

# Appeal 2005



International Federation  
of Red Cross and Red Crescent Societies

## SWAZILAND

### Appeal no. 05AA015

*The International Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. The Federation is the world's largest humanitarian organization, and its millions of volunteers are active in over 180 countries. All international assistance to support vulnerable communities seeks to adhere to the Code of Conduct and the Humanitarian Charter and Minimum Standards in Disaster Response, according to the SPHERE Project.*

*This document reflects a range of programmes, objectives, and related activities to be implemented in 2005, and the corresponding funding requirements. These are based upon the broader, multi-year framework of the Federation's Project Planning Process (PPP). The PPP products are either available through hyperlinks in the text, or can be requested through the respective regional department.*

*For further information please contact the Federation Secretariat, Africa Department: Terry Carney, Regional Officer for Southern Africa, email [terry.carney@ifrc.org](mailto:terry.carney@ifrc.org), phone 41.22.730.42.98. Please also refer to the full contact list at the end of this Appeal, or access the Federation website at <http://www.ifrc.org>*

*Click on the title below to go to the relevant text; click on the figure to go to the programme budget.*

Programme title	2005 in CHF
<b>Strengthening the National Society</b>	
Health and care	416,542
Disaster management	203,490
Organizational Development	74,895
<b>Total</b>	<b>694,927<sup>1</sup></b>

<sup>1</sup> USD 552,000 or EUR 447,600.

## National Context

The Kingdom of Swaziland is a land-locked and mountainous country with a population of 1.1 million. Three of the four agro-climatic zones of Swaziland are prone to drought, with correspondingly poor nutritional status of the people, aggravated by one of the highest rates of HIV/AIDS prevalence in the world. Swaziland is undergoing a serious socio-economic crisis due to continuing spread of HIV/AIDS that is further exacerbating the already severe impact of high unemployment, income inequality and poverty. The spread of HIV/AIDS in Swaziland has continued unabated over the past decade. HIV/AIDS prevalence rate has reached 38.8% in 2004, the highest rate in the world. The implications include the following:

- Life expectancy has decreased 25 years, from 59 in 1992 to 34 in 2004. Studies project that, if current trends in HIV/AIDS infection continue, life expectancy will fall below 30 years of age by 2010. Other studies indicate a 50% drop in farm production for households affected by HIV/AIDS.
- Given the particularly high infection rates among the economically productive young adults, there will be rise in illness and death until at least 2008 with considerable long-term implications.
- Children are being orphaned on a huge scale. More than 15% of the children below the age of 15 are orphans. The projection to 2005 indicates that this will rise to 25% and that there will be some 120,000 (12% of the total population) AIDS orphans by 2010.



## Human Development Indicators at a Glance

Category	Swaziland	Sub-Saharan Africa	World
Total population (millions)	1.1	641.0	6,225.0
GDP per capita (USD)	1,091	469	5,174
Life expectancy at birth (years): Female - Male	36.9 – 34.4	n.a.	n.a.
Infant mortality rate, per 1,000 live births	106	108	56
Maternal mortality per 100,000 live births (adjusted ratio)(2000)	370	n.a.	n.a.
Population (%) with sustainable access to an improved water source (2000)	-	57	82
HIV prevalence (% , ages 15-49) (2003)	38.8	7.7	01.1
Adult literacy rate (% , ages 15 and above): Female - Male	80.0 - 82.0	n.a.	n.a.

Source: UNDP Human Development Report, July 2004: Human Development Index (pages 139-250). Refer to [http://hdr.undp.org/reports/global/2004/pdf/hdr04\\_HDI.pdf](http://hdr.undp.org/reports/global/2004/pdf/hdr04_HDI.pdf) Note: Data is 2002 unless noted above.

