Save Life Development Foundation
Strategic Vision 2011-2013

Save Life Development Foundation (SLDF) is a Non Governmental Organisation that believes in the value of human life.
It is this belief which makes Save Life Development Foundation works on its aims and objectives in meetings its vision and mission.

SLDF works among vulnerable urban, peri urban and rural communities of Zambia. Save Life Development Foundation focus on the health needs of the most vulnerable members of the communities such as women (pregnant mothers), children under the age of five years, chronically ill and persons living with HIV/AIDS and persons infected with Tuberculosis (TB).

In its quest to strengthen its focus, SLDF promotes an integrated model that incorporates culture, research, lobby and advocacy, governance, youth development, capacity and character building, research, social welfare, agriculture and climate change, water and sanitation, child delinquency and community development.

SLDF builds on the local people's skills and determination to create and impact in its programming. Together with the local communities we can provide the change we need and determine the course of their future and destiny.

We will always endeavour to use local initiatives in alleviating poverty, disease, ignorance and abuse in our communities so that together we may appreciate and acknowledge that 'Life is valuable'.

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Acronyms

AG -	Auditor General
ART-	Anti-Retroviral Therapy
CBI -	Community based Investments
CBO -	Community Based Organization
CSO-	Central Statistical Office
CRAIDS-	Community Response to HIV/AIDS
DATF-	District AIDS Task Force
FBO	Faith Based Organisation
FMS –	Financial Management System
GBV -	Gender Based Violence
GDP-	Gross Domestic Product
GRZ -	Government of the Republic of Zambia
HAART-	Highly Active Anti-Retroviral Treatment
HCC -	Home based Care & Counselling
HIPC-	Highly Indebted Poor Countries
HIV/AIDS-	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
IEC-	Information, Education & Communication
LCMS-	Living Conditions Monitoring Survey
M&E-	Monitoring & Evaluation
MAP-	Multi-country H1V/AIDS Program
MOE-	Ministry of Education
MoFNP-	Ministry of Finance & National Planning
MoH -	Ministry of Health
MTCT-	Mother to Child Transmission
NAC-	National HIV/AIDS/STD/TB Council
NAPCP-	National AIDS Prevention & Control Program
NASF-	National HIV/AIDS/STD/TB Strategic Framework
NGO-	Non-governmental Organization
OVC-	Orphans & Vulnerable Children

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1. Introduction

In January 2009 Save Life Development Foundation (SLDF) was formed and started operating pending registration. During this period, the Board of SLDF felt the need to come up with the strategic vision to determine the direction of this new direction.

The Board felt that the strategic vision would be an ideal document to help sale the tenets of our existence and service delivery.

2. Vision, Mission and Core Values of SLDF

Vision

- **To facilitate a community driven transformation process through HIV/AIDS, Malaria, Tuberculosis (TB) prevention and control and community development programs that ensures human dignity and social transformation is achieved.**

Mission

- **Save Life Development Foundation (SLDF) is a community oriented Non Governmental Organisation (NGO) committed to human social and economic empowerment regardless of their political, ethnic or religious inclination.**

SLDF supports and empowers the most vulnerable communities through a non partisan, non sectarian, non ethnic and non religious approach which aims at alleviating the suffering of the majority poor people in the community. This is done through direct material financial and material support and through capacity and character building strategies. This is the driving force to achieving our goals.

Core Values

SLDF believes in the six core values which are key in guiding our implementation strategy in the organisation and the community. These core values are enshrined within our vision and mission and represent our ideals and philosophies on which we stand for.

The following are our core values:

1) **Respect for human dignity**
   We believe in the respect of all human being regardless of their status and beliefs

2) **Integrity in our discharge of responsibility**
   Through our work in the community, we endeavour to maintain the maximum levels of integrity and accountability to our partners and the community.

3) **Commitment to our work**
   Our commitment to work with the marginalised, abused, impoverished and neglected members of the community is our serious engagement. In all our work and assignment, we execute it with the highest levels of commitment.

4) **Honesty in our duty**
   We understand that accountability, good governance and trust are an important part of our organisation. We are fully aware of the expectation of our communities and our partners and we therefore strengthen our partnership through honesty in our dealings and our programming.

5) **Exemplary in our conduct**

Our lives and conduct should be a true reflection of who we are and what we believe in. We endeavour to be 'doers of what we proclaim' and this will be depicted in our conduct to one another in the discharge of our duty and attitude.

6) **Stewardship in donors and partners resources**
We realise that financial resources management and other material resources management are act of good stewardship. Our role as managers and administrators of the community resources should be one which has a proven indicator that we are good stewards of donor funds and other resources.
Our usage of resources will exhibit our serious in handling resources and funds entrusted to us for the community.

With a good standard of stewardship, we will achieve our goals and our dream hence providing a total human transformation.

Our core values form an acronym [RICHES]. The RICHES and future of our organisation and the communities at large lies in the spirit of adherence to the six (6) core values of our existence. Any violation of one of these will create an imbalance in our operation.

3. Context analysis

The area of Zambia is 752,612 square kilometres. Among the provinces, Northern Province has the largest area of 147,826 square kilometres while Lusaka has the smallest with 21,896 square kilometres.

The percent distribution of Population has been declining in Copperbelt and Western Provinces, while it has been increasing in Central, Eastern, Luapula, Lusaka, Northern and North-western Provinces. Copperbelt Province has currently the largest share of the population with 16.0 percent followed by Lusaka Province with 14.1 and Eastern Province with 13.2 percent. Northern Province has the fourth largest share with 12.7 followed by Southern Province with 12.3 percent, Central Province with 10.2 percent, Luapula Province with 7.8 percent and Western Province with 7.7 percent. North-western Province has the smallest share with 5.9 percent.

