

# OPERATIONS UPDATE



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 AID AND HUMANITARIAN ASSISTANCE***

*13 August, 2002*

*Appeal No. 12/02*

*Launched on 2 May 2002 for CHF 6,803,000 for 12 months; Revised to CHF 89,285,274(USD 61.6 m/EUR 60.9m) in cash, kind and services to assist a minimum of 1.3 million beneficiaries for 12 months.*

*Disaster Relief Emergency Funds (DREF) allocated: CHF 50,000*

*Operations Update No. 4; Period covered: 5 - 12 August 2002 - Focus on Zimbabwe Red Cross: Home Based Care (HBC) Programme*

### ***IN BRIEF***

*Appeal coverage: 15.8%*

*Related Appeals: Southern Africa 2002 Annual Regional Appeal no. 01.16/2002*

*Outstanding needs: CHF 75,168,783 (USD 50,255/642/EUR 51,374,516)*

### **Operational Developments w**

A nutritionist is continuing to work closely with the Zimbabwe Red Cross on developing a plan that will best meet the nutritional needs of the affected population. The purpose of the analysis is to see how food assistance has helped families in the past and to determine what is the optimal course of action to support immediate needs while at the same time providing for longer term needs. Findings will also be applied to distributions in other countries. Additional input was provided by the Federation's Food Security officer during his visit from Geneva.

A Federation procurement delegate from Geneva arrived in Johannesburg to begin work on procuring food for supplementary feeding as well as the maize buffer stock for general distribution. The Operation received generous support through a donation by the British Red Cross.

### **Coordination w**

The Head of the Operational Management & Coordination Centre (OMCC) was in Pretoria to meet with officials from the South Africa government and the Head of the ICRC's Southern Africa Regional delegation. In addition, the Head of the OMCC met with the head of the ICRC's delegation in Zimbabwe. Communications with WFP continue on a daily basis through the Federation's WFP liaison delegate.

### **Red Cross and Red Crescent action w**

The Federation's Food Aid and Humanitarian Assistance operation will rely on and build upon pre-existing Red Cross programmes, systems and networks established by the National Societies as part of their long term development plans. The National Societies are better prepared to quickly respond and face the challenges

posed by the operation because of the experience gained through long term programming. The operation will rely on the experience of the Southern African National Societies in managing Home Based Care.

### ***Southern Africa: Home Based Care w***

*Zimbabwe Red Cross Society (ZRCS):* Federation food aid in Zimbabwe will be provided to clients of the Zimbabwe Red Cross Society's (ZimCross) long running Home Based Care (HBC) Project. The HBC project began in 1992 in Chitungwiza (located on the outskirts of Harare) and has expanded into 14 provinces. The ZRCS expects, as part of its annual HBC strategy, to establish eight new HBC projects by the end of the third quarter of 2002.

The success of the project is due to the Society's dedicated team of HBC "Care Facilitators." Care Facilitators are recruited from within the communities where the project is implemented, and many of the Care Facilitators were ZimCross volunteers prior to joining the project. Care Facilitators have a vested interest in the project as many of them are either living with HIV/AIDS or have a family member in need of assistance. When queried as to why they became a Care Facilitator, many of the women responded that they wanted to help their community. Care Facilitators attributed their decision to assist through the ZimCross programme because of the Society's high credibility in the community.

Candidates are invited from different sectors and are selected based on their communications skills and whether they have any relevant experience in nursing or hospital care. Care Facilitators receive a one month training in care giving prior to beginning work. The training involves two weeks of theory and two weeks of practical work. The Care Facilitators learn about topics such as community mobilisation, sickness and care and prevention of infectious diseases. Care Facilitators are also trained to provide psychological counseling to families and patients.

Care Facilitators work in pairs, and depending on the needs of the community, work three days a week for four hours a day assisting an average of 10-20 families. The days of the week and the number of hours, however, frequently exceed these numbers as the needs of the communities continue to rise. The client base is increasing and ZimCross continues to accept referrals from central hospitals and clinics.

Care Facilitators visit ill and infirm people and take care of tasks such as changing dressings on wounds, keeping track of a patient's progress or assisting elderly households with changing a sick family members bedding or physical therapy. One of the Care Facilitators' primary responsibilities is educating family members on preventing communicable diseases. Care Facilitators select one household member to function as a family's primary care giver.

The ZRCS provides the Care Facilitators with a blue uniform, shoes, a jersey, raincoat basic first aid kit, a bicycle and information materials which have been prepared in several languages. Care Facilitators are also given condoms to distribute to clients and their families.

HBC facilitators provide food assistance on a monthly basis. Food aid can be extra sacks of mealie-meal, a staple food in Zimbabwe, or peanut butter which is mixed into hot porridge as a protein supplement for children. Until now food distributions have been relatively small packages and the Care Facilitators have been able to manage carrying the food on their bicycles. Additional support will be provided to the Care Facilitators for the planned distributions of larger quantities of food.

An important component of the project are visits to child headed households. Many facilitators continue to work with a family following the death of the head of the household. Often these families are made up of the children who survive their parents' death. When possible extended family members take in the orphaned children, but as more and more children are left alone this is becoming increasingly difficult and the number of child headed households is steadily increasing. Children in their early adolescence are left to take care of paying their rent and utility bills, and making enough money to sustain younger siblings while trying to stay in school. According to recent statistics from UNAIDS there are some 782,000 orphaned children in Zimbabwe.

The HBC project is monitored by a Project Supervisor, and Care Facilitators meet once or twice a month to share and gather information. The Project Supervisor keeps track of statistics of clients, how many visits are

made, frequency of diseases and materials which have been distributed. In addition the project's manual ensures standardization among the different projects throughout Zimbabwe.