Despite per capita GDP of USD 1,091, it is misleading to label Swaziland as ‘low-middle income country’ as the income is very unevenly distributed with two thirds of the population living below poverty line and faced with largely depleted coping mechanisms. Additionally, the poorest 10% of the population consumes 1% of the total resources, while the richest 10% consumes 50%. There is little evidence that the economy is recovering from the downward spiral that began two to three years ago. GDP growth declined 1.5% in 2001 from 2.2% and 3.7% in 2000 and 1999 respectively. Unemployment is estimated to have reached 33% in 2002 compared to 22% in 1995. In short, Swaziland is caught in a dangerous downward spiral which is further fuelling the spread of HIV/AIDS and making people even more vulnerable to common diseases and poverty.

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For ease of reference, the table below lists the standard abbreviations and references used in this Appeal.

CAS – Cooperation Agreement Strategies	OVC – Orphans and other vulnerable children
CBDM – Community-based disaster management	PLWHA - Persons living with HIV/AIDS
CBF – Federation Capacity Building Fund	PMTCT – Prevention of mother-to-child transmission
HBC – Home-based care	PNS - Partner National Society(ies)
HELP – Health emergencies in large populations	RDRT – Regional Disaster Response Team(s)
MoH – Ministry of Health	STI / STD - Sexually-transmitted infections / diseases
Movement - International Red Cross and Red Crescent Movement.	VCA - Vulnerability and capacity assessment
	VCT – Voluntary counselling and testing
ARCHI 2010 – refer to <a href="http://www.ifrc.org/what/health/archi/">http://www.ifrc.org/what/health/archi/</a>	
ERU – Emergency Response Unit(s) Refer to <a href="http://www.ifrc.org/what/disasters/eru/">http://www.ifrc.org/what/disasters/eru/</a>	
FACT – Field Assessment and Coordination Team(s). Refer to <a href="http://www.ifrc.org/what/disasters/fact/">http://www.ifrc.org/what/disasters/fact/</a>	
Strategy 2010 – refer to <a href="http://www.ifrc.org/who/strategy.asp">http://www.ifrc.org/who/strategy.asp</a>	
Ouagadougou Declaration – refer to <a href="http://www.ifrc.org/meetings/regional/africa/5thpac/5thpacde.asp">http://www.ifrc.org/meetings/regional/africa/5thpac/5thpacde.asp</a>	
Seville Agreement – refer to <a href="http://www.ifrc.org/meetings/statutory/ga/ga97/ga_97_8.asp">http://www.ifrc.org/meetings/statutory/ga/ga97/ga_97_8.asp</a>	

## Red Cross and Red Crescent Priorities

### National Society Strategy/Programme Priorities

The **Baphalali Swaziland Red Cross Society**<sup>2</sup> focuses its work and programmes on alleviating the suffering of the people made vulnerable by natural disaster, HIV/AIDS and other communicable and preventable diseases. The national society is recognized by the government as a key player in health and disaster management and has a special mandate articulated to work with the government on key advocacy issues.

#### Mission Statement.

To prevent and alleviate human suffering of the most vulnerable people in accordance with the Fundamental Principles of the Red Cross and Red Crescent Movement.

#### Milestones

1979	The Swaziland Red Cross was established in 1933 as a branch of the British Red Cross; In 1970 it became Baphalali Swaziland Red Cross through an act of parliament. It was admitted as a member of the International Federation of Red Cross and Red Crescent Societies in 1979. Constitution was reviewed in 1999 and approved by the General Assembly in 2001.
1999-2004	National society restructuring started in 2003
2004	Election of branch, division and National Executive Committee members were successfully held in 2004. The committees will serve until 2007.
2000	Four-year Cooperation Agreement Strategy (CAS) finalized 2000-2004
Yearly	Review of the national society <b>Strategic Plan</b> . <sup>3</sup>
Yearly	Periodic internal and external audit carried out.

In line with the ARCHI 2010, Strategy 2010 and the Ouagadougou Declaration, the national society has prioritized the following as its core programme areas:

- **Health and social welfare**

- HIV/AIDS remains a priority of the national society and it is to be integrated in all programmes. The national society aims at providing comprehensive HIV/AIDS services in demarcated geographic areas. This will include prevention of HIV/AIDS transmission among the youth and marginalized groups, HBC, treatment and support.
- Work closely with the Swazi government with focus on blood donor mobilization.
- Provision of commercial, community and emergency first aid services. The national society shall remain the leading provider of first aid services in the country.
- Control and mitigate the effects of water-borne diseases by providing basic water and sanitation (WatSan) in selected communities including the HBC activities.
- Provision of social welfare services to the destitute and OVC.