The most densely populated province in Zambia is Lusaka whose density has increased from 31.6 in 1980 to 45.1 in 1990 and to 63.5 persons per square kilometre in 2000. The second most densely populated province is Copperbelt with a density of 50.5 persons per square kilometre. In the two previous Census years (1980 and 1990), the density of Copperbelt province has been higher than that of Lusaka province. North-western Province has the least density of 4.6 persons per square kilometre.

National trends in Education, health, agriculture, water & sanitation
Country Background
Zambia is located in the Southern Africa. It lies between 8 and 18 degrees South of the Equator and between 20 and 35 degrees east of the Greenwich Meridian. It is a land-locked country covering an area of 752,612 square kilometres. It shares borders with the Democratic Republic of the Congo and Tanzania in the north; Malawi and Mozambique to the east; Zimbabwe and Botswana to the south; Namibia in the south-west and Angola in the west.

Two of the provinces, Lusaka and Copperbelt, are predominantly urban while the seven other provinces (Central, Eastern, Luapula, Nothern, North Western, Southern and Western) are largely rural. About 64% of the population lives in rural areas and 36% in urban areas.

Administrative Organisation
As at 2000, Zambia had nine provinces and 73 districts. For political administration the country had a total of 150 constituencies and 1,286 wards.

Zambia is situated on the great plateau of Central Africa. Its vegetation is mainly savannah woodlands and grasslands. The climate is tropical with three distinct seasons – the cool and dry season, the hot and dry season and the hot and wet season. The southern and eastern parts of the country receive less rainfall and are prone to drought because of little rainfall. Zambia has abundant natural resources, including vast deposits of copper and cobalt and a plentiful supply of water from rivers and lakes. There are five main rivers: the Zambezi, Kafue, Luangwa, Luapula, and Chambeshi. In addition to these rivers, the country also has the lakes Tanganyika, Mweru, Mweru wa Ntipa, Bangweulu, and the man-made lakes Kariba and Itezhi tezhi. Zambia and Zimbabwe share the renowned and beautiful Victoria Falls, one of the natural wonders of the world.

Prior to attaining independence on October 24, 1964, Zambia was known as Northern Rhodesia. After attaining independence, the first Zambian government found itself with considerable financial resources at its disposal. The government embarked on a major programme of developing the social, physical and economic infrastructure of the country. Education was made compulsory and health services were provided free of charge.

Zambia's economy consists of a modern urban-oriented sector, which mainly follows the line of rail, and a rural agricultural sector. For many years the modern sector has been dominated by parastatal organizations, while private businesses have predominated in the construction and agricultural sectors. Since 1991, with the introduction of a liberalized market-oriented economy, most parastatals have been privatized, and in some cases, liquidated. Copper mining is still the country's main economic activity, accounting for 95% of export earnings and contributing 45% of government revenue during the decade following attainment of political independence (1965-1975). In the mid-1970s, following a sharp decline in copper prices and a sharp increase in oil prices, the country's economy started to deteriorate. Attempts were made to minimize dependency on copper exports by diversifying the economy through the creation of import substitution parastatals. This effort did not achieve the desired results.

The 1980s marked the start of the first phase of implementing Structural Adjustment Programmes (SAPs) as the economy reached stagnation. However, the SAPs failed to alter the economy structurally and exacerbated poverty among the majority of Zambians. In 1991 the new Government launched an Economic Recovery Programme (ERP) aimed at reversing the protracted decline in the economy by stimulating sustained positive growth, improved living standards and quality of life. The ERP introduced by the third republic, which was born as a result of the re-introduction of multi-party politics, adopted neo-liberal policies to run the economy. This resulted in government transferring the ownership of state-run companies into private hands. This decision was partly due to IMF conditionalities and partly because state-run companies were operating at a loss thereby harming the economy. Between 1992 and 2004 therefore, the Zambian government privatized a total number of 263 state-owned companies while tens of thousands of workers were declared redundant. This led to an increase in poverty levels and a decline in living standards for many people who did not have any steady income as a result of job loss and therefore could not afford to pay for basic necessities such as health, education and food.
In 2001, the government initiated the development and implementation of a broad-based Poverty Reduction Strategy Paper (PRSP) aimed at reducing poverty and improving living conditions of the people. Currently, around 68% of Zambians are classified as poor. Poverty is more prevalent in rural areas compared to urban areas (78% and 53% respectively). (CSO, *Living Conditions Monitoring Survey report 2004*).**o**

The Demographic Profile

The 1980, 1990 and 2000 population censuses reported total populations of 5.7 million, 7.8 million and 9.9 million, respectively. Population densities were estimated at 7.5 persons per square kilometre in 1980, 10.4 in 1990 and 13.7 in 2000. The highest population density is found in Lusaka (65 persons per square kilometre) and the lowest in North-Western Province (9 persons per square kilometre). According to estimates from census data, fertility has been declining at a slow pace, with the Total Fertility Rate (TFR) going from 7.1 in 1980 to 6.7 in 1990 to 6.0 in 2000. The 2000-2001 Zambia Demographic and Health Survey (ZDHS) found the TFR to be 4.3 in urban areas, 6.9 in rural areas and 5.9 overall. According to census data, infant mortality increased from 99 per 1000 live births in 1980 to 123 per 1000 live births in 1990, and declined to 110 per 1000 live births in 2000. The 2000-2001 ZDHS reported under-five mortality to be 140 per 1000 in urban areas, 182 per 1000 in rural areas and 168 per 1000 overall.

Life expectancy at birth has declined since 1980, when it was estimated to be 52.0 years for males and 52.5 years for females. In 1990, the estimates were 46.1 years for males and 47.6 years for females. By 2000 life expectancy had increased somewhat, to 48.0 for males and 52.0 for females (CSO 2002).

