans developed 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.

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 are beginning to show positive results. The issue was addressed to the Zambian government and resulted recently in a decision to integrate 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.

⁸ The New Approach to Sustainable Development of National Societies in Southern Africa (June 2010)

Secretariat supported programmes in 2011

Disaster Management

a) The purpose and components of the programme

Programme Purpose
Save lives, protect livelihoods, and strengthen recovery from disaster and crises.

The Disaster Management programme budget for 2011 is CHF 401, 600.

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 Initiative	
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
Enable healthy and safe leaving

The Health and Care programme budget for 2011 is CHF 249,047. The budget for the HIV and AIDS component of the programme will be revised in the first quarter of 2011.

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	
Outcome 1	Prevent further infections through targeted community based peer education and information education and communication activities for specific most at risk populations, key drivers of the HIV epidemic and promote uptake of services including male circumcision, voluntary counselling and testing (VCT), parent to child transmission (PPTCT) and mother and child health (MNCH).
Outcome 2	Provide nursing care in homes and communities for chronic illnesses that still require it. Provide support for PLHIV and children who are on antiretroviral therapy (ART) through counselling on adherence, ART literacy, nutrition, psychosocial support, Livelihoods and support groups. Provide holistic support for orphans and vulnerable children including educational, material, livelihoods, psychological and social support and ensure implementation of the regional Child Protection Strategy.
Outcome 3	Reduction of stigma and discrimination by engaging in advocacy, promotion human rights, tackling sexual and gender based violence at community level including promotion and implementation of work place programmes for staff and volunteers.
Outcome 4	Strengthen planning, monitoring, evaluation and reporting (PMER), training in resource mobilization, strengthen branch and volunteer management systems, establish relevant partnerships at regional and country level, developing guidelines, good practices, organizing country and regional meetings and facilitating participation in regional and international conferences and seminars.

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.

National Society Development

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 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 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.

[click here to view the budget summary below](#)

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:

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MAAZM001 - Zambia

Budget 2011

Budget 2011

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	Total
Supplies	109,200	102,000				211,200
Land, vehicles & equipment						
Transport & Storage	55,160	31,800				86,960
Personnel	94,000	32,400				126,400
Workshops & Training	54,000	23,960				77,960
General Expenditure	63,136	42,699				105,835
Depreciation						
Contributions & Transfers						
Programme Support	26,104	16,188				42,292
Services						
Contingency						
Total Budget 2011	401,600	249,047				650,647