HBC projects modeled on the one created in Zimbabwe were also implemented by sister societies in Southern Africa and are currently caring for people living with HIV/AIDS, orphans and housebound patients due to serious illnesses in Malawi, Mozambique, Namibia, South Africa, Swaziland, and Zambia. According to the latest statistics from the Federation's Regional delegation, some 90,000 people have benefited from the HBC projects in Southern Africa.

#### ***Southern Africa: Water and Sanitation Programme w***

Lack of or poor access to clean water is the root cause of the majority of deaths in children under five years in Southern Africa. Children are becoming increasingly prone to malnutrition due to the poor harvest, unemployment and the rising prices of food. Orphans or children who's parents are incapacitated simply do not have the means to buy food. As this generation of children grow increasingly vulnerable due to the prevalence of HIV/AIDS the need for access to clean water increases exponentially. A body already weakened by malnutrition simply lacks the resources to cope with water borne illnesses caused by consuming dirty water or malaria. Red Cross water and sanitation programmes were initiated in Southern Africa in the early 1990s. Since then programmes have been initiated in the affected countries. Activities include the drilling of bore holes, installation of piped networks, community awareness programmes and perhaps most relevant to this operation the training of highly qualified water and sanitation teams within each of the countries. The Operation's health coordinator will be based in Harare and work closely with the Federation's regional water and sanitation delegate. The projects which will complement food assistance projects is scheduled to begin in October and will build upon pre-existing expertise in the operating areas to provide proper water supplies.

#### **Programme Coordination and Management w**

##### ***The Operational Management & Coordination Centre (OMCC) in Johannesburg, South Africa w***

There is a relatively high occurrence of crime in Johannesburg and incidents are being reported by other international organizations. Security will have to be made a high priority in managing the operation which may lead to higher than average running costs for the operation. The Federation's Regional DP/DR delegate will work with the OMCC to advise the unit on best practices and draw up a security plan for delegates involved with the operation. The OMCC will follow procedures based on those already in place in Harare.

The information delegate completed a video news release and the situation in Africa continues to receive regular coverage on the Federation web site's homepage. In addition, the Federation's Secretary General issued a special statement "Viewpoint" encouraging long term support for the operation.

The operation's fleet and transport coordinators, as well as a temporary procurement and finance delegate arrived in Johannesburg during the reporting period. A telecom consultant is scheduled to arrive during the third week of August with a telecom expert from Ericsson.

##### ***Zambia w***

The country manager arrived in Zambia and is working with the National Society on confirming the details of the operation. He will link with the relief delegate who is helping the ZRCS with the refugee programme in the north. The finance delegate will cover both projects.

##### ***Zimbabwe w***

The Federation's country manager in Zimbabwe is working in close cooperation with the ZRCS, the Federation's regional delegation, the nutritionist, local authorities and the WFP to fine tune the proposed plan of action for food distributions to the most vulnerable communities in Zimbabwe.

#### **Outstanding needs w**

Additional funding is urgently needed to sustain the operation.

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*Donors providing in-kind relief in response to large-scale emergencies are urged to contact the Federation's Logistics and Resource Mobilization Department to avoid any unnecessary delays in the clearance and delivery of emergency relief assistance.*

*All International Federation Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.*

*This operation seeks to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or longer-term capacity building will require additional support, and these programmes are outlined on the Federation's website.*

*For further information concerning Federation operations in Southern-Africa, please access the Federation's website at <http://www.ifrc.org> and the regional website at <http://www.southern-africa.ifrc.org>.*

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Southern Africa - food aid and humanitarian assistance						ANNEX 1
APPEAL No. 12/2002		PLEDGES RECEIVED			13.08.2002	
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
<b>CASH</b>						
REQUESTED IN APPEAL CHF ----->				<b>89'285'274</b>		<b>TOTAL COVERAGE 15.8%</b>
AUSTRIA - RC		50'000	EUR	73'625	12.07.2002	
BRITISH - RC		172'500	GBP	396'077	31.07.2002	FOOD FOR ZIMBABWE
BRITISH - RC		25'000	GBP	57'403	01.08.2002	
BRITISH - RC		325'000	GBP	746'233	06.08.2002	FOOD
BRITISH - RC		50'000	GBP	114'805	01.08.2002	
CANADIAN - RC		100'000	CAD	96'130	31.07.2002	
CYPRUS - RC				5'014	22.05.2002	MALAWI RC SUPPORTING STARVING POPULATION
IRISH - GOVT		500'000	EUR	738'150	04.07.2002	
KUWAIT - RC		5'000	USD	7'370	29.07.2002	
LIBYAN - RC				5'000	07.06.2002	
PRIVATE DONORS				1'963	05.08.2002	
SWEDISH - GOVT/RC		3'000'000	SEK	483'600	16.05.2002	MALAWI, ZAMBIA, ZIMBABWE
SWISS - RC				38'190	05.07.2002	
TURKISH - RC		5'000	EUR	7'314	07.06.2002	MALAWI RC SUPPORTING STARVING POPULATION
SUB/TOTAL RECEIVED IN CASH				2'770'874	CHF	3.1%
<b>KIND AND SERVICES (INCLUDING PERSONNEL)</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SWISS - RC				65'000	05.07.2002	10000 BLANKETS, TRANSPORT/ INSURANCE
NORWAY - RC/GVT				11'204'036	24.07.2002	TRANSPORT
AUSTRALIA	DELEGATE(S)			30'061		
GREAT BRITAIN	DELEGATE(S)			47'310		
SUB/TOTAL RECEIVED IN KIND/SERVICES				11'346'407	CHF	12.7%
<b>ADDITIONAL TO APPEAL BUDGET</b>						
DONOR	CATEGORY	QUANTITY	UNIT	VALUE CHF	DATE	COMMENT
SUB/TOTAL RECEIVED				0	CHF	