Poverty and its effect on issues of Treatment

According to the United Nations Human Development Index (2006), Zambia has very low social indicators and is ranked 165 out of the 177 countries. Over 70% of Zambians live in poverty with 7.5 million living on less than $1 a day; this places Zambia among the world's poorest nations, with a GDP OF $890 per capita (DIFID, 2007)**.** The overall impact of Zambia's socioeconomic, cultural and health issues are deeply disaggregated by gender. Social indicators continue to decline, particularly in measurements of life expectancy at birth which are currently 38 for men 37 for women, compared to 40 in the 2000 and in measures of maternal mortality, 729 per 100,000 pregnancies in 2006 compared with 649 in 1996 (Population Reference Bureau, 2007). The overall literacy rates stood at 67.9% in 2006 (WHO Factsheet, 2006). Yet 59.7% of women are literate compared to 76.1% of men. (Human Rights Watch, 2007). The country's rate of economic growth cannot support rapid population growth or the strain which HIV/AIDS related issues place on government resources. Unemployment and underemployment are also significant problems for the people of Zambia (Bureau of African Affairs, 2008). 76% of Zambian women are engaged in agricultural work yet 63% receive no payment (Human Rights Watch, 2007).

Poor countries have less resources and a weaker capacity to access information related to issues of HIV and AIDS especially information relating to the continuum of treatment and support. Within the Health Sector, the FNDP shows that the per capita total expenditure on health has fallen from US$24 million in 1997 to US$18 million between 2001 and 2005 (FNDP, p.37). As a result, the provision of health care has declined and the effect is worse for the 7.5 million marginalized groups who live on less than one dollar a day. The FNDP estimates at least US$255 required to achieve the mission "*to provide Zambians with equity of access to cost-effective, quality health care as close to the family as possible*." One of the reasons why the Zambian Government needs to increase investment in the health sector among others is the high cost of drugs.

> "Zambia requires approximately US$38.5 million for procurement of essential drugs but less than half of this is available annually from both Government and cooperating partners. With the policy of free ARVs, Zambia requires about US$25 million per annum to sustain the 39,000 patients on ARVs. If ART is scaled up to cater for 100,000 eligible patients, approximately US$60 million will be required for procurement of anti retroviral drugs."

Treatment issues speak directly to poverty. It is the poor that are at the epicentre of the problem and are disproportionately affected by the inequitable access to treatment. Poverty is believed to be the greatest medium for the spread of HIV/AIDS. This is explained in the 'AIDS poverty cycle' where poverty can place individuals in high risk situations where they are very susceptible to HIV/AIDS and HIV/AIDS can then impoverish individuals and families.

There is also a direct link between poverty, HIV and AIDS and an increased vulnerability among orphans and vulnerable children (OVCs). This situation compromises the fight against poverty. The impoverished households and communities may resort to selling assets to raise money for medical care or to employ people to work for them when they become ill. Poverty provides extremely conducive conditions for the spread of HIV/AIDS. For example, impoverished households, adopt high risk coping mechanisms such as commercial sex work, immigration to seek employment or facilitate early marriages among their children for to relieve them of another mouth to feed. The problematic issues of early marriages is that not only does it compromise a child's sexual and reproductive health but also levels of education If one is illiterate then access to information on treatment, care and support is severely compromised. And their probability of exposure to HIV is increased.

Zambia is considered one of the countries in Southern Africa which has established an ambitious and progressive programme on the antiretroviral treatment for HIV and AIDS. The limited access to treatment and care for PLWAs is caused by many factors among which include gender inequality which is often linked to cultural factors such as the entrenched discrimination in the social, economic, political and educational sectors and further fuelled by practices of gender based violence and abuse. The population is struggling to find money for their basic needs such as food, housing, transport to hospital when in need of treatment or when seeking counselling. The various institutional practices on care and treatment affect the equitable access to treatment. Treatment policies and programmes do not address the issue as a human right. There are clear gaps in policies, HIV treatment programmes and support services. In order to ensure that changes take place in the provision of services, treatment and care of PLWAs as well as the affected persons, there is need for treatment literacy and advocacy work challenging the primary duty bearers: the state and the secondary duty bearers; the civil society actors as well as the private sector to be more responsive to the rights of PLWA and the affected persons. In order to claim the various rights, there is a need to build the capacities of the rights holders.

The HIV/AIDS and Socio Cultural Issues

Increase in HIV and AIDS infections. Globally, 33.2 million people are living with HIV and AIDS and of these 15.4 million are estimated to be women (WHO, UNAIDS and UNESCO, 2007). Southern Africa is considered an epicentre of the pandemic with 22.5 million of all those with HIV living in this region, representing 68% of all infections. Zambia has a population of approximately 12 million people and of these, it is estimated that over 920,000 are infected with HIV and AIDS out of which it is estimated that 89,000 are estimated to die annually due to HIV related diseases. It is further estimated that 3,500 young people become infected every day leading to an effect of approximately 630,000-1 million OVCs due to HIV and AIDS. The loss of parents for the OVCs in turn increases their vulnerability by bringing into question the future of their education and employment hopes.

Because of HIV/AIDS mode of transmission and the fear and stigma attached to it, if the HIV/AIDS epidemic continues at the high rate of present, it has the potential to obliterate every economic and social achievement Zambia has accomplished and also the potential to disintegrate communities. The economic and social effects of HIV/AIDS would be first felt by individuals and their families, and then ripple outwards towards firms and business and the macro-economy. Families, businesses and communities are impoverished by the costs of widespread illness and death from AIDS, while worsening economic conditions make it more difficult to care for the ill, more difficult to mount effective education campaigns and more likely that some women and a few men exchange sex for money, food or shelter. Poverty leads to increased migration, both within Zambia and further afield. People move from rural areas to the cities in search of work or return to family homes if they fall sick or lose their jobs due to HIV/AIDS. Families may lose the main breadwinner, plunging them further into poverty. Children may lose both their parents and with that the opportunity to education and proper care leaving them uneducated unsocialised and unable to contribute to the economy.