<sup>2</sup> Baphalali Swaziland Red Cross Society – refer to <http://www.ifrc.org/where/country/check.asp?countryid=163>

<sup>3</sup> Strategic Plan 2004-2007 – refer to [http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/logframes/africa/05AA015SZ.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA015SZ.pdf)

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- **Disaster preparedness and response**
  - Establish a disaster response and preparedness unit
  - Strengthen the current pilot food security programmes
  - Link food security with disaster mitigation and HIV/AIDS projects
- **Promotion of humanitarian values**
  - Increase the awareness and image of the Red Cross among the general public.
- **Organizational development**
  - Improve and strengthen governance and management at branch and divisional levels.
  - Engage in volunteer recruitment drive and promote skill development
  - Increase youth participation and representation and promote gender diversity in all Red Cross activities.
  - Assist and develop resource mobilization and project management skills at branch and divisional levels.
  - Strengthen the national resource development function.
  - Ensure an efficient organizational structure
  - Establish operational policies and procedures to ensure efficient implementation of activities
  - Strengthen financial procedures and controls
  - Improve communication systems and the use of information technology in all the divisions

### **Movement Context**

As of 2004, the International Red Cross and Red Crescent Movement with other partners has undertaken the following major interventions in Swaziland:

- Targeted food distribution to 68,000 beneficiaries (poor, elderly, disabled, children and elderly headed household) in three regions (Manzini, Shiselweni and Northern Hhohho). The number of beneficiaries has since been scaled down to 55,000.
- The German Red Cross funded school feeding programme has covered 37,779 pupils in 87 schools since April 2003. The numbers have increased to over 40,000 pupils in 95 schools. The programme is pending and continuation depends on availability of further funding.
- Baphalali Swaziland Red Cross received a donation of 700 seed vouchers from FAO in February 2004 for distribution to vulnerable communities.
- Agricultural pilot programmes (backyard gardens, communal farms, fish and poultry farming) supported by the Finnish government through the Finnish Red Cross, was initiated in 2002.
- HIV/AIDS prevention project has been implemented in 14 prisons. A total of 70 peer educators, 52 commandants and 29 inmates were trained in 2003 and two nurses were trained in HIV/AIDS counselling in 2004.
- As part of a 2004 cholera intervention, health promotion and health education were successfully conducted in Manzini and Shiselweni.
- The Swiss Red Cross funded a capacity building project which was launched in July 2003 to run for one and a half years to strengthen the areas of financial management and accounting skills among the national society staff.

## **Strengthening the National Society Health and Care**

### **Goal: Sustainable improvement in health and well being for vulnerable population.**

The Baphalali Swaziland Red Cross is appealing for funding for four health and care projects in 2005.

### **Health and Care: Primary health care service**

#### **Background and Achievements**

The national society works closely with the Ministry of Health in the provision of primary health care services in the country. The national society runs three clinics in the rural areas of Mahwalala, Sigombeni and Silele where the primary health care services were previously inadequate. Although the government funds the national society's clinics, the funds are insufficient to cover the totality of the costs. The national society has to cover approximately half of the costs for running the clinics. Although the national society will not be able to cover for these costs from its resources in 2005, it has developed a strategy to improve its resource mobilization competence to enable it cover for such costs in future. Additionally the national society wants to begin health promotion activities in the communities surrounding the clinic focusing on the prevention of malaria, tuberculosis and HIV/AIDS.

The clinics provide primary health care, mother and child care including immunization, family planning, home based care, limited curative services and health promotion. 50,000 people benefit from the services of the clinic every year. The clinics are part of the government health referral system and the sentinel (transmission) survey for HIV/AIDS.

#### **Objective 1: Primary health care services are provided to 50,000 clients at three national society clinics in 2005**

##### **Expected Results:**

- 6,000 children are immunized.
- 10,000 under-five children have their growth monitored.
- Family planning is provided to 3,000 clients
- Ante-natal services provided to 3,000 clients.

