EMERGENCY APPEAL

International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

SOUTHERN AFRICA: FOOD SECURITY AND INTEGRATED COMMUNITY CARE

Appeal no: 15/03
28 May, 2003

THIS APPEAL SEEKS CHF 13.6 MILLION (USD 10.3 MILLION OR EUR 9 MILLION) IN CASH, KIND AND SERVICES TO ASSIST 347,000 BENEFICIARIES FOR 6 MONTHS (AUGUST TO DECEMBER 2003)

SUMMARY

The operation aims to support 347,000 people through food security and integrated community care from the Red Cross National Societies of Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. Lasting five months, it will require an investment of CHF 13.6 million. The assistance will strengthen the safety net for these targeted vulnerable people and include integrated household and community initiatives. Food security, health, water and sanitation, HIV/AIDS prevention and home care (including fighting stigma and discrimination) and economic self-reliance will be covered.

The operation is intended to take over from the one-year Southern Africa Food Security Operation, in place since May 2002. This new appeal reflects the Federation's commitment to transform its major relief assistance into longer-term, sustainable programming. Integrated programmes with innovative approaches will continue to effectively address immediate and longer-term needs. They will also help reverse the combined burdens of poverty, destitution, and the ever-increasing rate of HIV/AIDS infections. The Red Cross will coordinate and cooperate with governments and other humanitarian actors to maximize the impact of its integrated programmes. The Federation will continue to coordinate its activities through the UN Regional Inter-Agency Coordination Support Office and other regional and country coordination mechanisms.

The appeal targets some 3,000 people in Lesotho, 93,000 in Malawi, 12,000 in Namibia, 12,000 in Swaziland, 28,000 in Zambia and 199,000 in Zimbabwe. It provides support for needs assessment and development of programmes in Botswana and South Africa**.** The Federation would also like to thank DFID, ECHO, and its member societies for their contributions and support to the ongoing Southern Africa Food Security appeal (August 2002 to July 2003) which was covered satisfactorily.

CONTENTS

The International Federation and its National Societies have as a basis, the Seven Fundamental Principles of the Red Cross and Red Crescent Movement. All International Federation assistance operations seek to adhere to the International Federation of Red Cross and Red Crescent Societies Code of Conduct, are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project).

Given the particular nature of this operation (e.g. longer-term perspective as well as the fact that the current appeal is still winding down, the first Operations Update will be issued by August, with monthly updates thereafter; a final operational and financial report will be issued no later than 90 days after the end of the operation.

For further information please contact

Alasan Senghore, Head of Regional Delegation, Harare
Telephone: 263 4 705 166; Fax: 263 4 708 784; email: ifrczw02@ifrc.org

Richard Hunlédé, Regional Officer, Geneva
Telephone: 41 22 730 43 14; Fax: 41 22 733 03 95; email:richard.hunlede@ifrc.org

Additional information concerning Federation operations in these and other countries can also be obtained by accessing the Federation website at http://www.ifrc.org.

Introduction

This appeal will support eight national Red Cross societies in Southern Africa to develop integrated longer-term programming to address chronic needs caused by the HIV/AIDS pandemic, weak health care, poverty and food insecurity. The emergency food security interventions of the last 12 months are being transformed into programmes with greater impact upon a combination of factors. Coordinated by the Federation, they will provide care and assistance, and focus on root causes that drive the most vulnerable into a downward spiral of poverty, chronic illness, lack of options and lack of hope. Over the next five months, the lead role of the National Societies will be strengthened in coordinating, implementing and monitoring the impact of integrated programming which will be the basis of long-term Red Cross strategy for the region. From January 2004, it will become part of the Federation's Annual appeal.

The situation

HIV/AIDS is at the centre of erosion of the social fabric of Southern Africa, undermining the long-established coping strategies which previously enabled communities to recover from periods of hardship and stress. Coping strategies become inadequate and often involve unsafe behaviour in places where the prevalence of HIV/AIDS may be close to 50% of the population. Women, the traditional agricultural labour force of the region, are disproportionately affected by HIV/AIDS, their infection rates higher than those of men. Greater dependency ratios in households, including those headed by women, are combined with the critical loss of productive family members. The household economy can no longer cope with the obligations placed upon it, and whole communities are gradually driven into destitution. In Zimbabwe, the situation is compounded by economic instability, and the third consecutive year of crop failure. The situation is slowly overwhelming Southern Africa, and the longer-term projections are startling. Life expectancy could actually fall below 20 years in some areas by 2020 (de Waal, 2002), with a loss of 30% of the workforce and a 60% reduction of agricultural production. The Federation has realized that this is "not business as usual", but a new type of chronic disaster that requires new types of approach in humanitarian intervention.

Poor and worsening access to health care, the accelerated spread of tuberculosis, malaria and other diseases, a widespread shortage of safe water and sanitation, uncontrolled urbanization and ineffective agriculture are among the aggravating factors. Life is becoming unsustainable. A gradual slide into destitution is underway which triggers further spread of HIV and ever-greater vulnerability to common disease and disaster. Above all, efforts to prevent HIV infection are failing to have major impact. Most governments in the region are poorly equipped to address the challenges in the next 10-15 years. The peripheral health care systems have become weakened, often lacking the most basic medical staff and supplies.

Doing "business as usual" will not halt the process. The humanitarian world is deep in uncharted territory and the map from the past will not guide it through the future. Policy of donors and governments, as well as agencies, will soon lag behind emerging challenges. These challenges cannot be dealt with without concerted effort. A new paradigm is needed based on partnership and cooperation.

Impact of the current Federation food aid and humanitarian assistance

The Federation launched an appeal in May 2002 (revised in July 2002) to assist some 750,000 people for 12 months in five Southern African countries critically affected by the combined effect of HIV/AIDS and food crisis. The current food security operations will continue until the end of July 2003. Through this operation, the national Red Cross societies in Lesotho, Malawi, Swaziland, Zambia and Zimbabwe have provided regular relief and humanitarian assistance, reaching more than 700,000 people, in cooperation with the Federation, Participating National Societies and the World Food Programme (WFP). The food aid and humanitarian assistance provided, have eased the impact of the 2002-2003 hunger gap in the five countries, and ensured greater food security through to the harvests in June 2003. Moving from an emergency intervention, the time has come to also address the root causes of the food security crisis.

Red Cross and Red Crescent Action

The Red Cross and Red Crescent partners in the Southern Africa region have concluded that this crisis cannot be handled like previous operations. The complexity and magnitude of the situation present the Red Cross and Red Crescent with the obligation to pool resources and work closely together. Strategic planning based on a Federation options assessment *Not Business As Usual*, will enable the national Red Cross societies in Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe to build on the impact of a long-term food security operation. The appeal also makes provision for continuation of some activities which have been implemented with the support of participating national societies. ECHO may support them with focus on seeds and agricultural inputs rather than food.

Helped by the Federation, the planning has been an inclusive, participatory process with input from Participating Red Cross National Societies present in the region including the American, Belgian, British, Danish, Finnish, German, Japanese, Netherlands, and Spanish Red Cross. Fifteen National Red Cross and Red Crescent Societies supported the integrated programme approach as presented in the *Not Business As Usual* paper in Nyon, Switzerland in March 2003. The National Societies of Southern Africa endorsed this appeal document at their regional meeting in Malawi, 20-21 May 2003.

Management and Coordination

The 2002-2003 food security operations in Southern Africa have been supported and managed by the Operational Management and Coordination Centre (OMCC) in Johannesburg. In line with the Federation change strategy, the extended operation will be integrated into its Regional Delegation in Harare in July 2003. Continued professional technical expertise to the operation from the regional programmes will help develop more integrated approaches involving HIV/AIDS, malaria, tuberculosis, cholera, water and sanitation, disaster preparedness and organizational development. Given the high prevalence of TB in the targeted population, a specialist will explore possible medical interventions in the communities as a complement to governmental efforts. The Federation will also provide an HIV/AIDS specialist to explore concepts in community-based basic treatment approaches for HIV/AIDS infected people. This work follows the guidance of highly active anti-retroviral treatment (HAART), and will target existing Red Cross home-based care programme clientele. The Federation logistics and procurement service in Johannesburg will continue to support the operation and the National Societies of the region. The Regional Delegation in Harare will maintain regular coordination with external partners through participation in UNRIACSO (UN Regional Inter-Agency Coordination Support Office for the Special Envoy for Humanitarian Needs in Southern Africa) and other regional and country coordination mechanisms. The Federation will seek operational partnerships within the Inter Agency Standing Committee. In this context, the Federation fully supports the agreed "Next Steps for Action in Southern Africa". This IASC initiative advocates for immediate action at two levels - to address emergency needs related to the current crisis, while simultaneously initiating actions to address the long-term needs in the region. Of particular interest to the Federation is the concept of a Minimum Package of Services, which focuses both on the urgency of saving lives and the necessity to protect livelihoods."

Monitoring and Evaluation

As the Federation and National Societies explore more integrated and creative programming in Southern Africa, the need for monitoring and analysis of the impact on the lives of beneficiaries is particularly important. Different combinations of similar programme inputs are being applied within the eight concerned countries, and lessons learned will be shared. The Federation has set aside resources for both monitoring and evaluation over the next five months. It considers the period to be crucial to integrate existing regional programmes and the extended food security operation. The intention is to be able to examine the outcome and impact of Red Cross programmes. This will be the foundation for the 2004 Appeal.

Increased monitoring by field staff and volunteers will be supported with technical expertise and training from the Regional Delegation in Harare. An institutional approach to monitoring nonetheless leaves space for National Societies to build on the specific techniques with which they are familiar, while exploring other recognized monitoring tools. The Federation will facilitate an external evaluation of the integrated programmes of the Malawi Red Cross in October 2003, which will serve as a model for the region. There will also be an evaluation of the entire operation during the five months of the operation.

Abbas Gullet
Director
Disaster Management and Coordination

Didier J. Cherpitel
Secretary General

BUDGET SUMMARY

APPEAL No. 15/2003

Southern Africa - Food Security

TYPE	VALUE
RELIEF NEEDS	IN CHF

ANNEX 1

BUDGET SUMMARY

APPEAL No. 15/2003

Southern Africa - Food Security

TYPE	VALUE
RELIEF NEEDS	IN CHF
Shelter & Construction	39'425
Clothing & Textiles	675'000
Food	6'286'100
Seeds, plants	310'552
Water & Sanitation	860'100
Medical & First Aid	203'000
Teaching materials	35'000
Utensils & Tools	63'800
Other relief supplies	209'000
TOTAL RELIEF NEEDS	8'681'977
CAPITAL EQUIPMENT	
Vehicles	319'500
Computers & Telecom equipment	51'250
Other capital expenditure	16'000
PROGRAMME SUPPORT	
Programme support (6.5% of total)	886'026
TRANSPORT STORAGE & VEHICLE COSTS	
Warehousing & Distribution	620'785
Transport and vehicle cost	824'262
PERSONNEL	
Personnel (delegates)	700'147
Personnel (regional & national staff)	576'211
Consultants	187'500
WORKSHOPS & TRAINING	205'090
ADMINISTRATIVE & GENERAL SERVICES	
Travel & related expenses	206'381
Information expenses	87'554
Other general costs	129'494

BUDGET SUMMARY

APPEAL No. 15/2003

Southern Africa - Food Security

TYPE	VALUE	
RELIEF NEEDS	IN CHF	
Communications	94'899	
Professional fees	2'696	
Core Cost & SUndry Admin	41'404	
TOTAL OPERATIONAL NEEDS		4'949'199
TOTAL APPEAL CASH, KIND, SERVICES		13'631'176
LESS AVAILABLE RESOURCES (-)		0
NET REQUEST		13'631'176

Southern Africa: Food Security and Integrated Community Care, August to December 2003