HIV/AIDS leads to a decrease in productivity those who are ill work more slowly or not at all, those who die are not always replaced and replacements may be less skilled. The result is that businesses

and organizations including small scale ventures become substantially less efficient. In addition, HIV/AIDS is altering the Zambian population structure and the functioning of the productive sectors by limiting productivity and the supply of services, while simultaneously increasing the demand for adequate and qualitative health and other social services. Consequently, the nation has continued to witness a breakdown in social service delivery, reduction in household incomes, and a less than optimal national economic growth rate necessary for overall national development.

HIV/AIDS will continue to ravage Zambian economic, political, cultural, and social development for the foreseeable future. Education is crucial to changing people's attitudes to PLWHA and VCT. Programmes promoting treatment and care need to go hand in hand with interventions that promote positive living and address the culture of stigma and denial surrounding HIV/AIDS. In Zambia despite ongoing VCT programs, 'free' access to ARVs and numerous NGOs, CBOs, FBOs and governmental organisations offering support services varying from spiritual, economical to social, uptake of VCT remains low, adherence to ARVS unstable, preventative knowledge insufficient and the voices who can speak for PLWHA are muted due to the disabling environment of low education, literacy and apathy.

Eastern Province

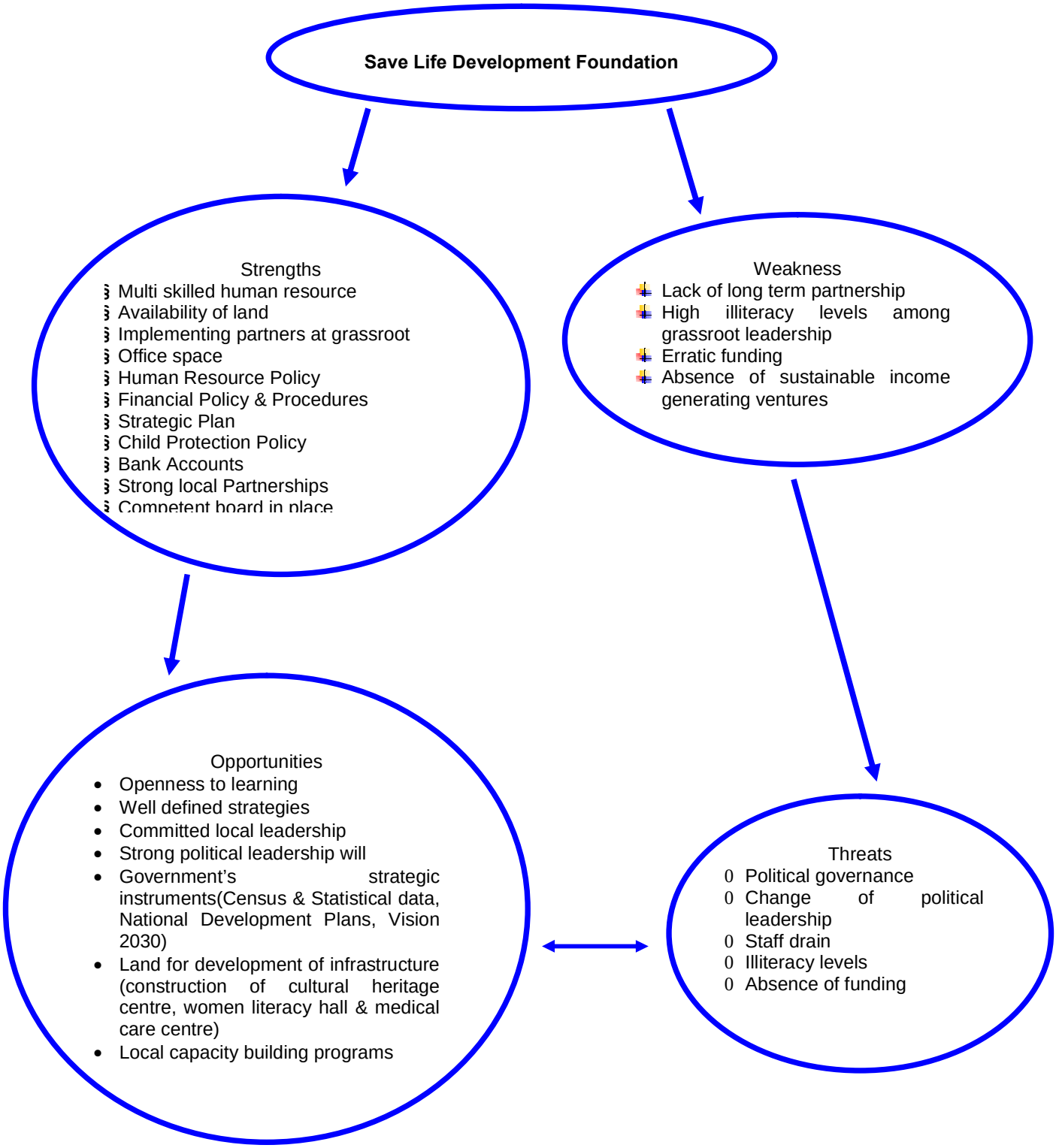
Eastern Province had a population of 1,306,173. Of this population, 49.7 percent were males and 50.3 percent were females. Eastern province is growing at an average annual growth rate of 2.7 percent.