*<Refer to the Logical Framework Planning Matrix: Swaziland Primary Health Care >*  
[http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/logframes/africa/05AA015HC.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA015HC.pdf)

### **Health and Care: First Aid**

#### **Background and Achievements**

The national society provides first aid services that include training and the operation of first aid posts. In 2003, the national society moved a step further by venturing into commercial first aid in the form of selling first aid kits, the promotion of first aid training to public transport drivers and development of a national first aid training centre. The national society will continue with the introduction of community first aid in the branches.

#### **Objective 2: First Aid services provided countrywide in 2005**

##### **Expected Results:**

- 10 first aid instructors trained in occupational health and safety
- 500 industry workers trained in basic first aid and Red Cross principles and humanitarian values and HIV/AIDS prevention.
- Branch coaches and HBC volunteers are trained in first aid and Red Cross principles and humanitarian values and HIV/AIDS prevention.
- 500 school children and teachers and 100 public transport drivers trained in basic first aid and Red Cross principles and humanitarian values.
- An operational first aid training centre.

*<Refer to the Logical Framework Planning Matrix: Swaziland Health-First Aid>*  
[http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/logframes/africa/05AA015FA.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA015FA.pdf)

## Health and Care: Water supply and hygiene promotion

### Background and Achievements

The national society has implemented water supply, sanitation and hygiene promotion projects in select communities for the past five years. Experience has shown that there is need for an increased effort in hygiene and sanitation promotion. The water supply and hygiene promotion project detailed in the logical framework will be coordinated with the other health projects described above.

**Objective 3: Establishment of sound, sustainable environmental services for 25,000 vulnerable people in five divisions by 2006 through hygiene promotion and water supply.**

### Expected Results:

- Hygiene promotion volunteers effectively cover target population of 25,000 by 2006.
- Five viable, fully functioning and adequate community managed water supplies (borehole fitted with Afridev hand-pump) by 2006
- Capacity to respond (and response if necessary) to disasters requiring water, sanitation and hygiene promotion response.
- Increased resources for WatSan and hygiene promotion projects and contribution to sector policies, best practices, coordination and cooperation by 2006

*<Refer to the Logical Framework Planning Matrix:  
Swaziland Health-Water Supply and Hygiene Promotion >*

*<[http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/logframes/africa/05AA015HW.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA015HW.pdf)>*

## Health and Care: HIV/AIDS

### Background and Achievements

The first case of HIV/AIDS in Swaziland was reported in 1987. Since then, the disease has spread rapidly throughout the country. The Baphalali Swaziland Red Cross responded to the humanitarian crisis and has since scaled up its HIV/AIDS activities with a focus on prevention and care. The national society has established three HBC projects linked with its three clinics in Silele, Mahwalala and Sigombeni. Prevention campaigns on HIV/AIDS were conducted among the general public and correctional services.

In 2000, the national society began pilot HBC projects in Sigombeni and Silele assisting 500 clients. Having learned from these two pilot projects, the Baphalali Swaziland Red Cross has now scaled up its HBC projects and assists 1,000 clients. A new project has been established in Mahwalala.

It is clear that to implement HBC care projects, there is need for committed volunteers and that the volunteers need to be regularly supported in the form of meetings, refresher courses, incentives and recognition. There have been very few dropouts in the pilot projects due the implementation of this volunteer support.

Other components of the project are; care for the carers, support groups, income generation activities and OVC support will be strengthened.

The national society will continue to strengthen its prevention activities in the correctional services and by drama activities. However, it is important to note that the correctional services prevention activities have no identified funding source. The intervention is a vital one and has had tremendous impact on the behaviour of the inmates as regards HIV/AIDS. The inmates have been sensitized on modes of transmission and prevention of the HIV transmission. The integration of HIV/AIDS activities in the food security project will also be implemented in 2005. The Swedish Red Cross and Finnish Red Cross will support this activity financially.