Budget Overview

Description	OMC	Botswana	Lesotho	Malawi	Namibia	South Africa	Swaziland	Zambia	Zimbabwe	TOTAL Expenditures CHF
SUPPLIES										
Shelter & Construction	0	0	0	0	0	0	0	8,400	31,025	39,425
Clothing & Textiles	0	0	0	0	84,000	0	0	140,000	451,000	675,000
Food	0	0	345,000	457,858	691,200	0	557,530	354,512	3,880,000	6,286,100
Seeds, Plants	0	0	12,000	6,052	0	0	50,000	62,500	180,000	310,552
Water & Sanitation	0	0	0	282,500	0	0	0	244,450	333,150	860,100
Medical & First Aid	0	0	0	0	0	0	0	41,000	162,000	203,000
Teaching materials	0	0	20,000	0	0	0	15,000	0	0	35,000
Utensils & Tools	0	0	10,000	0	1,000	0	0	47,800	5,000	63,800
Other relief supplies	0	0	10,000	0	0	0	50,000	37,000	112,000	209,000
Sub-Total	**0**	**0**	**397,000**	**746,410**	**776,200**	**0**	**672,530**	**935,662**	**5,154,175**	**8,681,977**
CAPITAL EXPENSES										
Land & Buildings	0	0	0	0	0	0	0	0	0	0
Vehicles	0	0	0	0	85,000	0	0	40,000	194,500	319,500
Computers & Telecom equip.	0	0	0	2,000	4,000	10,450	0	300	34,500	51,250
Medical equipment	0	0	0	0	0	0	0	0	0	0
Other capital expenditures	0	0	0	0	16,000	0	0	0	0	16,000
Sub-Total	**0**	**0**	**0**	**2,000**	**105,000**	**10,450**	**0**	**40,300**	**229,000**	**386,750**
TRANSPORT & STORAGE										
Warehousing & Distribution	4,500	0	111,630	70,760	171,000	0	141,700	50,195	71,000	620,785
Transport & Vehicle costs	61,300	0	27,650	37,847	9,700	15,500	32,100	95,765	544,400	824,262
Sub-Total	**65,800**	**0**	**139,280**	**108,607**	**180,700**	**15,500**	**173,800**	**145,960**	**615,400**	**1,445,047**
PROGRAMME SUPPORT										
Programme management	32,315	2,429	29,914	46,630	50,290	7,869	41,805	59,471	272,413	543,134
Technical support	9,674	727	8,955	13,958	15,054	2,356	12,514	17,802	81,546	162,586
Professional services	10,728	806	9,931	15,480	16,695	2,612	13,878	19,743	90,434	180,306
Sub-Total	**52,717**	**3,963**	**48,799**	**76,068**	**82,039**	**12,837**	**68,197**	**97,016**	**444,392**	**886,026**
PERSONNEL										
Personnel (delegates)	294,320	0	77,000	97,577	47,700	0	43,500	48,550	91,500	700,147
Personnel (regional & national staff)	54,765	0	29,050	70,951	37,000	75,000	27,705	120,200	161,540	561,211
Consultants	77,500	23,000	0	0	0	35,000	35,000	15,000	2,000	187,500
Sub-Total	**426,585**	**23,000**	**106,050**	**168,528**	**84,700**	**110,000**	**106,205**	**183,750**	**255,040**	**1,448,858**
WORKSHOPS & SEMINARS										
Workshops & Training	5,000	15,000	21,050	29,240	2,000	8,000	6,000	28,600	90,200	190,090
Sub-Total	**5,000**	**15,000**	**21,050**	**29,240**	**2,000**	**8,000**	**6,000**	**28,600**	**90,200**	**190,090**
GENERAL EXPENSES										
Travel & related expenses	130,000	19,000	15,500	5,106	7,000	10,000	5,000	7,525	7,250	221,381
Information	34,250	0	2,350	1,894	3,000	20,000	500	17,460	8,100	87,554
Other general costs	47,400	0	15,200	14,344	4,000	8,000	3,200	18,100	19,250	129,494
Communication	34,500	0	4,020	15,129	5,000	2,700	11,750	13,300	8,500	94,899
Professional Fees	275	0	0	2,421	0	0	0	0	0	2,696
Core Cost & Sundry Admin	14,500	0	1,500	529	12,500	0	2,000	4,875	5,500	56,404
Sub-Total	**260,925**	**19,000**	**38,570**	**39,423**	**31,500**	**40,700**	**22,450**	**61,260**	**48,600**	**592,428**
TOTAL CHF	**811,027**	**60,963**	**750,749**	**1,170,275**	**1,262,139**	**197,487**	**1,049,182**	**1,492,548**	**6,836,807**	**13,631,175**

Beneficiaries by country		Botswana	Lesotho	Malawi	Namibia	South Africa	Swaziland	Zambia	Zimbabwe	TOTAL
		N/A (1)	3,137	92,500	12,000	N/A (1)	12,350	28,250	198,890 (2)	347,127

(1) Not applicable at the present time.
*(2) This figure does not include malaria treatment for **528,000** cases distributed to health services in areas of Red Cross operation.*

Southern Africa: Food Security and Integrated Community Care, August to December 2003

OMC (Operation, Management & Coordination) - Budget Summary

Description	Total
SUPPLIES	
Shelter & Construction	0
Clothing & Textiles	0
Food	0
Seeds, Plants	0
Water & Sanitation	0
Medical & First Aid	0
Teaching materials	0
Utensils & Tools	0
Other relief supplies	0
Sub-Total	**0**
CAPITAL EXPENSES	
Land & Buildings	0
Vehicles	0
Computers & Telecom equip.	0
Medical equipment	0
Other capital expenditures	0
Sub-Total	**0**
TRANSPORT & STORAGE	
Warehousing & Distribution	4,500
Transport & Vehicle costs	61,300
Sub-Total	**65,800**
PROGRAMME SUPPORT	
Programme management	32,315
Technical support	9,674
Professional services	10,728
Sub-Total	**52,717**
PERSONNEL	
Personnel (delegates)	294,320
Personnel (regional & national staff)	54,765
Consultants	77,500
Sub-Total	**426,585**
WORKSHOPS & SEMINARS	
Workshops & Training	5,000
Sub-Total	**5,000**
GENERAL EXPENSES	
Travel & related expenses	130,000
Information	34,250
Other general costs	47,400
Communication	34,500
Professional Fees	275
Core Cost & Sundry Admin	14,500
Sub-Total	**260,925**
TOTAL CHF	**811,027**

BOTSWANA

The Situation

Botswana is a landlocked country, but with a robust economy by African standards, heavily based on diamond mining. The population of 1,590,000 people is largely concentrated in the eastern part of the country, leaving vast tracts of Botswana with a very sparse population distribution. Despite the economic differences between Botswana and most other Southern African countries, Botswana nonetheless shares common problems of food insecurity related to the combined effects of drought and a growing impact of HIV/AIDS. Official population estimates for Botswana specifically take into account the effects of excess mortality due to HIV/AIDS. In common with its neighbours, Botswana can expect lower life expectancy, higher infant mortality, lower population and growth rates, and changes in population age and sex ratios which would not have been expected ten years ago.

The HIV/AIDS situation in Botswana has not been as heavily publicized as that in other southern African countries, but a 1999 estimate 290,000 people living with AIDS, and an adult HIV/AIDS prevalence rate of 35.8%, was equally serious at the time, and there is every likelihood that the rates have substantially increased in the last three years. In terms of food security, in general terms, Botswana has a relatively strong safety net provided by the Government. Drought, as recognized in official terms, is estimated to occur in roughly eight-year cycles. The Government of Botswana makes considerable provision for food insecurity and has an established early warning system in place based on meteorological data and agro-climate analysis. This system is backed up by an efficient food distribution mechanism in place, based on official population registration. The overall cumulative rainfall distribution for the season October 2002 to January 2003 was generally poor in the whole country, and recovery to the levels of agricultural production achieved before 2001 is unlikely to be reached with this harvest. Overall food security is improved, but government intervention in food assistance may still have to be considered later in the year.

The Needs

Although at a lesser magnitude, the combined food insecurity-HIV/AIDS related needs in Botswana have developed into a familiar pattern found across southern Africa. Particularly vulnerable groups are emerging whose households have descended into a spiral of poverty, where food insecurity leads to poor nutrition, which exacerbates the physical impact of HIV/AIDS, typically on adult household members. A rapid descent into AIDS-related sickness of economically productive adults in the household can rapidly lead to destitution, and an inability to regain sustainable food security and agricultural production, even when the drought is over. The Government of Botswana has strong capacity to meet the immediate food needs of the majority of these vulnerable groups. However, the Botswana Red Cross Society (BRCS) has a growing concern related to the possible unmet needs of these same groups in the sparsely populated west of the country, particularly in Ghanzi and Kgalagadi regions.

In these two regions, the vast distances between population groups make needs assessment and assistance extremely challenging, especially in the case of newly developing vulnerable groups, whose reasons for destitution are not simply related to cyclical agro-climatic factors. Longer term needs complicated by HIV/AIDS effects, require a combination of programme inputs to firstly meet immediate needs, and secondly to bring opportunities to stabilize the situation and bring opportunity to gain food security once more. The BRCS continues to develop a home-based care (HBC) programme for people living with AIDS in the north-east of the country, and is acquiring institutional knowledge and expertise in providing care and assistance to these beneficiaries and their households. The BRCS does not however, have the technical or financial capacity to adequately assess the level of need in the distant areas of Ghanzi and Kgalagadi. The undertaking of a base-line assessment of combined food security-HIV/AIDS driven need in these two areas is a priority for BRCS, with the aim being to understand the situation much more clearly, and if appropriate to start to develop the most appropriate response, conforming to the government policy.

The Operation

AIM: To clearly understand the nature and level of food security-HIV/AIDS related need amongst communities in Ghanza and Kgalagadi, to determine the most appropriate BRCS response, drawing on regional Red Cross experience and expertise.

OBJECTIVE: To gain precise base-line information at community and household level, of the impact of drought-related food insecurity and HIV/AIDS in Ghanza and Kgalagadi to establish specific needs and explore the most appropriate Red Cross response.

Activities planned:

- To contract a specialist consultant in food security and household economy to undertake a two month base-line assessment of need at community and household level in Ghanza and Kgalagadi.
- To use existing BRCS capacity as much as possible to undertake the assessment, and use it as an opportunity and learning experience for BRCS to increase its capacity at field based assessment of need.
- To assist the BRCS in running a workshop in Gaborone, for feedback and examination of the issues established during the assessment, and to establish the most suitable Red Cross response. This will be the basis for planning the 2004 Appeal for Botswana.

Federation Support

Federation support will facilitate the process of the assessment, including recruitment of a suitable consultant, arranging contacts and external logistical requirements. The Federation Regional Delegation in Harare will also assist the BRCS with organizational development related support and in setting up the logistics for both the evaluation and feedback workshop. At all times during this process, the BRCS and the consultant will be able to draw on Federation capacity and experience in the area of food security and HIV/AIDS for the evaluation itself, and also for the exploration of appropriate forms of assistance for the medium and long term.

Southern Africa: Food Security and Integrated Community Care, August to December 2003

Botswana - Budget Summary

Description	Total
SUPPLIES	
Shelter & Construction	0
Clothing & Textiles	0
Food	0
Seeds, Plants	0
Water & Sanitation	0
Medical & First Aid	0
Teaching materials	0
Utensils & Tools	0
Other relief supplies	0
Sub-Total	**0**
CAPITAL EXPENSES	
Land & Buildings	0
Vehicles	0
Computers & Telecom equip.	0
Medical equipment	0
Other capital expenditures	0
Sub-Total	**0**
TRANSPORT & STORAGE	
Warehousing & Distribution	0
Transport & Vehicle costs	0
Sub-Total	**0**
PROGRAMME SUPPORT	
Programme management	2,429
Technical support	727
Professional services	806
Sub-Total	**3,963**
PERSONNEL	
Personnel (delegates)	0
Personnel (regional & national staff)	0
Consultants	23,000
Sub-Total	**23,000**
WORKSHOPS & SEMINARS	
Workshops & Training	15,000
Sub-Total	**15,000**
GENERAL EXPENSES	
Travel & related expenses	19,000
Information	0
Other general costs	0
Communication	0
Professional Fees	0
Core Cost & Sundry Admin	0
Sub-Total	**19,000**
TOTAL CHF	**60,963**

LESOTHO

The Situation

The Kingdom of Lesotho is a land-locked mountainous country of 2.1 million people. A narrow based economy depends heavily on agriculture, livestock and remittances from migrant workers employed in South Africa. The effects of the drought experienced across southern Africa are complicated in Lesotho by a harsh climate in which frost, hailstorms and heavy storms are common. At 450 to 559 kg per hectare, Lesotho crop yields of maize and sorghum are a third of those produced in the 1970's, and agricultural production now accounts for only 10% of GDP. Limited agricultural land is available, there are few options to diversify to new crops, and access to markets is poor because of the difficult terrain. The high levels of poverty in Lesotho are expected to become even worse due to the devastating effects of HIV/AIDS on society and on the economy. Lesotho has the fourth highest prevalence of HIV/AIDS in the world, at 31% amongst adults between 15 to 49 years (UNAIDS, July 2002).

One year ago, an FAO/WFP assessment estimated that 450,000 people in Lesotho (21% of the population) would require targeted food aid to maintain acceptable nutritional levels over the period 2002 to 2003. Large-scale food distributions, partly implemented by the Lesotho Red Cross Society (LRCS), have had a positive effect in stabilizing the overall situation. Food distributions will be significantly reduced, at the end of June 2003 as the improved, but still inadequate, harvest becomes available. Long-term food deficits remain, with specific vulnerability to food insecurity being driven by poverty and the effects of HIV/AIDS.