The average annual population growth rate declined by 38.6 percent from 4.4 percent in the 1980-1990 intercensal period. The average annual population growth rates for Petauke and

Mambwe were 1.7 and 1.6 percent, in the 1990-2000 intercensal periods, respectively, whereas all other districts in the province grew at a rate of above 2 percent. A further Look at the 1980-1990 intercensal average growth rate for the province shows that the average annual population growth rate for Petauke (which was split into Nyimba and Petauke in 1993) was 5.2 percent, 0.8 percent above the provincial growth rate (CSO, 1995:36). It is probable that the two districts lost populations to Mozambique after peace was achieved in that country.

Petauke was settled by refugees and spontaneous settlers from Mozambique in the 1980-1990 inter-censal period.

Our organisation-SWOT analysis



Our focus areas

Save Life Development Foundation implements its activities according to different focus areas. These focus areas include the following:-

a] Health Prevention and Control
b] Charitable Programs
c] Education Programs
d] Capacity & Character building
e] Cultural Programs
f] Scientific & Research Programs
g] Social Welfare

Our approach and service delivery systems

Our approach and service delivery systems are community based. This means that our programs are integrated into the day to day life of the local people.

In order to strengthen this approach to effective service delivery, we implement program based on the community needs of the beneficiaries. This is done in line with the community structures and leadership at grassroot.

Resource Mobilisation and linkages with partners

Save Life Development Foundation (SLDF) has a strong approach to resource mobilisation. SLDF understands the importance of tapping resources from partners within and outside. But we are also mindful of the competition that surrounds resource mobilisation. This challenge is because of many NGOs operating in many parts of the globe that also have to survive through the same partners.

SLDF approach to resource mobilisation and linkage with partners will take a three fold strategy:

1) Exploring local resources
2) Exploring outside funding
3) Establishing a strong sustainability plan

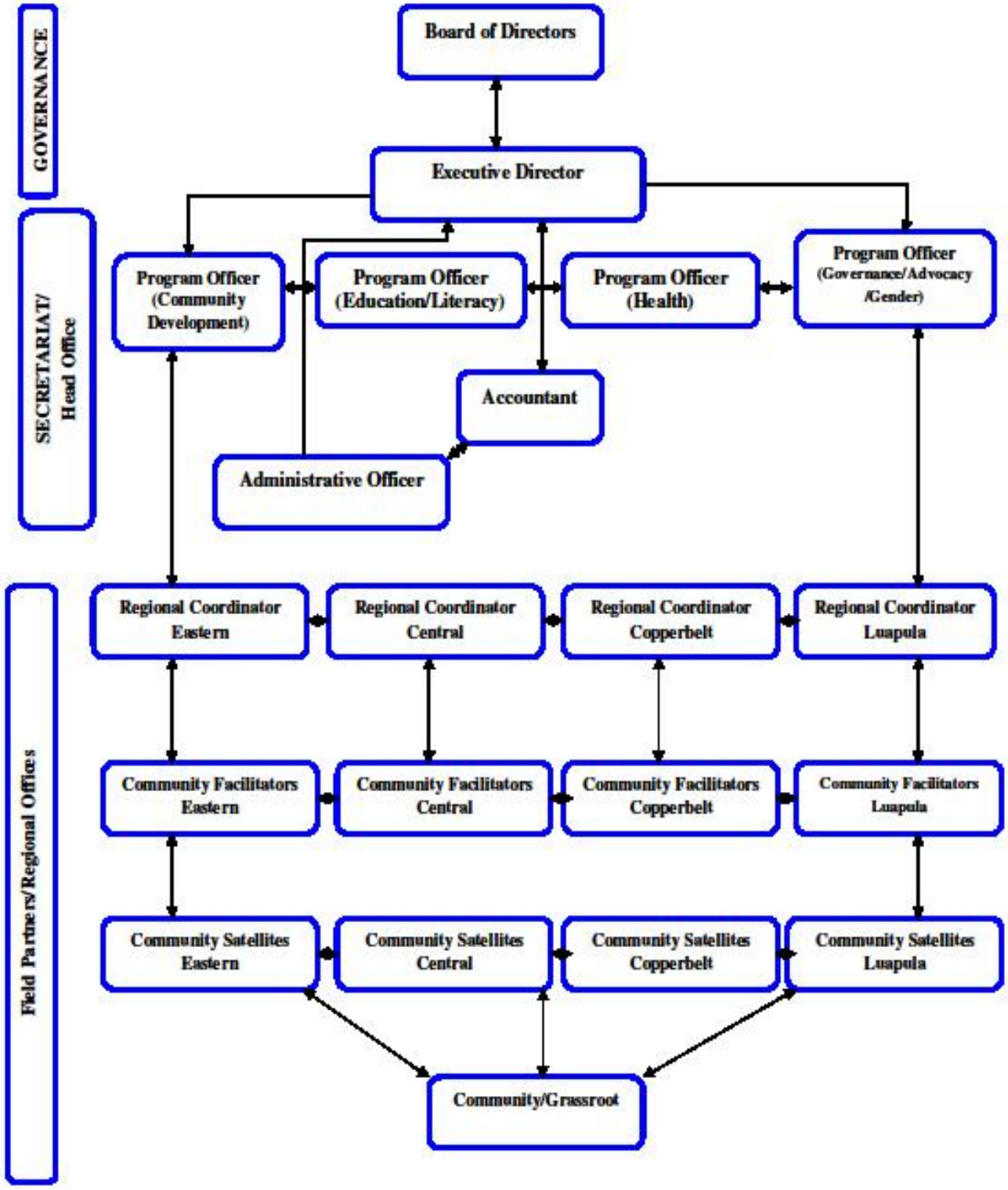
In order to strengthen the above approach, SLDF will endeavour to use the following plan:

1) Openness to ideas
2) Dedication a team to under resource mobilisation
3) To undertake consistent efforts
4) Taking the initiative to think beyond conventional donor support concepts

SLDF will not be selective in the type of funding to access. It will source for any funds no matter how big or small the size of that fund will be. While this is being undertaken, the mechanism for long term sustainability will also be implemented along the way.