The Swiss Red Cross has pledged its support to Baphalali Swaziland Red Cross in its efforts in promoting early diagnosis of HIV/AIDS infection as a means of preventing mother-to-child transmission; this will be piloted in Sigombeni, and the centre is currently under construction. This is a bilateral project and doesn't require funding from the 2005 appeal.

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The national society requires and is appealing for funds for the construction of a VCT centre at Silele. The government is promoting the presence of VCT/ PMTCT services at all health centres.

Two food security projects, the indigenous fowls and backyard nutritional gardens, for people living with and affected by HIV/AIDS were carried out in 2002-2004. Anecdotal evidence shows that the high nutritional value of the garden products has improved the patient's nutritional status. In the coming year, a more in-depth survey will be conducted to document the impact of the improved nutrition. The government has supported the national society with funds to establish this project, for example the National Emergency Response Council on HIV/AIDS has provided chickens for 16,000 OVC through the Red Cross project.

Support groups for PLWHA in Swaziland encounter huge challenge because of stigma. Through the food security programme, informal gatherings for social exchange and psychological support for the affected and infected people have been formed. This will be expanded in 2005. More projects for income generation will be established to cater for the increasing number of clients. It has been established that with time stigma and discrimination can be reduced through implementation of support groups coupled with income-generating activities (IGA).

The national society collaborates with the umbrella organization CANGO and government departments in the implementation of the HIV/AIDS programme. The Baphalali Swaziland Red Cross will also benefit from the country's global fund for HIV/AIDS in the area of prevention though promotion of safe blood nationally.

Nearly half of the total budget for the HIV/AIDS project will be received through the consortium funding of the regional HIV/AIDS programme. This Appeal seeks the remaining half, approximately CHF 277,000, for this HIV/AIDS project.

The Federation's regional HIV/AIDS support team will continue to provide technical support to the national society HIV/AIDS project in the form of support visits and training. The funding for this support is in the regional budget.

### **Objective 4: Holistic prevention, care and support provided to PLWHA and OVC.**

#### **Expected Results:**

- 5,000 correctional services officers and inmates countrywide are reached with HIV/AIDS prevention messages
- HBC project for PLWHA is expanded to reach a total of 2,000 clients.
- Knowledge, attitudes, behaviour and practices of in and out of school youth, with regard to HIV/AIDS has improved in targeted communities.
- VCT and PMTCT in targeted communities are promoted in order to reduce HIV infection due to mother to child transmission.
- 3,000 OVC are provided with educational, material, psychological and social support.
- Targeted communities and general public respect the rights of PLWHA and OVC.

*<Refer to the Logical Framework Planning Matrix: Swaziland Health-HIV/AIDS>*  
[http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/logframes/africa/05AA015HH.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA015HH.pdf)

## **Disaster Management**

### **Background and Achievements**

The Baphalali Swaziland Red Cross has been involved in the floods, storms and drought relief operations in the past and has gained important experience in areas of disaster management. With support from the Federation's regional delegation in Harare, the national society responded to the Cyclone Eline floods in 2000, the cholera outbreak in 2003/2004 and most recently to the emergency food insecurity situation that has hit the region. The main focus in disaster management is for the national society to be able to respond effectively to disasters. The Baphalali Swaziland Red Cross has recently finalized its disaster management policy and plans. A disaster manager has been hired to take charge of scaling up and coordinating all disaster management activities in the country.

The Baphalali Swaziland Red Cross disaster management capacity has greatly improved over the past two years in terms of developing its staff and volunteers but high staff turnover actually caused a reduction in the number of trained personnel.

- 26 staff and volunteers were trained in beneficiary selection and interview techniques (April 2003);
- 2 staff members are trained in VCA;
- 7 staff and volunteers were trained as RDRT members; and,
- 1 staff member was trained in HELP.
- 15 emergency response team members were trained in basic disaster and conflict management.

Further training of staff and volunteers in disaster management, consolidation and coordination of ongoing programmes will be one of the national society's main priorities in the next two years in order to improve its response capacity.