The Needs

A pre-publication presentation of the latest FAO/WFP Crop Assessment Study (Maseru, 30 April 2003) predicted that although more food will be available in the markets of Lesotho, access to food may actually decrease even further for vulnerable groups over the coming months. Much more efficient targeting of food (and other) assistance must be the priority to address the real needs with considerably less resources than last year. In December 2002, the Lesotho Vulnerability Assessment Committee (VAC) had also clearly emphasized the importance of effective targeting of food assistance. The VAC concluded that failure to regard communities as distinct social groups which are affected differently by the food crisis, results in "well intentioned but irrelevant programming", which will not address the needs as the majority of beneficiaries see them, themselves. Whole communities are pulled into poverty and extreme vulnerability, and need combinations of support to survive and to recover.

Despite limits to its capacity and resources, the LRCS has taken the opportunity to explore more creative forms of assistance, aimed at identifying selective vulnerability as a priority, and assisting needs more effectively. The LRCS assessment of the situation of orphans in Berea and Leribe "Towards Community-Based Orphan Care", provides a useful basis for aspects of integrated planning which include health, nutrition, education, economic security, and protection. The priority target groups which are the focus of LRCS programmes, are also consistently identified in the region, by the VAC, UNAIDS and DFID.

"New Variant Famine" (de Waal, 2002) is clearly manifesting itself in Lesotho, where food insecurity is as much an issue of poverty, failed health services and the effects of HIV/AIDS as it is an issue of agro-climatic factors. Child malnutrition is reflected in 47% stunting and 7% wasting (UNICEF, December 2002), but there are few reliable statistics available for the more telling long-term deterioration in adult nutritional status. Although adults of the productive age range are not traditionally the most vulnerable group in times of hardship, they are disproportionately affected by HIV/AIDS. Adults suffer the highest level of HIV/AIDS infection, with women (the main labour force) for which a good nutritional status is essential for strength and survival. At the same time, there is huge dependency brought about by HIV/AIDS on the reduced healthy workforce who are able to work. There are fundamental structural and social issues to be overcome in effective relief programming, including those of age and gender.

In Lesotho there is a particularly rapid spread of TB, closely related to the high incidence of HIV/AIDS, that the criteria of "chronically ill" has become as much a basis for assessment and assistance, as have people living with HIV and AIDS. For any of these integrated initiatives to have significant impact the same population must be targeted. Awareness and education are as crucial as food assistance, healthcare, school attendance, awareness and opportunities for employment and household self-sufficiency. Assessments and

assistance on the basis of household economy offers more effective options than focussing on food security alone. The balance of the household economy may be better maintained by providing food assistance to one household, seeds to another and school fees to a third.

The next five months offer a challenge to develop relatively small scale but innovative integrated programming in Lesotho. Appropriate response to specific needs will only be ensured by careful assessment and consistent monitoring, for which the Federation will provide specialist support. Priority needs over the next five months centre around those of destitute households. Typically, these households are also caring for the chronically ill and/or include orphans and neglected children, large families, school children, pregnant and lactating women. The food security and economic situation in Lesotho is improving in overall terms, but chronic and combined needs remain for destitute households. The Red Cross and Red Crescent will be present in Lesotho for the long term, and new more integrated approaches proposed for the next five months in Lesotho will inform the longer-term strategy for the region.

The Operation (3,137 beneficiaries)

AIM: To guarantee the minimum acceptable level of care for people living with HIV/AIDS and the chronically ill, and to mitigate the effects of food insecurity and destitution on the most vulnerable people in society.

The existing integrated programme approach of LRCS already brings together newly developed home-based care and orphan support projects with targeted food distribution and school feeding. The capacity of LRCS is being built upon to allow complementary additional assistance to existing beneficiaries, and innovative alternative types of punctual assistance to specific target groups. The lessons learned through targeted household economy projects over the next five months will be the basis for the long-term assistance programmes of LRCS for 2004 and beyond. The existing LRCS programmes will be integrated with, and complemented by, the following four objectives over the next five months:

OBJECTIVE 1: To ensure greater food security for 3,000 destitute and chronically ill people, in Mafeteng, Leribe and Berea districts.

Activities planned: Targeted Food Distribution.

- The existing MRCS food distribution programme for 3,000 vulnerable people is being discontinued at the end of June 2003.
- This programme will be developed into more targeted food assistance for the same number of beneficiaries, who will be carefully identified as being destitute and/or chronically ill.
- The assessment process involves existing community mechanisms that the LRCS is already working with.
- The beneficiaries will include 120 orphans in Berea and 120 orphans in Leribe who are beneficiaries of the existing LRCS psychosocial and education support project.
- Overall approximate beneficiary numbers are 1,000 people in each of the districts of Mefeteng, Leribe Berea, all of whom will receive a monthly food parcel.
- With specialist Federation support, the impact of the project on household economic security will be carefully monitored at community and household level, to establish the most effective way to develop sustainable assistance to this vulnerable group through the 2004 planning cycle.

OBJECTIVE 2: To improve nutritional status and encourage self-reliance, dignity and community involvement in producing food from 25 acres of arable land linked to the LRCS integrated home-based care project, community centre and clinic.

Activities planned: Integrated Community Horticulture and Nutrition Project.

- An existing LRCS branch relief officer has been identified as potential manager of 25 acres of arable land owned by LRCS in Berea to be given over to a community horticulture and nutrition initiative.
- From the existing LRCS programmes in the area, selected PLWA, their families and carers, will develop community nutrition gardens producing a variety of nutritional crops in the 25 acre plot.
- Selected seeds types and fertilizer will be provided to the beneficiaries, who will also receive a food ration from existing LRCS assistance to the chronically ill, their families and carers.

- Beneficiary stakeholders will own the produce from the project. They will benefit from a nutritional supplement that also provides options in their household economy.
- There is an opportunity to use this activity as a demonstration project to inform similar or evolving community-based initiatives.

OBJECTIVE 3: To more accurately identify the most vulnerable, and to more appropriately help them meet their needs through simple integrated programmes that give people options, promote dignity and encourage self-reliance.

Activities planned: Assessment of existing beneficiary caseload, development of Household Economy Projects and monitoring of Household Economic Security

- A full field based assessment of household economic security will be undertaken in Mokhotlong and Berea, using a specialist seconded to support the LRCS programme director in training a field team taken from the existing pool of experienced volunteers.
- Using field based feed back sessions, household and community involvement, and drawing on the plans of humanitarian partners such as WFP and UNICEF, short and long-term humanitarian gaps will be clearly identified and discussed.
- In careful coordination with other actors, specific and simple community-based assistance projects will be piloted and their impact on economic security carefully monitored. These household economy projects include additional specifically targeted food assistance, agricultural and horticultural assistance, payment of school-related expenses, and other forms of support to existing household and community coping mechanisms.
- Opportunity will be taken to simultaneously monitor the impact of other LRCS activities to encourage integration and maximisation of impact for the beneficiaries. Existing programmes will be supplemented and drawn together, by providing a food or non-food component to the HBC as it becomes integrated with the home-based orphans care project. There will be further exploration of the existing LRCS pre school feeding programme.
- The constant monitoring of the impact of these activities on household economies will be the basis for the long-term planning of LRCS integrated approaches to address vulnerability in the 2004 annual appeal.

Federation Support

The Federation will continue to strengthen the field capacity and financial management of the LRCS to provide sustainable, targeted humanitarian assistance to more vulnerable people. This aim, a priority in the LRCS strategic plan 2002-2012, will be achieved by continuing to provide training for LRCS finance staff in financial management, by a specialist delegate. This newly staffed department will also be trained in using the recently installed, upgraded, ACCPAC accounting software system, which replaces the manual LRCS accounting system. This position will gradually develop to become an integral part of the long-term organisational development programme for the LRCS.

The Federation will also provide an international specialist in food security and household economy to provide support to the LRCS programme director. The specialist will undertake similar responsibilities in Swaziland over the same period, and will assist and advise the LRCS in strengthening its operational field capacity in integrated programming. The overall aim is to enable LRCS staff and volunteers to more accurately assess the complex needs of the most vulnerable and destitute target population, to develop practical ways to creatively assist and realistically monitor the impact of that assistance. Capacity building in this area is one of the primary goals of the LRCS strategic plan 2002-2012.

Southern Africa: Food Security and Integrated Community Care, August to December 2003

Lesotho - Budget Summary

Description	Total
SUPPLIES	
Shelter & Construction	0
Clothing & Textiles	0
Food	345,000
Seeds, Plants	12,000
Water & Sanitation	0
Medical & First Aid	0
Teaching materials	20,000
Utensils & Tools	10,000
Other relief supplies	10,000
Sub-Total	**397,000**
CAPITAL EXPENSES	
Land & Buildings	0
Vehicles	0
Computers & Telecom equip.	0
Medical equipment	0
Other capital expenditures	0
Sub-Total	**0**
TRANSPORT & STORAGE	
Warehousing & Distribution	111,630
Transport & Vehicle costs	27,650
Sub-Total	**139,280**
PROGRAMME SUPPORT	
Programme management	29,914
Technical support	8,955
Professional services	9,931
Sub-Total	**48,799**
PERSONNEL	
Personnel (delegates)	77,000
Personnel (regional & national staff)	29,050
Consultants	0
Sub-Total	**106,050**
WORKSHOPS & SEMINARS	
Workshops & Training	21,050
Sub-Total	**21,050**
GENERAL EXPENSES	
Travel & related expenses	15,500
Information	2,350
Other general costs	15,200
Communication	4,020
Professional Fees	0
Core Cost & Sundry Admin	1,500
Sub-Total	**38,570**
TOTAL CHF	**750,749**

MALAWI

The Situation

Malawi is one of the poorest countries in Southern Africa, with a GDP of only USD$ 615 per capita per year (UNDP, 2002). Malawi also has a relatively high population density for the region, and 46% of its 11.3 million people are under the age of 15. Partly due to the population density and small average landholdings, a complex food security situation has led to an increasing number of people having to withstand the impact of recurrent food insecurity on their households, even in normal times. The months preceding the annual harvest in March are especially challenging for at least a quarter of the population, now living below an approximate baseline poverty marker of USD$240 per capita per year. Over the last two years though, Malawi has also had to cope with the most serious drought in a decade, combined with the ever-increasing economic and social pressures caused by the HIV/AIDS pandemic of Southern Africa.

In 2002, the alarming food security situation in Malawi necessitated large-scale international food assistance, similar to that provided for the other four worst affected countries in Southern Africa. Since June 2002 the Malawi Red Cross Society (MRCS) has provided food and other relief assistance such as seeds and fertilizers, to approximately 500,000 beneficiaries. This has included 12,000 tonnes of general food distribution to six districts, which was provided with the support of the WFP and American Red Cross (AmCross).

The Needs

Despite relatively good rains and the inputs of food distribution programmes over recent months, the food security situation in Malawi is still of concern. This is especially the case for poorer and destitute groups in society. The benefits of a better harvest and greater availability of food this year, will not be sufficient to enable them to lift themselves out of a spiral of poverty and despair. The destitute, frequently comprise of households with people living with HIV/AIDS (an estimated 850,000 people, UNAIDS, 2002), the chronically ill, and those households directly affected by HIV/AIDS, such as those including Malawi's estimated 470,000 orphans (UNAIDS, 2002). The pressing issues of suffering and despair aside, in pure economic terms, these unfortunate people are as much a cause of continuing poverty and destitution in Malawi, as they are a symptom of it themselves.

The scale of existing MRCS general food distributions will be considerably reduced at the end of June 2003 as more integrated approaches are used to carefully target vulnerable, destitute households with a combination of complementary programme inputs. The prevention of the spread of HIV/AIDS remains a cross cutting theme in all MRCS programming. Care and protection for PLWA (people living with AIDS) is provided through 12 home-based care projects, which are increasingly taking a central role in identifying those households in additional need of supplementary food, to maintain acceptable levels of nutrition. Irrigation and horticultural programmes are being designed by MRCS with community involvement, to give households that have the potential, the opportunity to lift themselves out of absolute poverty and regain what they have lost through the effects of drought and HIV/AIDS. Without more creative and integrated forms of assistance, MRCS believe that access to food and other essential needs will remain beyond the capacity of the normal coping mechanisms of vulnerable households, who will otherwise have no option but to simply rely on humanitarian aid. At the same time, whatever assistance approaches are undertaken, without effective prevention measures, high rate of HIV/AIDS prevalence in Malawi will simply continue to increase, and represents a major driver of poverty, and ultimate destitution and death for a growing proportion of society.

The Operation (92,500 beneficiaries)

AIM: To mitigate the impact of food insecurity and HIV/AIDS related poverty in five districts through integrated food, water-sanitation, food security and health/HIV/AIDS care, awareness and education programmes.

The MRCS will concentrate its considerably scaled down food assistance on the 7,500 most vulnerable and destitute people in the five districts of Karonga, Dedza, Lilongwe, Balaka and Mwanza. These five districts all have a MRCS HBC programme operating, which are the entry point for beneficiary selection. Each of the HBC programmes has already identified approximately 300 extremely vulnerable clients for supplementary

food distribution. Working closely with village committees, the number of beneficiaries for supplementary feeding will be steadily added to, until each of the five districts is receiving supplementary food for approximately 1,500 beneficiaries and their households.