Some of the mechanism for long term sustainability plan will include the involvement of community based resources (personnel and natural resources), collaborations with private sector, use of non-financial voluntary contributions and collection of individual donations.

Our organisation-structure



Our learning process

SLDF like any other organisation has to adapt to the continuous change of our systems. It is imperative that we also continue to adapt to the new strategies or systems without losing focus of our vision. It is therefore incumbent upon SLDF to learn from the experiences that we and others accumulate as our basis for these adaptations.

Experience to our organisation will be more meaningful through the analysis of a good monitoring and evaluation (M&E). This M&E system is one which makes results transparent for internal and external use while also facilitating the learning process.

Our partners will play a pivotal role in this process of M&E in our ongoing learning process.

As a small but growing and flexible organisation, we will endeavour to place ourselves in a position where we will participate in innovative activities and collaborative programs. This learning process will be achieved through documentation of our programs and activities.

The other learning process will be the promotion of team work. This will be strengthened through our internal working approach. This will maximise the potential and opportunities of the available expertise to learn from each other. This will avoid creating a vacuum in the event that a vacancy is created. The staff will be able to substitute in the event of an absence or peak workload. As a result of such, we will be able to reduce the work pressure.

Our organisation will promote ongoing staff professional development. Our human policy document provides a framework for the staff development.

Strategies for the years 2011-2013

SLDF's three [3] year strategic vision is primarily focused in the following areas:-

1. Primary Health Care, prevention & control
2. Education for all
3. Institutional and human resource capacity building
4. Resource mobilisation
5. Cultural Promotion
6. Water & Sanitation
7. Women Development & food security

Thematic Areas of programs

1) ***Primary health care, prevention and control***

SLDF will continue to promote prevention strategies of major diseases affecting the rural communities. These major diseases are HIV/AIDS, malaria, Tuberculosis and diarrhoea.

As part of our ongoing strategy to create an impact in our program, we will undertake the following activities:-

- Improving prevention of children under five years, pregnant mothers and chronically ill persons to sleep under long lasting insecticide treated nets (LLITNs).
- Promotion of care and supporting for persons living with HIV
- Promoting behaviour change and communication in HIV/AIDS, malaria, TB and water borne diseases.
- Improving health delivery systems to the nearest health facilities
- Improvement to safe drinking water and sanitation at household and institutional level
- Access to information, education and communication materials
- Strengthening the reproductive and sexual health of women and girls

Targets

In order to create an impact in our work, SLDF will target the following:-

Outcome (Implementing Organisation Level-Save Life Development Foundation)

- In three (3) years' time (2012), the capacity of the organisation would have increased as part of the organisation development by 45%.
- Our target values would have been defined and well streamlined after three (3) years by 2013.
- By the mid of the strategic vision (2012) the indicators on the impact and outcomes of our programs would have been seen.

Outcome (Community level)

- In three (3) years' time (2013), the capacity of 35% of the community members would have increased their knowledge in disease prevention and control.
- Local community would have increased their monitoring skills in program implementation by 40% after three (3) years.
- In three (3) years' time (2013) the skills and competencies of lobbying and advocating for good health systems by the local community would have increased by 45%.
- By 2013, a total of 34,000 people would have been reached through the community awareness campaigns in the targeted sites.
- By 2013, 900,000 people would be well informed of the need for good health system at community through the community media programs
- Of the 900,000 people, 800,000 people will be reached through sponsored radio programs, 66,000 people through the commemorations of specific health days and programs while 34,000 people will be reached through community awareness programs (community meetings, drama, sketches, poems, community focused discussions and one to one talk shows).

Outcome (Beneficiaries/target level)

- By 2013, 45% of the women will have increased knowledge in reproductive health information through the Rural Health Centre
- In three (3) years time (2013) 10,000 people would have started accessing the free health services of Save Life Development Foundation Community Medical Care Centre.
- By 2013, 6,000 people would be accessing improved sanitation services at household and institutional level
- In three (3) years' time, 20 water well and 4 boreholes would have been sunk to increase access to safe drinking water.
- By 2013, 850 people would have accessed the counselling and testing services and 150 persons put on antiretroviral treatment (ART).
- By 2013, 100 persons on DOT (TB clients) would have monitored in their drug adherence.
- In three (3) years' time, 180 persons living with HIV in support groups (Post test groups) would have started accessing nutritional supplement and other support services.
- By 2013, 3,000 long lasting insecticide treated nets (LLITNs) would have been distributed to the three vulnerable groups (500 LLITNs to chronically ill/aged, 800 LLITNs to pregnant mothers and 1,700 LLITNs to children under 5 years).
- By 2013, 50 malaria control agents, 80 home based care providers, 45 peer educators, 20 Traditional Birth Attendants/Child growth monitors and 30 TB treatment supporters would have been trained to strengthen local community capacity competency.

- § 150 bicycles would have been procured for community health volunteers for their monitoring.

2) Education for all

Education plays an important role in improving the knowledge and skill of the local community. Education's sole purpose is to defeat the burden of ignorance which affects the economic development of any nation.

SLDF has observed the increasing numbers of school drop outs, and also the increase in orphans' children due to AIDS which has increased illiteracy. SLDF therefore intends to strengthen the education support for orphans and vulnerable children in order to make education accessible to all children regardless of their status.