By responding to emergencies like cholera outbreak in 2003 in Kaliba, the Baphalali Swaziland Red Cross has been able to use its trained RDRT members in carrying out credible needs assessment and intervention that has seen a number of lives being saved. Health education in Kaliba saw significant reduction of incidence of severe diarrhoea and vomiting.

The food security pilot project to target the chronic food shortage situation in the country and to address the linkage between HIV/AIDS and food insecurity and the drought-related food security project has improved the livelihood of the most vulnerable. The vulnerable and chronically ill can now generate food for consumption and raising income for other basic necessities.

The national society was able to assist about 500 households that were affected by storm disaster that hit some parts of the country in December 2003 and January 2004. The affected households were assisted with tarpaulins, blankets, clothes and food with the support of the Swiss Red Cross who donated CHF 77,000 to the national society.

**Goal: The vulnerability of the people affected by natural disasters is reduced.**

**Objective: The capacity of Baphalali Swaziland Red Cross to provide appropriate and timely support to people threatened or affected by disasters is increased.**

### **Expected results**

- Improved food security to the most vulnerable communities of Mahhashini, Maphungwane and Sigombeni areas.
- Baphalali Swaziland Red Cross capacity in disaster management is strengthened and exhibiting minimum standards of well prepared national society
- Establish community-based disaster management (CBDM) initiatives in two regions

*<Refer to the Logical Framework Planning Matrix: Swaziland Disaster Management>*  
*<[http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/logframes/africa/05AA015DM.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA015DM.pdf)>*

## Organizational Development

### Background and Achievements

The Baphalali Swaziland Red Cross has been more active in implementing its organizational development through its own change strategy. The most important elements of the change process are the review constitution and the development of a four year strategic plan which is reviewed every year. Branch development support enabled the national society to recruit more members and will establish 30 branches in five divisions by 2005. In 2004 new board members were elected and will remain in office until 2007. The constitution has been translated into the local language (SiSwati) for better understanding and use by members. Volunteer and youth policies were developed in 2003.

A HIV/AIDS policy for the national society staff was developed in 2001 and was adopted in 2002 by the board. The policy is being disseminated to all staff. Implementation of the policy requires funds to establish a health unit providing counselling, psychological support and care for the affected staff and family members living with HIV/AIDS.

The programmes that national society has embarked on, such as the HIV/AIDS and the food security, has continued to increase the demand for a well-functioning national society with sound structures, systems and procedures.

In 2004, the national society has continued to receive support from the Harare regional delegation teams in the areas of financial management, branch development, volunteer management, governance and training.

CBF has supported human resources restructuring of the national society in 2003. The funds were allocated 90% on salary costs and 10% for the support towards the creation of the functioning structure and systems. The Baphalali Swaziland Red Cross is experiencing difficulties in raising the necessary funds to sustain programmes and core expenditures. A resource development committee has been set up in 2003 to look at how best resources can be sourced. The committee has to come up with a resource development strategy and improved ways of writing project proposals that will attract donor funding.

**Goal: The lives of the most vulnerable in Swaziland are improved as Baphalali Swaziland Red Cross moves towards becoming a well-functioning national society.**

**Objective: The Baphalali Swaziland Red Cross becomes a well-governed and functional national society by 2007.**

### Expected Results:

- Functional branches with self sustaining projects.
- Improved financial skills of staff in finance department.
- All assets of the national society are accounted for.
- Human Resource recruitment policy and effective management of staff in place.
- Baphalali Swaziland Red Cross has in place effective information systems that support the programmes
- Baphalali Swaziland Red Cross is fundraising for its core costs

*<Refer to the Logical Framework Planning Matrix: Swaziland Organizational Development>*

*<[http://www.ifrc.org/cgi/pdf\\_appeals.pl?annual05/logframes/africa/05AA015OD.pdf](http://www.ifrc.org/cgi/pdf_appeals.pl?annual05/logframes/africa/05AA015OD.pdf)>*