A different combination of MRCS inputs is to be provided in Mchinji where the MRCS HBC will be complemented with the provision of safe water and health education. A total of 30 boreholes will be drilled for wells fitted with hand-pumps, to improve basic water provision and latrines will be constructed for the most vulnerable HBC households. In Machinga, Salima, and the Mzuzu area of Mzimba district, the MRCS provision of 400 irrigation pumps and seeds starter packs, has been designed with community consultation, and complements a major government initiative to encourage more efficient and sustainable farming practices. The raising of awareness about HIV/AIDS is an essential theme that runs across all the programmes. Music, drama, songs and theatre have been an ongoing feature of the MRCS food distributions to date, and will be expanded to cover these more integrated programme inputs over the next five months. These initiatives are to address in a popular and accessible way, the basic issues which are the main driver of poverty and destitution in the long term.

OBJECTIVE 1: To guarantee basic food security for 7,500 most vulnerable HIV/AIDS affected, chronically ill, and destitute people in the five districts of Karonga, Dedza, Lilongwe, Balaka and Mwanza, by providing targeted supplementary food distribution.

Activities planned:

- 7,500 most vulnerable beneficiaries will be carefully selected in the five districts of Karonga, Dedza, Lilongwe, Balaka and Mwanza, drawing on the community-based capacity of the MRCS home-based care programmes which are developing in these districts.
- In addition to the home-based care that many of the beneficiaries receive already, the 7,500 beneficiaries will receive a ration of maize meal, salt, sugar and beans. This will provide both a nutritional supplement as well as a valuable input into the household economy.
- This programme is complemented by an American Red Cross/WFP supported MRCS project, which is currently scaling down from general food distribution, to start to provide similarly targeted, supplementary, feeding for approximately 5,000 chronically ill persons and AIDS-affected households, in the five districts of Rumphi, Chitipa, Karonga, Ntchisi and Nkhotakota.
- Careful monitoring of the impact of the programme at household and community level by MRCS field staff and volunteers, will help maintain the tight focus on vulnerable groups, and be used to develop different ways to best assist these groups in a sustainable way in the long term.
- The public health training will be combined with the MRCS music, drama and theatre activities in HIV/AIDS prevention to maximize these opportunities.
- The supplementary feeding programme will be assessed as part of an evaluation of the whole MRCS integrated approach to addressing HIV/AIDS, food security and related issues. The evaluation is planned for September and October 2003. This will be the basis for developing and planning longer-term MRCS programming.

Objective 2: To improve health conditions and health awareness by maximizing the availability and affordability of safe water, and by promoting safe water-sanitation practices to 15,000 beneficiaries in Mchinji district.

Activities planned:

- Complementary to the ongoing HBC programme in Mchinji, 30 communities in the district have been selected to receive safe water provision and community-based health training.
- With the continued technical assistance of the Federation regional water and sanitation specialist, local contractors will be used to sink boreholes and install hand pumps to provide water for these selected communities.
- Supply of 200 quality sanitation platforms for pit latrines to HBC clients to promote adequate traditional pit latrines.
- Community-based management training will follow, using existing MRCS training materials, to ensure that the improved water sources are managed correctly, and that basic health and sanitation messages are transferred to the beneficiaries.

- The public health training will be combined with the MRCS music, drama and theatre activities in HIV/AIDS prevention to maximize these opportunities.
- This project is complemented by Spanish Red Cross-supported boreholes that are being drilled in the three districts of Mzimba, Kasungu and Chiradzulu. This project aims to provide clean water and health education for 50,000 beneficiaries over the next five months.
- The programme will be fully evaluated as part of the evaluation of the MRCS integrated programmes which is planned for September and October 2003.

OBJECTIVE 3: To improve food security for 2,000 people in the Machanga and Salima districts and Mzuzu area of Mzimba district, through a combined irrigation and seeds programme.

Activities planned:

- From the existing vulnerable beneficiary groups who have been receiving general food assistance from MRCS, a total of 400 households will be selected. They will be assessed with community involvement from existing local irrigation committees, and are households which have clear capacity to benefit from the provision of combined irrigation and seeds inputs for the plots of land to which they have access.
- A community-based approach will also be used to ensure sustainable impact from the training of the targeted households, which aims to optimize the advantages of irrigation with the seeds package.
- 400 selected households have received an irrigation treadle pump, pipes, spare parts and a standard instruction manual from the ongoing food security operation. The pump sets are identical to 50,000 units that have been purchased by the Government of Malawi for other district schemes. They are well known in the country, suitable for irrigation from streams and wells, and there is a sustainable spare parts supply. These households will receive additional specific community-based training on how to optimize the use of the pump set, maintain its capacity, and enter into more efficient farming techniques, including the use of compost.
- Each household will receive a seeds and fertilizer package that has been designed with community involvement. The package is comprised of seeds of maize, pulses and five vegetable types, with basal and top-dressing fertilizer.
- There will be continued monitoring of the distribution and installation phases, by MRCS staff and volunteers, with subsequent monitoring of the impact that is made on household economy from diversified crops and greater resistance against drought.
- The project is complemented by American Red Cross/WFP and Spanish Red Cross supported seeds distribution projects. The American Red Cross supports an ongoing seeds distribution for 20,000 beneficiaries in the three districts of Chitipa, Rumphi and Karonga. These three districts will also receive supplementary food distribution and home-based care is provided in Karonga. The Spanish Red Cross has an ongoing seeds “starter-packs” distribution for 45,000 beneficiaries in Mzimba, Kasungu and Chiradzulu. These three districts all receive general food distributions that will cease in June 2003, and Chiradzula has an existing MRCS home-based care project.
- This programme will also be part of the overall evaluation of the MRCS integrated approach to addressing HIV/AIDS and food security, which is planned for September and October 2003.

OBJECTIVE 4: To further promote knowledge of HIV/AIDS prevention and control to approximately 70,000 people in seven districts through theatre/drama performances integrated with other MRCS programme activities.

Activities planned:

- Community theatre and drama performances to raise awareness of HIV/AIDS are already an important feature of MRCS distributions. These sessions will be expanded and will benefit from greater community contact with vulnerable groups by association with the longer term training initiatives necessary for the irrigation and water and sanitation programmes.
- The HIV/AIDS awareness activities start to take place in seven new areas, including the five districts where MRCS supplementary food assistance and HBC care are concentrated (Karonga, Dedza, Lilongwe, Balaka and Mwanza).
- The impact will be carefully monitored, to help examine new ways of exploiting integrated programming as a tool for increasing HIV/AIDS awareness in society.
- Existing HIV/AIDS awareness materials that have been successfully used before, are being reprinted and will be distributed through all the MRCS integrated programmes.

- Condom distribution will continue to be combined with these awareness activities and the integrated assistance programmes, to maximize the understanding of safe sexual practices.
- There will be ongoing monitoring of the programme, as an integral part of developing HIV/AIDS awareness through new approaches to reach a wider target audience**.**
- This cross-cutting initiative, which has already gained two national awards in Malawi, will also be subject to the overall programme evaluation to be carried out in September and October 2003.

Federation Support

The Federation has an essential role to play in supporting the development of MRCS integrated programming. The Federation Malawi office will continue to support the MRCS management and reporting of the country programme, provide capacity building support to the society, and to assist MRCS in coordinating the ongoing bilateral support of participating national societies (PNS). The objectives of this extended appeal are to be coordinated with the bilateral support of the four PNS which have been providing support to the operation in the long term. Of the twelve existing MRCS HBC programmes, four are supported directly by the Federation, four by the American Red Cross, three by the Danish Red Cross and one by the Icelandic Red Cross. The Spanish Red Cross supports complementary water and sanitation programmes and long-term investment in the development of the National Society. Additional PNS interest continues to be expressed.

The Federation will provide specific support to the MRCS in establishing an integrated programme co-ordination structure for its four major areas of activity. This structure will be the basis for ensuring long-term capacity building, coherence and sustainability of MRCS programmes. Coordination with the Government of Malawi and other humanitarian actors in the country is the overall responsibility of the MRCS, although the Federation shall continue to provide support in coordination meetings and in the setting up of a MRCS food security co-ordination and planning committee. The Federation will also continue to provide support in beneficiary assessment, monitoring and evaluation from the Regional Delegation in Harare, including a full external evaluation of integrated programmes, which will take place in September and October 2003. The evaluation will be the basis for longer-term programme planning.

The technical support of a Federation finance/administration delegate will be maintained over the next five months, to perform accounting roles for the operation, and to provide financial management capacity building support to the National Society.

Southern Africa: Food Security and Integrated Community Care, August to December 2003

Malawi - Budget Summary

Description	Total
SUPPLIES	
Shelter & Construction	0
Clothing & Textiles	0
Food	457,858
Seeds, Plants	6,052
Water & Sanitation	282,500
Medical & First Aid	0
Teaching materials	0
Utensils & Tools	0
Other relief supplies	0
Sub-Total	**746,410**
CAPITAL EXPENSES	
Land & Buildings	0
Vehicles	0
Computers & Telecom equip.	2,000
Medical equipment	0
Other capital expenditures	0
Sub-Total	**2,000**
TRANSPORT & STORAGE	
Warehousing & Distribution	70,760
Transport & Vehicle costs	37,847
Sub-Total	**108,607**
PROGRAMME SUPPORT	
Programme management	46,630
Technical support	13,958
Professional services	15,480
Sub-Total	**76,068**
PERSONNEL	
Personnel (delegates)	97,577
Personnel (regional & national staff)	70,951
Consultants	0
Sub-Total	**168,528**
WORKSHOPS & SEMINARS	
Workshops & Training	29,240
Sub-Total	**29,240**
GENERAL EXPENSES	
Travel & related expenses	5,106
Information	1,894
Other general costs	14,344
Communication	15,129
Professional Fees	2,421
Core Cost & Sundry Admin	529
Sub-Total	**39,423**
TOTAL CHF	**1,170,275**

NAMIBIA

The Situation

Namibia has little arable land and the country is in a recurring food deficit. Maize has to be imported annually. The country is prone to prolonged periods of drought and has limited natural fresh water resources, which further exacerbate the food production situation and increase the vulnerability of the population. Of the total population of 1.8 million (2001 Census Preliminary Report), approximately 70% are living in rural areas and 34.9% of the population lives below the income poverty line of one US dollar. Most of the rural population depends upon small-scale subsistence farming for survival. The combination of poverty and food insecurity adds to the level of malnutrition in the country with 33% of the people undernourished and highly vulnerable to disasters. Only 41% of the population has access to adequate sanitation and 77% to improved water sources.

Alongside poverty and food insecurity, Namibia has the fifth highest HIV/AIDS prevalence in the world, at 22.5% (2002 Sentinel Sero Survey). Some 230,000 adults and children are living with HIV/AIDS, of which more than 86% are between 15 and 49 years (UNAIDS 2001). The negative impact on the economic production is a result of reduced productivity as HIV/AIDS affected people are unable to work. Women account for 56% of all the newly reported HIV infections. The increased adult mortality has increased the dependency ration as the number of orphans continues to grow, from estimated 47,000 in 2001 (UNAIDS) to the current estimated figure of 82,000.

The Needs

The prevailing food crisis as a result of reduced 2002/2003-crop output has threatened 345,000 people in Namibia especially in the northern regions. Concern is mounting over continued low rainfall and its impact on the country's subsistence farmers and agro-industry. Among the areas affected, the central northern region of Ohangwena and northeast region of Caprivi are the worst hit and suffering from the combined devastation of HIV/AIDS, poverty and drought. The two regions have the lowest HDI figures in Namibia. HIV prevalence stands at 23% and 43% respectively in Ohangwena and Caprivi. The complex humanitarian context has become beyond individual and communal coping capacity and demands innovative and integrated approaches to address the changing patterns of vulnerability.

There is increasing urgent need to improve the nutritional status of the most vulnerable people who are already clients of the home-based care programme. The access to food for this group has become critical as destitution limits any choice to recover sustainable livelihood. Without adequate nutrition, the health status of people living with AIDS dramatically worsens, therefore, giving them even less capacity to maintain their household, and continuing a spiral of destitution.

The Operation (12,000 beneficiaries)

AIM: To support the Namibian Red Cross to improve the immediate food security of 12,000 most vulnerable people affected by HIV/AIDS and food insecurity in Ohangwena and Caprivi regions for five months.

In response to the crisis, the Namibia Red Cross Society has been implementing home-based care programmes for terminally ill and orphans in Ohangwena and Caprivi regions since July 2000 and April 2003 respectively with the support of the Federation, sister societies and government agencies. There is close coordination with government health and social welfare authorities at national and regional levels. Currently, the NRCS is catering for some 11,174 registered clients (2,824 adults and 8,350 orphans) in Ohangwena and 6,400 people (3,200 terminally ill clients and 3,200 orphans) in Caprivi. More than 350 volunteers are working for the project at community level. They register the clients and assess their vulnerability status and needs.