To this effect, SLDF will undertake the following programs in line with education for all campaigns:-

- ¢ Provide education support to OVCs as a way of strengthening the Millennium Development Goals (MDGs) declaration on the education for all.
- ¢ Provide educational and other materials in primary, secondary schools and colleges
- ¢ Provide school fees to orphaned children in primary, secondary schools and colleges
- ¢ Provide nutrition to orphans from child headed homes
- ¢ Provide support to children withdrawn from the vices of child labour and child streetism

Target

SLDF intends to achieve this thematic area through the following:-

Outcome (Community level)

- § In three (3) years' time (2013), the number of children going to have increased by 25%.
- § By 2013, 600 orphans and vulnerable children would have been attending regular schools.
- § By 2013, 120 children would have been withdrawn from child labour related cases and put in schools
- § In three 3) years' time, SLDF would have started a village model nursery/preschool to afford rural children an early childhood education.
- § In three (3) years time, 100 women would have started attending the community literacy programs in 5 villages.

Outcome (Beneficiaries level)

- § In three (3) years' time (2013), the capacity of 45% of the orphans and vulnerable children would have increased their knowledge and access to employment opportunities.
- § In three (3) years' time (2013) the skills and competencies of 100 women attending functional literacy classes would have increased by 65%.
- § By 2013, a total of 100 little children would have been village nursery and preschool in the targeted sites.
- § By 2013, 600 orphans and vulnerable children would have received the OVC education support.
- § Of the 600 orphans and vulnerable children, 100 children would have been withdrawn from child labour, 30 girls from early marriages, 50 girls from teenage pregnancy, 100 children from child headed homes, 210 children from double orphaned status and 70 children from single orphaned parentage and 40 children from vulnerable households.

3) Institutional and human resource capacity building

SLDF has a strong approach developing its capacity and that of its key stakeholders. This is the best approach of promoting organisation efficiency and competency.

SLDF has a long term plan to develop its staff, community volunteers and local leadership's capacity which will enhance sustainable development.

SLDF will promote the following activities as part of its capacity building program:-

- Strengthen the in-staff trainings in project management, monitoring and evaluation and resource mobilisation.
- Engaging staff in inter NGO training and workshop networks
- Participating in different foras/forums to increase staff skills and competence in information.
- Promoting an organisation development program in line with the organisation dynamics
- Providing exchange programs on the North-South & South-South linkages
- Training of community volunteers
- Training of traditional and civic leaders

Target

SLDF intends to achieve this thematic area through the following:-

Outcome (Community level)

- In three (3) years' time (2013), the number of children going to have increased by 25%.
- By 2013, 600 orphans and vulnerable children would have been attending regular schools.
- By 2013, 120 children would have been withdrawn from child labour related cases and put in schools
- In three 3) years' time, SLDF would have started a village model nursery/preschool to afford rural children an early childhood education.
- In three (3) years time, 100 women would have started attending the community literacy programs in 5 villages.

Outcome (Beneficiaries level)

- In three (3) years' time (2013), the capacity of 45% of the orphans and vulnerable children would have increased their knowledge and access to employment opportunities.
- In three (3) years' time (2013) the skills and competencies of 100 women attending functional literacy classes would have increased by 65%.
- By 2013, a total of 100 little children would have been village nursery and preschool in the targeted sites.
- By 2013, 600 orphans and vulnerable children would have received the OVC education support.
- Of the 600 orphans and vulnerable children, 100 children would have been withdrawn from child labour, 30 girls from early marriages, 50 girls from teenage pregnancy, 100 children from child headed homes, 210 children from double orphaned status and 70 children from single orphaned parentage and 40 children from vulnerable households.

4) Resource mobilisation

Save Life Development Foundation (SLDF) has a strong approach to resource mobilisation. SLDF understands the importance of tapping resources from partners within and outside.

SLDF approach to resource mobilisation and linkage with partners will take a threefold strategy:

- Exploring local resources
- Exploring outside funding

- Establishing a strong sustainability plan

Target

SLDF intends to achieve this thematic area through the following:-

Outcome (organisation level)

- In three (3) years' time (2013), the number of partners and donors support our work to have increased by 35%.
- By 2013, SLDF will have invested 40% of the resources into sustainable income generating activities. Some of the ventures include acquisition of a farm, a tractor, and 4 hammer mills to boost local funds.
- By 2013, SLDF would have identified a partner to assist in acquiring 2 houses which will be rented out as a sustainable income generating. The second house will house SLDF offices and the other rooms to be put on rent.
- In three (3) years time, SLDF would have found partners to support the transport inadequacies the organisation is experiencing for M&E and grassroot volunteers' programs.
- In three (3) years time, 400 women would have started doing small microenterprise programs for individual sustainable programs.

Outcome (Beneficiaries level)

- In three (3) years' time (2013), the capacity of 45% of the women would have increased their knowledge and access to business opportunities.
- In three (3) years' time (2013) the skills and competencies of 400 women attending entrepreneurship skills classes would have increased by 55%.

5) Cultural promotion

Zambia in general and Eastern Province in particular is endowed with rich cultural sites and heritage. The richness in our cultures is seen in the annual traditional ceremonies celebrated in the province at various intervals.

As an organisation, SLDF wants to promote the cultural values of our nation and communities as a way of retaining our identity.

It is for this reason that SLDF's strategic vision would like to promote the traditional values of our people through the following mechanism:

- Collection of cultural artefacts for different cultures
- Construction of a cultural heritage centre
- Formation of cultural dancers' groups
- Documentation of different cultural ceremonies
- Recruitment of cultural instructors

Target

SLDF intends to achieve this thematic area through the following:-

Outcome (Organisation level)

- In three (3) years' time (2013), Mtenguleni Cultural Heritage Centre to have been constructed.
- By 2013, 20 Traditional Dancers Clubs to have been formed at the Centre.
- By 2013, 15 Traditional Cultural instructors would have been recruited to teach at the Cultural Heritage Centre.
- In three 3) years' time, SLDF would have started a cultural model of a cultural school to afford future generation an opportunity to learn cultural heritage education of the tribes in the province.