### For further information please contact:

- In Swaziland: Sibongile Hlope, Acting Secretary General, Baphalali Swaziland Red Cross Society, Mbabane; Email [sibongile@redcross.org.sz](mailto:sibongile@redcross.org.sz) or [bsrcs@redcross.org.sz](mailto:bsrcs@redcross.org.sz); Phone 268.404.2532; Fax 268.408.6108
- In Zimbabwe: Françoise Le Goff, Federation Head of Southern Africa Regional Delegation, Harare; Email [ifrczw02@ifrc.org](mailto:ifrczw02@ifrc.org); Phone 263.47.06.155; Fax 263.47.0 87. 84
- In Geneva: Terry Carney, Federation Regional Officer for Southern Africa, Africa Department; Email [terry.carney@ifrc.org](mailto:terry.carney@ifrc.org); Phone 41.22.730.42.98, Fax 41.22.733.03.95

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# BUDGET 2005

## PROGRAMME BUDGETS SUMMARY

Appeal no.: 05AA015

Name: SWAZILAND

PROGRAMME:	Health & Care	Disaster Management	Humanitarian Values	Organisational Development	Coordination & Implementation	Emergency	Total
	CHF	CHF	CHF	CHF	CHF	CHF	CHF
Shelter & construction	0	0	0	0	0	0	0
Clothing & textiles	35,744	0	0	0	0	0	35,744
Food	33,720	143,990	0	0	0	0	177,710
Seeds & plants	0	0	0	0	0	0	0
Water & Sanitation	58,316	0	0	0	0	0	58,316
Medical & first aid	20,232	0	0	0	0	0	20,232
Teaching materials	50,580	0	0	0	0	0	50,580
Utensils & tools	0	0	0	0	0	0	0
Other relief supplies	18,552	0	0	0	0	0	18,552
<b>SUPPLIES</b>	<b>217,144</b>	<b>143,990</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>361,134</b>
Land & Buildings	0	0	0	0	0	0	0
Vehicles	0	0	0	0	0	0	0
Computers & telecom	0	0	0	2,500	0	0	2,500
Medical equipment	0	0	0	0	0	0	0
Other capital exp.	0	0	0	0	0	0	0
<b>CAPITAL EXPENSES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,500</b>	<b>0</b>	<b>0</b>	<b>2,500</b>
Warehouse & Distribution	0	0	0	0	0	0	0
Transport & Vehicules	11,028	6,000	0	3,000	0	0	20,028
<b>TRANSPORT &amp; STORAGE</b>	<b>11,028</b>	<b>6,000</b>	<b>0</b>	<b>3,000</b>	<b>0</b>	<b>0</b>	<b>20,028</b>
Programme Support	27,075	13,227	0	4,868	0	0	45,170
<b>PROGRAMME SUPPORT</b>	<b>27,075</b>	<b>13,227</b>	<b>0</b>	<b>4,868</b>	<b>0</b>	<b>0</b>	<b>45,170</b>
Personnel-delegates	0	0	0	0	0	0	0
Personnel-national staff	98,028	12,000	0	13,200	0	0	123,228
Consultants	2,362	0	0	0	0	0	2,362
<b>PERSONNEL</b>	<b>100,390</b>	<b>12,000</b>	<b>0</b>	<b>13,200</b>	<b>0</b>	<b>0</b>	<b>125,590</b>
W/shops & Training	21,925	12,500	0	27,500	0	0	61,925
<b>WORKSHOPS &amp; TRAINING</b>	<b>21,925</b>	<b>12,500</b>	<b>0</b>	<b>27,500</b>	<b>0</b>	<b>0</b>	<b>61,925</b>
Travel & related expenses	1,688	1,000	0	3,200	0	0	5,888
Information	674	0	0	10,000	0	0	10,674
Other General costs	36,618	14,773	0	10,627	0	0	62,018
<b>GENERAL EXPENSES</b>	<b>38,980</b>	<b>15,773</b>	<b>0</b>	<b>23,827</b>	<b>0</b>	<b>0</b>	<b>78,580</b>
<b>TOTAL BUDGET:</b>	<b>416,542</b>	<b>203,490</b>	<b>0</b>	<b>74,895</b>	<b>0</b>	<b>0</b>	<b>694,927</b>