The operation will support the NRCS to assist the most vulnerable people and orphans affected by the HIV/AIDS pandemic and food crisis. The assistance is to build on the HBC infrastructure and client base and focus on the nutritional intake of the target beneficiaries.

OBJECTIVE 1: To improve the nutritional intake of and support to 12,000 most vulnerable people and orphans affected by HIV/AIDS and drought through the existing NRCS community home-based care programme.

Activities planned: Safety net basket

- Procurement and local arrangement for logistics.
- Training of staff and volunteers in food distribution and code of conduct.
- Provision of food parcel for 12,000 HBC clients and orphans for five months. Each beneficiary will receive 12 kg maize meal, 1 kg vegetable oil, 3.6 kg beans and 2 kg corn soy blends. The ration will provide daily calories intake of 2,300 kcal per person.
- Provision of blankets to 12,000 HBC clients and orphans.
- Provision of advice on food preparation and storage to the beneficiaries by trained care facilitators.
- Distribution monitoring at household level.

Federation Support

The NRCS has a good infrastructure and programme experience on HIV/AIDS at community level and has a well-trained team of staff and volunteers to help implement the programme activities at community level. The Society also plays a major role in the national response to HIV/AIDS in partnership with government and other organizations.

The Federation will provide a logistics delegate to support the operation at country level. The Regional Delegation will also provide technical advice in the areas of HIV/AIDS, home-based care, and organizational development as required and when necessary.

Southern Africa: Food Security and Integrated Community Care, August to December 2003

Namibia - Budget Summary

Description	Total
SUPPLIES	
Shelter & Construction	0
Clothing & Textiles	84,000
Food	691,200
Seeds, Plants	0
Water & Sanitation	0
Medical & First Aid	0
Teaching materials	0
Utensils & Tools	1,000
Other relief supplies	0
Sub-Total	**776,200**
CAPITAL EXPENSES	
Land & Buildings	0
Vehicles	85,000
Computers & Telecom equip.	4,000
Medical equipment	0
Other capital expenditures	16,000
Sub-Total	**105,000**
TRANSPORT & STORAGE	
Warehousing & Distribution	171,000
Transport & Vehicle costs	9,700
Sub-Total	**180,700**
PROGRAMME SUPPORT	
Programme management	50,290
Technical support	15,054
Professional services	16,695
Sub-Total	**82,039**
PERSONNEL	
Personnel (delegates)	47,700
Personnel (regional & national staff)	37,000
Consultants	0
Sub-Total	**84,700**
WORKSHOPS & SEMINARS	
Workshops & Training	2,000
Sub-Total	**2,000**
GENERAL EXPENSES	
Travel & related expenses	7,000
Information	3,000
Other general costs	4,000
Communication	5,000
Professional Fees	0
Core Cost & Sundry Admin	12,500
Sub-Total	**31,500**
TOTAL CHF	**1,262,139**

SOUTH AFRICA

The Situation

The comparatively growing economy and political stability of South Africa draws in regular population movement from its impoverished neighbouring countries. Issues around the aggravating food crisis and the current political instability in Zimbabwe have raised the concern of possible mass population movements from Zimbabwe to South Africa in search of food and economic security. Such sudden population movements will not only create immediate humanitarian needs but also often pose threat to explosion of new HIV infections. During the run up to the elections in Zimbabwe earlier last year, it became evident at early stage that South Africa was not well prepared in the possible event of a mass population movement across the border from Zimbabwe. The combined effects of food shortages and HIV/AIDS pandemic are threatening to force millions of people into displacement. Aid agencies in South Africa need to be better prepared for the complex humanitarian situation from across the border.

South Africa, nonetheless, is itself prone to several natural disasters including drought and floods. Widespread poverty increases the vulnerability of the mass of the population to HIV/AIDS, other diseases and natural disasters. Estimated HIV/AIDS prevalence rate is 20.1% (UNAIDS 2001). Five million South Africans adults and children are living with HIV/AIDS and the country has estimated 660,000 orphans. According to the latest report of IDASA (Institute for Democracy in South Africa), 29% of the 18 million children in South Africa live in households in which the next meal is not guaranteed. In addition, cholera has become endemic in parts of the country. There is also an increase in malaria. The overstretched resources for health are even more constrained given the prevalence of HIV and AIDS and the incidence of opportunistic diseases.

The Needs

The Federation and South African Red Cross Society (SARCS) have realized the possible challenge and the limited capacity to respond from the nearest SARCS presence in Messina in the event of influx of people from across the border. The Society was not in a position to play a significant role should there have been movement across the border. Staff and volunteers were not properly prepared and there were no financial resources to commit to any activities. A series of meetings were held last year with the Federation, ICRC, Government (local and national), UNHCR and other key role players to put contingency plans in place. The SARCS has been officially appointed to take care of camp management for the identified campsite near Messina.

The current food security operations have provided the opportunity to support the SARCS with technical and financial assistance to enable the SARCS to implement a contingency plan including the recruitment and training of volunteers in Messina. The permanent SARCS Messina office which is under the supervision of the Mokopane branch has been fully functional since April 2003. Basic office equipment and staff are in place. In addition, 80 volunteers have been recruited and training activities are being provided on the topics of HBC, HIV/AIDS awareness and first aid. The office is monitoring the border situation in collaboration with the local Joint Operations committee (for possible cross border population movement). The existing SARCS regional office premises in Germiston were strengthened with necessary office equipment and vehicle to support four provinces of Gauteng, Mpumalanga, Limpopo and North West. Four key SARCS staff members were also trained in camp management and undertook field trips to refugee camps in Malawi and Zambia to gain experience. The Federation Regional Delegation also facilitated a disaster management and camp management-training workshop in Johannesburg in March for the SARCS staff and volunteers.

The current situation at the border is still normal although the fear remains for increased cross border migration into South Africa due to food shortages. SARCS needs to be supported until the end of 2003 to engage in contingency planning built up on the existing Messina office and Germiston regional office structure and to explore for appropriate intervention to be included in 2004 programming.

The SARCS is currently the biggest community home-based care providers in South Africa with projects in seven of the nine provinces. SARCS is committed to scaling up the community home-based care programme for people living with HIV/AIDS and to exploring long-term sustainable interventions for chronic food security within this programme.

The Operation

AIM: To strengthen the capacity of the South African Red Cross Society to establish contingency plans to respond to humanitarian needs related to food security and HIV/AIDS in the country and the possible mass influx of people across the border due to food shortages.

OBJECTIVE 1: To reinforce the capacity of SARCS offices and volunteers in camp management and related contingency activities to respond to possible influx of people from across the border due to food shortages.

Activities planned:

- Supporting the office operation, staff and volunteers structure of the Messina Office.
- Monitoring of the border situation and establishing the most suitable Red Cross response accordingly.
- Liaising and sharing with the respective government authorities and UN agencies the latest border situation to refine the existing contingency plans.
- Implementing reinforced training initiatives with focus on camp management for the 80 volunteers already recruited and engaged in preparedness activities for the possible border humanitarian needs.
- Implementing Red Cross dissemination activities in the local communities and conducting HIV/AIDS awareness and education in the main trucking route from Zimbabwe.
- Monthly monitoring by the SARCS regional director.

OBJECTIVE 2: To obtain precise information of the food security situation in South Africa and to plan for appropriate interventions based on the existing SARCS capacity from August to November 2003.

Activities: Food Security Vulnerability and Capacity Assessment

- Contracting a specialist consultant to undertake a comprehensive assessment of the food security situation, vulnerability of the affected population in all the nine provinces and the capacity of SARCS branches. The exercise will involve the SARCS personnel, communities and local NGOs.
- Conducting a workshop for feedback and examination of the issues established during the assessment, and to establish the most suitable Red Cross response. This would be the basis for the SARCS 2004 annual plan.

Federation Support

The Federation will facilitate the process of the assessment, including recruitment of a suitable consultant, arranging contacts and external logistical requirements. The Federation Regional Delegation in Harare, would also assist the SARCS in setting up the logistics for both the evaluation and feedback workshop, and would provide specialist support from the region where necessary. Throughout the process, the SARCS and the consultant will be able to draw on Federation capacity and experience in the area of population movement, food security, and HIV/AIDS for the evaluation itself, and to explore appropriate forms of assistance for the medium and long term. The Federation will ensure that the food security operations will be implemented coherently and complementarily across the Southern Africa region.

Southern Africa: Food Security and Integrated Community Care, August to December 2003

South Africa - Budget Summary

Description	Total
SUPPLIES	
Shelter & Construction	0
Clothing & Textiles	0
Food	0
Seeds, Plants	0
Water & Sanitation	0
Medical & First Aid	0
Teaching materials	0
Utensils & Tools	0
Other relief supplies	0
Sub-Total	**0**
CAPITAL EXPENSES	
Land & Buildings	0
Vehicles	0
Computers & Telecom equip.	10,450
Medical equipment	0
Other capital expenditures	0
Sub-Total	**10,450**
TRANSPORT & STORAGE	
Warehousing & Distribution	0
Transport & Vehicle costs	15,500
Sub-Total	**15,500**
PROGRAMME SUPPORT	
Programme management	7,869
Technical support	2,356
Professional services	2,612
Sub-Total	**12,837**
PERSONNEL	
Personnel (delegates)	0
Personnel (regional & national staff)	75,000
Consultants	35,000
Sub-Total	**110,000**
WORKSHOPS & SEMINARS	
Workshops & Training	8,000
Sub-Total	**8,000**
GENERAL EXPENSES	
Travel & related expenses	10,000
Information	20,000
Other general costs	8,000
Communication	2,700
Professional Fees	0
Core Cost & Sundry Admin	0
Sub-Total	**40,700**
TOTAL CHF	**197,487**

SWAZILAND

Situation

The Kingdom of Swaziland is a land locked mountainous country with a population of 980,700 people. Three of the four agro-climatic zones of Swaziland are prone to drought, with correspondingly poor nutritional status, aggravated by one of the highest rates of HIV/AIDS prevalence in the world. Estimates on food security and the impact of HIV/AIDS for the period December to March 2003 revealed that up to 297,000 people in Swaziland will be in need of humanitarian aid this year (VAC 2002). This is more than the double of last year's initial figures and it comprises approximately 30 per cent of the entire population. The worsening of the situation is largely due to continued erratic rainfalls, depletion of resources and the continued spread of HIV/AIDS.

A UNICEF nutrition assessment of children under five carried out in the Lubombo Region in December 2002 found an increase in acute malnutrition from 0.9% in August 2000 to 7.3% in recent months. Chronic malnutrition (stunting) remained steady at about 28%. As in the other affected countries in Southern Africa, the nature of the crisis extends beyond food and drought, to fundamental breakdowns of community and family coping capacities arising from the HIV/AIDS pandemic. Key indicators of the extent and nature of the crisis are outlined by several sources, including UNAIDS:

- HIV prevalence among pregnant women has risen from 34.2% in 2000 to 38.6% in 2002.
- Most of the new infections are taking place among teenagers and women in their early 20s.
- The number of adults (15-49 years) living with HIV/AIDS in Swaziland at the end of 1999 was estimated at 120,000 (25.25% of the adult population), of which 67,000 people were women.
- The number of children living with HIV/AIDS in Swaziland at the end of 1999 was estimated at 38,000 and the number of AIDS orphans at 12,000.
- Multigenerational households that lack the middle (income-producing) generation are increasing. Female-headed households, which tend to be more vulnerable to poverty, are on the rise in the more AIDS-affected areas, as are orphan-headed households.

This situation, aggravated by drought, necessitated urgent international intervention to maintain basic food security in Swaziland, of which the Federation Emergency Appeal 12/02 was an integral part. The aim of the Federation and its Red Cross National Societies in the region is to develop large scale food distributions into longer term more targeted programming to address the particular needs of the destitute and chronically ill through 2004 and beyond. The Baphalali Swaziland Red Cross Society (BSRCS) is well placed to explore integrated assistance through its home-based care projects that are being expanded and combined with other projects to address the varied needs of different households.

Needs

Even with a higher than normal level of planned commercial imports and taking into account contributions from food aid until end of July 2002, Swaziland still faces an uncovered gap of 27,500 MT this year. Maize prices have approximately doubled compared to the same time last year, increasing the vulnerability of the poorer section of the population who depend on purchases to meet their food requirements. The destitute, however, have no option but to remain destitute and entirely dependant on humanitarian aid, unless specific additional assistance is made available for them to become self reliant once more. The BSRCS has identified the most vulnerable people in Swaziland as being destitute households, frequently although not exclusively, including people who chronically ill through HIV/AIDS related conditions, orphans, female headed households, the elderly and disabled.