Outcome (Beneficiaries level)

- In three (3) years' time (2013), the capacity of 45% of the community would have increased their knowledge and access to cultural information of their chiefdoms.
- In three (3) years' time (2013) the skills and competencies of 15 Cultural Instructors would have increased by 65%.
- By 2013, a total of 50 youths to have graduated from the cultural school in the targeted sites.
- By 2013, the 20 traditional dancers' clubs would have been involved in cultural experience exchange programs.

6) Water & sanitation

SLDF has a passion for rural communities who are disadvantaged by the imbalance in the pattern of economic development. This is manifested in the current trends where only 33% of the rural population access good water and sanitation services.

We are aware that the governments of the world have put this component as one of the major components in attaining the millennium development goals.

SLDF will endeavour to contribute in the improvement of water supply and sanitation in the projects sites through the following interventions:-

- Participation in the improvement of water supply.
- Sinking of boreholes and protected water wells in our catchment area.
- Construction of modern VIP toilets.
- Providing water treatment chemicals such as chlorine to members of the communities.

Target

SLDF intends to achieve this thematic area through the following:-

Outcome (Community level)

- In three (3) years' time (2013), the number of rural communities accessing clean drinking water to have increased by 25%.
- By 2013, 40 VIP Toilets constructed in three rural schools.
- By 2013, 1200 children would have benefited from good sanitary facilities constructed at the three schools
- In three 3) years' time, SLDF would have sunk 15 protected water wells and 4 boreholes in Chipata district.
- In three (3) years time, 25,000 members of the communities sensitised on the need to have better sanitation and water facilities in 5 chiefdoms.

Outcome (Beneficiaries level)

- In three (3) years' time (2013), the disease burden of 45% of the children in the 5 chiefdoms would have reduced.
- In three (3) years' time (2013) the number of people accessing clean and safe drinking water to increase to 6,000.
- By 2013, a total of 100 households to construct modern VIP toilets as part village model sanitation pilot project in Chief Nzamane.
- By 2013, SLDF to provide chlorine to 60 villages for treating their water points.

7) Women, development & food security

Women in most parts of our projects sites have been affected in unleashing their potential. This is because the society has given the menfolke more powers to decide on the women future. This kind of thinking has affected other areas of progress such as land ownership, decision making (governance) and also in matters of food security. In some instances, women have been used as cheap labour to champion men's interest.

As part of promoting gender equality and development, SLDF in its women programs will build the capacity in rural women as a way of enhancing their knowledge and skills.

Target

SLDF intends to achieve this thematic area through the following:-

Outcome (Community level)

- In three (3) years' time (2013), 50 self help groups to have been formed.
- By 2013, 3 Community Facilitators recruited in the women programs.
- By 2013, 1,000 women engaged in the self help group approach.
- In three 3) years' time, SLDF would have trained 1,000 women in the Self Help Group concept.
- In three (3) years time, 1,000 women to have increased their household income and land ownership.
- By 2013, 20 farmer groups to be running small gardens
- By 2013, 20 fish farmers to have received the material support to boost food security at household level.
- In three (3) years time, SLDF would have supported 5 support groups for persons living with HIV/AIDS with farm implements, farm inputs and livestock to boost nutrition.
- By 2013, 100 members of the community trained in Farming God's way, permaculture, environmental management and conservation farming methods in order to become community farmer groups' facilitators.

Outcome (Beneficiaries level)

- In three (3) years' time (2013), 1,000 women accessing loans through the self help village banks.
- In three (3) years' time (2013) the skills and competencies of women attending self help group programs would have increased by 45%.
- By 2013, a total of 6,000 family members to have benefited from the self help group incomes in the targeted sites.
- By 2013, 400 women to be trained in civic engagement, advocacy, voter education, women and child rights and on the dangers of teenage pregnancy and early marriages.
- By 2013, 600,000 members of the public sensitised in issues of governance, lobbying and advocacy through the community radio programs.

Thematic Areas of programs

SLDF will implement its programs through an integrated health and development model which will in turn increase the benefits of its beneficiaries.

Strategic budgets for 2011-2013

SLDF would like to strengthen its resource base so as to meet the organisation's vision. Save Life Development Foundation has therefore put in place a budget stipulating the income and expenditure for the period 2011-2013.

This budget is quoted in US$ (in thousands) and reflect the organisation's expectations.

Income

Year	*International donors*	*Local donors*	*Individuals*	*Own Sources*	*Total*
2011	100,000	35,000	6,500	3,000	144,500
2012	150,000	40,000	10,000	3,500	203,500
2013	240,000	60,000	15,000	3,500	318,500
Total	490,000	135,000	31,500	10,000	666,500

Expenditure

Year	*Programs*	*Policy, lobby & advocacy*	*Capital Projects*	*Management & Administration*	*Awareness programs*	*Total*
2011	73,000	7,000	25,000	30,000	9,000	144,000
2012	100,000	8,000	40,000	45,000	10,000	203,000
2013	170,000	10,000	60,000	61,000	13,500	319,500
Total	343,000	25,000	125,000	141,000	32,500	665,500

SLDF is determined to achieve this targeted funding because of its fiscal financial discipline and the financial policies and guidelines put in place. SLDF will also strengthen its search for long term partnership with its donors and partners both within and outside.

As part of our long term financial viability, we will promote local investment into viable income generating activities which will boost the local revenue as a promoting leverage in times of financial challenges. SLDF will adhere to its policies which allocates 80% of its resources into the beneficiaries while its administrative components take the remaining 20%. All this is done in the spirit of maintaining high impact and complete transformation in the lives of our constituency.