The immediate needs are to clearly identify the most vulnerable households in society, to provide a range of integrated assistance to adequately address their specific needs. Where potential exists amongst these groups themselves, the BSRCS is increasingly able to provide the opportunity, through several pilot projects, for households to climb out of destitution and aid-dependency. It is essential to invest in careful monitoring to further develop integrated complementary approaches, and to increase understanding of need and vulnerability at community and household level.

The Operation (12,350 beneficiaries)

AIM: To guarantee the minimum acceptable level of care for people living with HIV/AIDS and the chronically ill, and to mitigate the effects of food insecurity and destitution on the most vulnerable people in society.

The programme builds on the existing BSRCS activities, developing them into a longer term, integrated type of intervention. The BSRCS general food distributions have gradually reached more than 100,000 people per month, in Manzini, Hhohho and Shiselweni, and will be brought to an end in June 2003. BSRCS is selecting the 10,000 most destitute and vulnerable households from this group. Their assistance will be combined with that provided for 2,000 additional destitute households with chronically ill members through the three BSRCS clinics that provide home-based care. Supplementary feeding will be provided for 350 specifically identified malnourished children. In addition MRCS is continuing to develop different types of non-food assistance and self-reliance projects, drawing on considerable experience that it has gained with Finnish Red Cross support, in seeds distribution, irrigation, poultry and fishing projects. These projects aim to use the community resources themselves, to encourage greater self-reliance, and to strengthen household economic security for the future.

The extended operations will continue to be operated through the existing BSRCS structures, five regional offices and three clinics, in coordination with CANGO (Co-ordinating Assembly of NGOs). BSRCS continues to actively liaise with the Ministry of Agriculture, the Ministry of Health (provision of drugs for opportunistic diseases), and UNICEF (school feeding programme), the National Disaster Task Force (disaster management) and WFP (targeted food distribution).

OBJECTIVE 1: To ensure greater food security for 12,000 specifically targeted destitute and/or chronically ill people, through food provision that is integrated with the ongoing BSRCS programmes.

Activities planned: Targeted Food Distribution

- Through careful targeting at community and household level, 10,000 of the most vulnerable destitute recipients of the existing BSRCS food distribution programme will be carefully selected. Selection will be on the basis that they have no form of sufficient income to support their household needs or basic food security, whatever the overall food security situation in the country. Each beneficiary will receive a monthly distribution of a basic food ration and soap, to provide a minimum food input and supplement to the household economy.
- Through the existing BSRCS home-based care project 2,000 chronically ill people and their household will be provided with a supplementary food and hygiene parcel each month. The parcel contains a range of food items and soap to provide a valuable input for the household economy and provide high protein food in different forms. Almost 1,300 of these beneficiaries already receive care from the HBC project, and this number is gradually being increased to enable care to be provided for all 2,000 chronically ill beneficiaries of this programme.
- The impact of the project on household economic security of both types of targeted food distribution will be carefully monitored at community level to establish the most effective way to develop sustainable assistance to this vulnerable group through the 2004 planning cycle.

OBJECTIVE 2: To improve household and community economy, provide opportunity to escape destitution and encourage self-reliance, by providing specific inputs integrated with existing BSRCS income generating projects and developing home-based care support group initiatives.

Activities: Targeted complementary non-food assistance and self-reliance projects.

- Through careful assessment at the household level, an initial 60 children from households already assisted through Objective 1, will have school fees provided for one year.
- In addition, these and other households will be carefully selected at community and household level to become participants in self-reliance projects. These initially comprise of:
  - Expansion of the existing BSRCS poultry project that has been developed in cooperation with VetAid.
  - The distribution of vegetable seeds and fertilizer to existing beneficiary households who have access to small plots of land, to enable them to recoup some of the losses of their capital assets.
  - With involvement at community and household level, selected existing beneficiaries without access to land will be provided with suitable seeds and fertilizer as an input into communal gardens.

  - With involvement at community and household level, selected existing beneficiary households with access to land, will be provided with seeds, fertilizer, tools in return for constructing small water conservation dams to increase crop yield and resistance to drought. Specific guidance will be provided by BSRCS who have two specialists experienced in water conservation.
- Beneficiary stakeholders will own the produce from the projects. They will benefit from a nutritional supplement that also provides options in their household economy.
- Substantial investment in monitoring will bring BSRCS an opportunity to use the projects as a demonstration initiative to inform similar or evolving community-based initiatives for 2004.

OBJECTIVE 3: To improve the nutritional intake of 350 specifically identified malnourished children, by providing a daily supplementary ration of corn soy blend (CSB) through the three existing BSRCS health clinics.

Activities planned: Provision of a daily supplementary ration of 300 grams of CSB for 350 malnourished children, who are existing BSRCS beneficiaries, through the three BSRCS community-based care clinics

- During the height of the food crisis, 4,000 vulnerable children have received a daily ration of CSB from the three BSRCS clinics. Of these children, 350 are identified as being malnourished despite this intervention.
- The CSB will be prepared at the three clinics, where the beneficiary children will receive their daily ration.
- The family and carers of the beneficiary children will receive basic information and training regarding child-care and nutrition from the clinic staff. The results of monitoring will be used to inform the development and expansion of the HBC project and further programme integration in 2004.
- The weight for height, and weight for age, of the children will be monitored over the five-month period. The results will be plotted on the “Road to Health” chart, which is provided by the Government for all children in Swaziland. This will help to establish the impact of this intervention, and to inform the decisions for 2004 regarding the most appropriate assistance for this specific vulnerable group.

Federation Support

The BSRCS will continue to build its own capacity to provide sustainable-targeted assistance to more vulnerable people through stronger programming and strong financial management capacity. Federation support to the BSRCS involves specific activities to build these strengths at the same time as refining programming to meet longer term chronic needs. The Federation will provide an international specialist experienced in economic security, food economy, assessment and monitoring. The specialist will be based in Lesotho and provide at least two months of support to the BSRCS over a period of five months to help develop their operational field capacity in integrated programming and new approaches for longer term planning.

Training will be conducted to strengthen BSRCS field capacity in needs assessment, developing practical ways to assist beneficiaries through integrated programmes including self-reliance projects, and monitoring the impact of assistance. 150 HBC volunteers and 100 emergency response volunteers will be trained specifically. Support will also be given to encourage the introduction of a small incentives scheme such as award system and volunteer team-building forums to build up the BSRCS volunteer base. The IT system of BSRCS will also be reconfigured to ensure reliable and sustainable service. The Federation will also continue to cover the expenses of support an additional national finance officer (already in place) and three additional field personnel to strengthen field capacity in integrated programming.

Southern Africa: Food Security and Integrated Community Care, August to December 2003

Swaziland - Budget Summary

Description	Total
SUPPLIES	
Shelter & Construction	0
Clothing & Textiles	0
Food	557,530
Seeds, Plants	50,000
Water & Sanitation	0
Medical & First Aid	0
Teaching materials	15,000
Utensils & Tools	0
Other relief supplies	50,000
Sub-Total	**672,530**
CAPITAL EXPENSES	
Land & Buildings	0
Vehicles	0
Computers & Telecom equip.	0
Medical equipment	0
Other capital expenditures	0
Sub-Total	**0**
TRANSPORT & STORAGE	
Warehousing & Distribution	141,700
Transport & Vehicle costs	32,100
Sub-Total	**173,800**
PROGRAMME SUPPORT	
Programme management	41,805
Technical support	12,514
Professional services	13,878
Sub-Total	**68,197**
PERSONNEL	
Personnel (delegates)	43,500
Personnel (regional & national staff)	27,705
Consultants	35,000
Sub-Total	**106,205**
WORKSHOPS & SEMINARS	
Workshops & Training	6,000
Sub-Total	**6,000**
GENERAL EXPENSES	
Travel & related expenses	5,000
Information	500
Other general costs	3,200
Communication	11,750
Professional Fees	0
Core Cost & Sundry Admin	2,000
Sub-Total	**22,450**
TOTAL CHF	**1,049,182**

ZAMBIA

The Situation

The food distributions in Zambia throughout the 2002/2003-hunger gap have helped to avert the predicted famine. The Zambian Red Cross Society (ZRCS) alone will have provided food to up to 110,000-targeted beneficiaries from November 2002 through to the harvests in June 2003. The ZRCS launched their food distributions from the platform of their home-based care (HBC) programmes in Livingstone, Sinazongwe and Kapiri Mposhi districts. The beneficiaries include HBC clients and other vulnerable groups.

Although a complete picture of the 2003 harvest is not yet available, it is sufficiently clear that the harvest is much improved and food aid will not be required on the same scale. However, the ZRCS knowledge of their communities coupled with crop assessment information from FEWSNET (Famine Early Warning Systems and Networks) and FAO, indicate that certain vulnerable groups in the districts where the Red Cross relief activities are ongoing will have yet another year without enough food and resources to subsist through to the next harvest.

The health situation and infrastructure in Zambia is also extremely poor and the government is calling for support from aid agencies including the ZRCS. HIV/AIDS prevalence in Zambia is 21.5 % and the infant mortality rate is one of the worse in Southern Africa at 112 (UNDP HDR 2002). Malaria continues to worsen each year and is endemic in all the nine provinces. From 1976 to 1999 the malaria incidence rate per 1,000 people tripled from 121.5 to 308.4. By 2000 it increased to 316 people per 1,000. The proportion of maternal deaths due to malaria has also risen from 13% in 1989 to 20% in 1998 (Strategic Rolling Back Malaria in Zambia 2001).

Whilst the food distributions have assisted families to survive, they have not addressed the problem of chronic poverty, crops which are continually insufficient to meet demand, and the economic and social devastation caused by the HIV/AIDS pandemic. This destructive combination is not going away and requires a long-term approach with more comprehensive components than simply food parcels, seeds and tools.

The link between food and HIV/AIDS is indivisible. Chronic poverty, poor agricultural practices, lack of rainfall and the subsequent food insecurity have combined to enable the HIV/AIDS prevalence to explode. It is well established that erratic and poor food supply can be overwhelming to people living with AIDS, but also that HIV/AIDS in turn can reduce labour supply to households by over 70% and can reduce production of certain crops by up to 61% (‘The Challenge of HIV/AIDS for Food Security and Nutrition’, Tony Barnett).

The Needs

The ZRCS has been able to provide a monthly ration of maize meal, beans and vegetable oil to 1,670 home-based care clients during the 2002/2003-food security operation, which has greatly assisted the clients to stay well throughout the food crisis. Immediate food security is still the priority for this most vulnerable segment. However, the poor economic situation of the clients due to their inability to work and the high unemployment rates in general, will mean that they will need longer-term food support in order to stay healthy and combat the progression of the disease.

Whilst the terminally ill clients remain as a priority target, it is preferable to assist the household as a whole to ensure the regular provision of food and continued good health of the infected clients. It is recognized that with sick members in a family, the person caring for them cannot work as much as before. It is also well documented that a sick client will share his or her food with their family if they are hungry. In addition, the medium term food security needs of the household will be addressed through the provision of appropriate agricultural inputs to those families with sufficient appropriate land and labour for the 2003/2004 planting season.

It is important for the ZRCS to begin to engage in sustainable agriculture based food security through the development of food security pilot initiatives. This will require a new integrated approach by assisting not only the HBC clients but also the wider community with community-based health interventions for first aid, to fight malaria and TB and by establishing sound and sustainable water, sanitation and hygiene promotion in

the communities. Concerted and coordinated efforts among government, NGOs and UN agencies are also crucial to fill the gaps and to ensure a successful relief operation.

The Operation (28,250 beneficiaries)

AIM: To support the provision of an integrated assistance package to communities by ensuring the immediate and medium term food security for HBC clients and their families whilst developing longer term food security initiatives and providing health and water and sanitation services to the wider community.

The ZRCS will continue to focus on providing assistance to the expanding number of home-based care clients and their households. The HBC programme currently provides support and assistance to 1,670 clients and their families, and aims to support 2,500 by the end of 2003. The average HBC household consists of six family members. The number of care facilitators will be tripled to 168 in the second quarter of 2003 and is steadily expanding the number of clients and families it serves. The HBC programme is implemented in districts with a particularly high prevalence of HIV/AIDS.

The extended operation is a continuation of the comprehensive safety net that targets 150,000 HIV/AIDS affected and infected individuals under the food security appeal 12/02. These include the existing clients of the home-based care programme, their households, and OVC (orphans and vulnerable children) associated with the programme.

According to the Federation options assessment carried out early in the year, better integrated and more imaginative food security solutions are required particularly for agricultural based households with limited labour due and high dependency ratios caused by AIDS and the startling rise in the number of orphans. The ZRCS has in the past had both agricultural and water conservation programmes, including damn building. However it acknowledges the experience of other agencies in Zambia and of other Red Cross societies. The operation plans to build on the HBC household survey, lessons learnt and good practice from government and other NGOs to develop pilot food security initiatives for the 2003/2004 agricultural year and 'hungry gap'. Through HIV/AIDS support groups which have been established amongst the families of the HBC clients, the ZRCS will provide low labour income generating and food security projects.

OBJECTIVE 1: To ensure the immediate food security of 2,000 HBC clients and 12,000 HBC household members including OVCs through the provision of basic food items and health and nutrition advice.

Activities planned: Targeted Food Distribution

- Local procurement and provision of basic food items along with health and nutrition advice to an average of 2,000 HBC patients in Kapiri Mposhi, Livingstone, Sinazongwe and Sesheke districts through the food security coordinators and home-based care facilitators (a nutritionist will provide refresher training to the home-based care facilitators, *see objective 4*). Each beneficiary will receive 12 kg of maize meal, 3.6 kg of beans, 1 kg of kapenta (a local fish variety), 1 litre of vegetable oil and 5.4 kg of HEPS (high protein supplements) on a monthly basis from September to December 2003.
- Local procurement and distribution of maize meal to an average of 12,000 HBC household members. Each family member will receive 12 kg of maize meal on a monthly basis from September to December 2003.
- Random monitoring at household level by the ZRCS district food security coordinators

OBJECTIVE 2: To improve the medium term food security of HBC households including OVCs and to develop long-term food security initiatives that provide options and encourage self-reliance.

Activities planned: Medium and long-term food security net

- Provision of medium term food security net package to 1,000 HBC households:
  - Sensitisation of the community and beneficiary selection.
  - Local procurement of all the items
  - Distribution of agricultural pack consisting of vegetable seeds, fertilizer and gardening tools through the HBC programme. Each beneficiary household that is able to work the land will receive sufficient

vegetable seeds to cultivate 0.5 Lima (0.25 HA) of land. 300 litres of pesticides and 80 spraying machines will also be procured and shared among the four geographic programme areas of Livingstone, Sinazongwe, Sesheke and Kapiri Mposhi.
  - Provision of technical advice, on-the-spot training and monitoring by ZRCS agriculture officers, extension officers and nutritionist. The agricultural officers will assist in the distribution and pesticide spraying.
  - Provision of technical advice from the water and sanitation team on sources of water.
- Development of longer term sustainable food security initiatives for HBC households:
  - Analysis of the HBC household survey to assess labour availability and needs.
  - Establishing mechanisms for lessons learnt and coordination with the Ministry of Agriculture, CARE, World Vision International, and other key agricultural players.
  - Support to exchange initiatives between ZRCS and sister societies on food security programmes.
  - Utilizing MoA agricultural extension workers to make a "need and viability" assessment of agricultural interventions in the HBC areas, in particular in the drought affected southern HBC areas of Livingstone, Sinazongwe and Sesheke.
  - Developing and implementing three food security pilot programmes in partnership with the HBC programme for labour scarce vulnerable HBC households for the 2003/2004 agricultural year and 'hungry gap'.

OBJECTIVE 3: To improve the hygiene condition and medical resources for the 2,000 HBC clients including OVCs.

In order to improve and maintain the hygiene conditions of the terminally ill HBC clients, the ZRCS will continue to provide them with basic hygiene items as identified by the HBC facilitators. Medical items will also be provided to re-stock the HBC facilitators' home-based care kits to improve the health and well being of the HBC clients and to support the HBC programme. The home-based care facilitators will continue to be supervised by the local HBC coordinator with technical support from local Ministry of Health doctors and other paramedics acting as 'coaches'.

Activities planned: Hygiene and medical care

- Provision of hygiene items:
  - community sensitisation of local community leaders.
  - local procurement and transport of the hygiene items to the district warehouses in Choma and Kapiri Mposhi and on monthly basis to the ZRCS branch offices.
  - Monthly distribution of the hygiene items to an average of 2,000 beneficiaries by the HBC facilitators with the support of district food security coordinators. Each beneficiary will receive 0.1 kg of Vaseline, 0.25 kg of body soap and 0.5 kg of laundry soap on a monthly basis from September to December 2003.
  - Provision of impregnated mosquito nets and re-treatment kit.
  - Random monitoring at household level.
  - Distribution of mosquito nets and organizing and equipping net re-treatment days.
- Provision of medical supplies and support:
  - Local procurement of basic medicines and medical supplies such as painkillers, anti fungal drugs, surgical gloves, cotton wool, gauze, bandages, scissors, disinfectants, thermometers and condoms.
  - Allocation of these items to the ZRCS districts branch offices.
  - Administering the basic medicines and supplies during the home visits by the ZRCS care facilitators.
  - Refresher workshop for HBC facilitators including community DOTS (directly observed treatment shortcourse) in collaboration with the district health management teams.
- Monthly and quarterly monitoring visits by both the health programme officer, HIV/AIDS project coordinator and the district HIV/AIDS project officers.

OBJECTIVE 4: To provide sustainable water and sanitation facilities and to improve the health status of 15,000 vulnerable people in communities with HBC clients and OVCs in Livingstone, Sinazongwe and Sesheke districts.

People who are malnourished and infected with HIV/AIDS are more susceptible to diseases like diarrhoea, malaria and other water borne diseases. The ZRCS has an experienced water and sanitation team who have to date been working in districts with great water and sanitation needs. The operation will improve the linkages between water and sanitation initiatives with the HBC clients and their communities, through the

provision of sound and sustainable environmental services in water supply, sanitation and hygiene promotion at community level. The ZRCS has a number of well integrated community-based first aid, malaria, measles and vaccine preventable diseases awareness activities in cooperation with WHO, local authorities and other implementing partners funded by ECHO and CIDA. Built on this structure, the ZRCS aims to mitigate the vulnerability to and awareness of the communities in HIV/AIDS, malaria, other water and vector borne diseases. Whilst the community benefits as a whole, the priority groups are those with HIV/AIDS, orphans, elderly and widows.

Activities planned: Integrated community-based health

- Establishing sound, sustainable water and sanitation facilities and services:
  - Rehabilitation of 20 water points (hand pumps and public stand posts with associated pipe works) and construction of 10 water points (boreholes fitted with hand pumps and public stand posts with associated pipe works).
  - Training of users and supply of appropriate tools to enable users to manage, operate and maintain the 30 water points. Promotion of the use of wastewater from water points for the establishment of nutritional gardens for HBC clients.
  - Rehabilitation of 200 pour flush latrines and associated pipe works, and promotion of the construction of adequate pit latrines by home-based care clients with assistance from the community and Red Cross volunteers.
  - Supply of 900 quality sanitary platforms for pit latrines to HBC clients who have constructed adequate traditional pit latrines.
- Provision of hygiene promotion and community-based health awareness activities in the communities:
  - Training of Red Cross volunteers in hygiene promotion and implementation of hygiene promotion focussing on the use of safe water/ latrines and hand washing in the communities.
  - Training and refresher training on community-based first aid, health and nutrition (particularly for people living with AIDS) for home-based care facilitators with the support of a nutritionist. The course will underline the need for clients to eat regularly and provide information on the preparation and utilisation of the correct types of food including the use of local wild fruits, how to overcome nausea etc.
  - HIV/AIDS awareness dissemination to the communities through drama.
  - A separate evaluation and development of the food security pilots will be included in the 2004/2005 annual appeal for Zambia.
- Duplicating experience gained from Maamba in Sinazongwe malaria prevention activities in Livingstone and Sesheke districts in coordination with WHO and local health authorities:
  - Identification and training of volunteers on malaria prevention activities.
  - Malaria treatment packages to be made available at community level through the care facilitators.
  - Printing or reprinting of IEC (information, education and communication) material.
  - Developing two pilot projects in agreement with MoH and WHO in HBC operational areas on IPT (intermittent prophylaxis treatment) for pregnant women. Training of volunteers and procurement of IPT and IEC material.

Federation Support

The ZRCS has acquired significant experience during the past food security relief operation. The ZRCS infrastructure has considerably improved as a direct result of the ongoing food security operation. The material and human resources have been strengthened and the communication and transportation systems enhanced at the headquarters and at specific branch levels. ZRCS staff and over 300 volunteers were trained in relief distributions and monitoring at household level with the support from the Federation. Mechanisms for lessons learnt and capacity in programming are also gradually in place through the support of the Regional Delegation and neighbouring Red Cross societies. Most of the technical and infrastructure capacity needed to implement the water and sanitation projects has also been developed with support from the Federation Regional Office. There are however minor transport, computers and engineering instruments needs. The Society's management capacity in hygiene promotion in particular needs to be strengthened.

The Federation through this extended operation will continue to support the established infrastructure including the temporary employed staff and volunteers at the headquarters and in the areas with ongoing food security operations. More training activities on monitoring will also be planned in the second half of 2003. Under this programme, the head of delegation will be supported by a relief administrator. Financial

management support will be provided for the next five months to support the operation. The Federation will also support the ZRCS to conduct a home-based care client household survey which will provide baseline data to guide integrated programme design to best meet beneficiary needs. This survey will ultimately contribute to an overall programme impact evaluation later this year.

In addition to Federation support at country level, the Regional Delegation will also provide technical support to the operation in the field of logistics, HIV/AIDS, home-based care, water-sanitation and organizational development.

Southern Africa: Food Security and Integrated Community Care, August to December 2003

Zambia - Budget Summary

Description	Total
SUPPLIES	
Shelter & Construction	8,400
Clothing & Textiles	140,000
Food	354,512
Seeds, Plants	62,500
Water & Sanitation	244,450
Medical & First Aid	41,000
Teaching materials	0
Utensils & Tools	47,800
Other relief supplies	37,000
Sub-Total	**935,662**
CAPITAL EXPENSES	
Land & Buildings	0
Vehicles	40,000
Computers & Telecom equip.	300
Medical equipment	0
Other capital expenditures	0
Sub-Total	**40,300**
TRANSPORT & STORAGE	
Warehousing & Distribution	50,195
Transport & Vehicle costs	95,765
Sub-Total	**145,960**
PROGRAMME SUPPORT	
Programme management	59,471
Technical support	17,802
Professional services	19,743
Sub-Total	**97,016**
PERSONNEL	
Personnel (delegates)	48,550
Personnel (regional & national staff)	120,200
Consultants	15,000
Sub-Total	**183,750**
WORKSHOPS & SEMINARS	
Workshops & Training	28,600
Sub-Total	**28,600**
GENERAL EXPENSES	
Travel & related expenses	7,525
Information	17,460
Other general costs	18,100
Communication	13,300
Professional Fees	0
Core Cost & Sundry Admin	4,875
Sub-Total	**61,260**
TOTAL CHF	**1,492,548**

ZIMBABWE

The Situation

Zimbabwe is heading for a third successive poor harvest. Current estimates are based on areas planted instead of projected harvests. The real picture could thus be worse than a cereal gap of between 1.3 and 0.6 million tonnes that has already been projected. This food shortage is aggravated by two major factors: the reduction in grain imports by the government and the focus of the relief efforts on the rural poor. Despite early start of harvests, there is simply no staple food available in the shops. Harvests in most rural areas are expected to last between six weeks and four months, which implies little or no surplus for sale. Commercial agriculture got off to a late start with inputs in very short supply. Irrigation capacity is much reduced from last year and there is likely to be a shortage of seed grain this year.

The high rate of HIV infection is the primary force responsible for the gradual increase of vulnerability in Zimbabwe. AIDS reduces the number of productive adults in the households, especially affecting the agricultural sector, thus increasing the proportion of dependent children and elderly. Parents who die prematurely pass fewer skills on to their children, leaving them less able to cope. Orphans and child-headed households place increasing burdens on society. The traditional structures which may have supported them are breaking down. In addition, HIV/AIDS forms a vicious cycle when combined with poverty and food insecurity. The associated opportunistic diseases require medication that must be taken with food which is not available. Illness reduces the productivity of PLWA (people living with AIDS), and unsafe water and poor sanitation increase their exposure to diseases. Poor diets reduce people's resistance to infection, increasing their vulnerability and closing the circle. The stigma associated with AIDS may even act to keep people off the distribution registers for general feeding. Too little is known about people's livelihoods in this complex, integrated economy, to model their food security situation effectively, let alone determine the additional impact of HIV/AIDS on their capacity to cope.

The food security of Zimbabwean people is further reduced by two additional factors. In the short term, the erratic rains of the last three years combined with redistribution of land have left Zimbabwe – once a net exporter of food – with a deficit of cereals estimated between 560,000 and 1,300,000 MT. In the medium term, the current economic problems, with annual inflation estimated between 200% and 500%, reduces people's capacity to buy food, agricultural inputs, household essentials, or pay school and medical fees. Price controls coupled with low production and inadequate imports have combined to create a situation where there is no staple food in the shops. Food is available on the parallel market, but at prices that are far beyond the reach of most people, rural or urban, employed or not.

This is not a simple crop failure, and therefore it is not sufficient to respond by feeding the rural population. The ZRCS/Federation response is a comprehensive strategy, highly targeted on an extremely vulnerable segment of the population, to provide a safety net: a combination of food, agriculture inputs, water, sanitation and health education, basic home care, social support, signposting and advocacy – all designed to help maintain livelihoods and prevent the gradual decline into poverty and destitution.

The Needs

The primary need addressed by this extended appeal is food. Despite the expected harvest, it is necessary to continue to provide supplementary feeding to the HBC clients throughout the extended operation period and until the harvest in 2004.

The gross shortfall in cereals was partially met in 2002/2003 by a huge WFP general distribution. This is likely to be repeated in 2003/2004. However, this reaches only the rural areas designated as "communal lands" and fails to reach any of those in urban, peri-urban or informal settlements. Furthermore, a Federation/ZRCS baseline survey in Chivi showed in 2002 that highly vulnerable HIV/AIDS affected families can actually be marginalized in a community-based targeting exercise because of stigma and they do not appear in the final registers. For these households, food security can still be marginal even after a reasonable harvest, especially if the inputs were absent during the planting season.

Therefore, food alone will not provide a satisfactory response to this crisis. A collation of programming that is intelligent, responsive and comprehensive is required to maintain dignity and a reasonable degree of self-

sufficiency through this critical period. Once the immediate food crisis is over (given reasonable rains after the 2004 harvest), much of the programming will remain in place, through the existing home-based care structures, and further integration of other programming areas.

The food aid has acted as a magnet in the first months of 2003. Potential HBC clients meeting all the selection criteria for the programme have been referred to the programme in significant numbers, putting a strain on the care facilitators and on the food pipeline. Two main efforts are in place to make this influx more manageable and protect the HBC programme from overload. First, a medical and socio-economic audit of two HBC project areas took place in April. It highlighted the issue of targeting during the immediate post-harvest period which is clearly the only acceptable time to reduce beneficiary numbers. Secondly, under the currently run Appeal no. 12/02, a number of new care facilitators are being trained and equipped in those project sites most under strain. A similar exercise is planned around registration and activities aimed at orphans and children made vulnerable by HIV/AIDS.

The Operation (198,890 beneficiaries)

AIM: To continue the build-up of comprehensive safety net consisting of food security, water and sanitation, health care and psycho-social support to 113,390 HIV/AIDS affected and infected individuals, and to help maintain their household's livelihoods and prevent the gradual decline into poverty and destitution.

The extended operation is a continuation of the comprehensive safety net that targets 100,000 HIV/AIDS affected and infected individuals under the food security appeal 12/02. These include the existing clients of the home-based care programme, their households, care facilitators and orphans associated with the programme. It is an emergency intervention in that large quantity of food aid is distributed. However, it takes a longer-term perspective in its support, and the same strategy will inform the integration of programming, the focus on the HBC client group and the safety net approach to food security long after the huge distributions have been wound up and replaced by a nutritional supplement for the clients and OVC (orphans and other vulnerable children) only.

All activities of this operation are planned for five months up to the end of 2003. At the start of the extended appeal, it is anticipated that the operation will be coming towards the end of a period of reduced activity, following the 2003 harvest. A further four months of food distributions is however needed in 2004 to see the beneficiaries through to the harvest. At this point, assuming a reasonable harvest, the household distributions may be able to cease, although the other programming elements will all remain in place through the Federation's Annual Appeal and ZRCS' bilateral donors.

ZRCS will continue to play the lead role in coordination in this operation. The key internal issue is coordination between various technical programmes. The home cased care programme provides the vehicle for beneficiary identification, the route to access communities and the monitoring framework. The disaster preparedness/response programme of ZRCS provides the distribution mechanisms, the reporting and the follow up. A new monitoring system is designed and undergoing testing. The Red Cross health promoters and youth members can take advantage of the distributions for drama, peer education and prevention activities. Home-based care projects can call in the services of the water and sanitation engineers, providing a valuable service for the whole community and perhaps reducing the stigma associated with the HBC project. To a large degree this is already the reality of the programme, and all parties are committed to continuing and enhancing the process.

There has been close coordination between Federation and the bilateral donors of the ZRCS programmes, including the valuable support of the Danish Red Cross to the home-based care programme. Coordination is provided both through Federation country based support structures and through the regional delegation. Efforts continue to maintain and to further improve coordination. In addition, coordination has also been ongoing with the implementing partners of WFP in areas where general distributions are being carried out. Sharing of beneficiary lists, signposting and regular coordination meetings are practiced in all HBC food distribution sites. The home-based care programme is implemented through 90 clinics in 23 clusters in all eight provinces. While this provides the Red Cross with excellent channels to reach into the communities, standardization and coordination need to be addressed with attention.

Red Cross water and sanitation activities will be coordinated with local authorities, NGOs and UNICEF. These coordination channels are already in place in the project areas. Internally Red Cross water and sanitation specialists will work with the home-based care programme to identify clients and communities for appropriate interventions. Technically the Red Cross will use the existing capacity of the local authorities and Red Cross volunteers to assist the implementation of the projects.

OBJECTIVE 1: To improve the food and health security of HBC clients and their household members, HBC care facilitators, and OVC (orphans and other vulnerable children) affected by HIV/AIDS.

Activities planned: Integrated food security and health care.

- As a supplement to the existing HBC programme, provision for 15,000 HBC clients on monthly basis of an enhanced ration that meets the extra nutritional needs of a chronically sick individual, with approximately 400 kcal and extra protein.
- Provision for 60,000 HBC household members a package of:
  - a nutritionally balanced ration with a standard household of five people (one HBC client plus four standard rations).
  - appropriate seeds for different agricultural environments and for rural and urban situations, basal dressing and top dressing fertilizers for natural regions II and III.
- 4,000 rural households will receive poultry and small livestock in Matabeleland S and Masvingo provinces, where livestock forms the basis of the rural economy.
- Other elements of the safety net package are met by the HBC project itself – practical and emotional support to family carers, medical sundries, disinfectant and hygiene items, counselling and signposting.
- Provision of safety net package to orphans and children made vulnerable by HIV/AIDS:
  - individual rations to 35,000 orphans registered under the HBC projects in association with the local authorities.
  - a balanced and nutritious cooked meal on daily basis to 305 vulnerable orphans (March figures).
  - local arrangements to ensure security of OVC in receipt of food inputs especially vulnerable child headed households.
  - Weekly follow up of child headed households and advocacy on behalf of them with regards to school and medical fees, signposting to government safety nets and services.
- Provision of a household ration (household size of five) for 678 HBC care facilitators many of whom are volunteers and are themselves destined to become clients of the programme in time.
- Local procurement of impregnated mosquito net (provided in accordance to WHO standard) and re-treatment kit, and distribution to target beneficiaries.

OBJECTIVE 2: To provide a more comprehensive basket of support to the HBC support groups and communities around the HBC projects.

This objective pulls together the various elements of programming, and extends the reach of the inputs to the communities from which the HBC clients are drawn. Special attention is paid to areas of chronic poor access to water, where ZRCS existing water-sanitation expertise will be focussed on 90,000 beneficiaries in communities around the Beitbridge, Mwenezi and Matobo HBC projects. Malaria prevention activities will be carried out in communities around the HBC projects with high malaria risk.

Activities planned: Strengthening community support and infrastructure around the HBC projects.

- Rehabilitation of 120 boreholes, construction of 60 new boreholes.
- Training of users in the management, operation and maintenance of 180 waterpoints.
- Promotion of the construction of 900 Blair ventilated pit latrines by home-based care clients with assistance from the community and Red Cross volunteers.
- Training of Red Cross volunteers in hygiene promotion.
- Hygiene promotion activities focusing on use of safe water/latrines and handwashing.
- Implementation of malaria prevention intervention in the communities with HBC programmes, targeted to most vulnerable and pregnant women:
  - Training of volunteers on malaria prevention and awareness, production of available IEC material, and community sensitization on malaria prevention and spraying activities.

  - Procurement of basic drugs for 528,000 malaria treatments to be made available to peripheral health care system in areas of Red Cross activities, to improve treatment accessibility for our target beneficiaries.
  - Developing three pilot projects in agreement with MoH and WHO in HBC operational areas on IPT (intermittent prophylaxis treatment) for pregnant women. Training of volunteers and procurement of IPT and IEC material.
  - Implementation of malaria prevention intervention in the communities with HBC programmes, targeted to most vulnerable and pregnant women.
- Provision of vegetable seeds and other inputs for HBC support groups involved in nutrition gardens linked to water-sanitation projects and livestock/poultry projects.
- Skills training for support group members.
- Monitoring of support group activities.

OBJECTIVE 3: To enhance the capacity of ZRCS to deliver their programmes, during and after the acute phase of this emergency and into the next period of acute need.
The Zimbabwe Red Cross has vast experience in running home-based care, HIV/AIDS prevention and youth programmes. Trained volunteers can also be easily mobilized to respond to disasters in most parts of the country. Although the ongoing food security operation has strengthened the technical and infrastructure of the Society, further material and human resources would be needed to ensure successful implementation of the programmes given the complicated operational context in Zimbabwe as well as the required scale of the HBC programmes, in particular in support of the increased number of care facilitators.

Activities planned: Support to programme implementation, monitoring and assessment.
- Establishing a basis to share experiences and good practices between HBC projects and provinces and to enhance standardisation.
- Introducing and further developing household food impact and food availability monitoring in all projects on a monthly basis. Introduce and develop further HBC activity monitoring.
- Provision of reinforced training of existing volunteers at provincial level and in child support and advocacy at regional level. Training for newly recruited and existing volunteers in food distribution.
- Monthly coordination and training meetings for provincial staff involved in food distribution and associated activities.
- Recruiting and training of additional 500 care facilitators and provision of the necessary infrastructure
- Provision of 10 computers and associated training at HBC project level.
- Provision of pre-fabricated office accommodation at the new location of ZRCS headquarters.
- Support to branch structures where these overlap with HBC structures to enhance efficient and effective use of resources.
- Reorganisation and rehabilitation of ZRCS warehousing facility at Westwood.
- Provision of four vehicles for provinces with high rural caseloads (Matabeleland South, Manicaland, Mashonaland West and Mashonaland East).

Federation Support

The ongoing food security operation is already providing an opportunity to integrate the existing programmes of the ZRCS by adopting a safety net approach and focusing on the HBC clients – undoubtedly amongst the most vulnerable people in the country. The Federation will continue to support ZRCS in the development of monitoring and analysis capacity, in the organisation and implementation of relief distributions, volunteer management, logistics and warehouse management, and generally to raise the profile of the National Society. Through the ongoing operation, the Society has been able to attract local support to its HIV/AIDS and food security projects. Good financial management is also in place in the society which gives a high level of transparency. Monitoring, which is already a strong feature of the programme, will continue to be undertaken at all distribution points every month.

The Federation will support the ZRCS in taking an active role in the ZimVAC (Zimbabwe Vulnerability Assessment Committee) and support in their partnerships with a number of regional, government and UN agencies in national monitoring projects related to health and food security. This ranges from weekly disease surveillance, to quarterly VAC assessments, and nutritional assessments and analysis as required.

The Federation will provide two international specialists, and the existing office structure, to support the ZRCS in delivering the programme. Additional support will also be provided under the regional programmes such as in the areas of HIV/AIDS, home-based care, water and sanitation, HBC, and organizational development. The Federation country office will support the ZRCS in calling upon and coordinating this support as required.

Southern Africa: Food Security and Integrated Community Care, August to December 2003

Zimbabwe - Budget Summary

Description	Total
SUPPLIES	
Shelter & Construction	31,025
Clothing & Textiles	451,000
Food	3,880,000
Seeds, Plants	180,000
Water & Sanitation	333,150
Medical & First Aid	162,000
Teaching materials	0
Utensils & Tools	5,000
Other relief supplies	112,000
Sub-Total	**5,154,175**
CAPITAL EXPENSES	
Land & Buildings	0
Vehicles	194,500
Computers & Telecom equip.	34,500
Medical equipment	0
Other capital expenditures	0
Sub-Total	**229,000**
TRANSPORT & STORAGE	
Warehousing & Distribution	71,000
Transport & Vehicle costs	544,400
Sub-Total	**615,400**
PROGRAMME SUPPORT	
Programme management	272,413
Technical support	81,546
Professional services	90,434
Sub-Total	**444,392**
PERSONNEL	
Personnel (delegates)	91,500
Personnel (regional & national staff)	161,540
Consultants	2,000
Sub-Total	**255,040**
WORKSHOPS & SEMINARS	
Workshops & Training	90,200
Sub-Total	**90,200**
GENERAL EXPENSES	
Travel & related expenses	7,250
Information	8,100
Other general costs	19,250
Communication	8,500
Professional Fees	0
Core Cost & Sundry Admin	5,500
Sub-Total	**48,600**
TOTAL CHF	**6,836,807**