

**SOUTHERN
AFRICA**



**REGIONAL
CONSOLIDATED
APPEAL**

JULY 2003 - JUNE 2004



UNITED NATIONS

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AFRICA



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CONSOLIDATED
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UNITED NATIONS
New York and Geneva, July 2003

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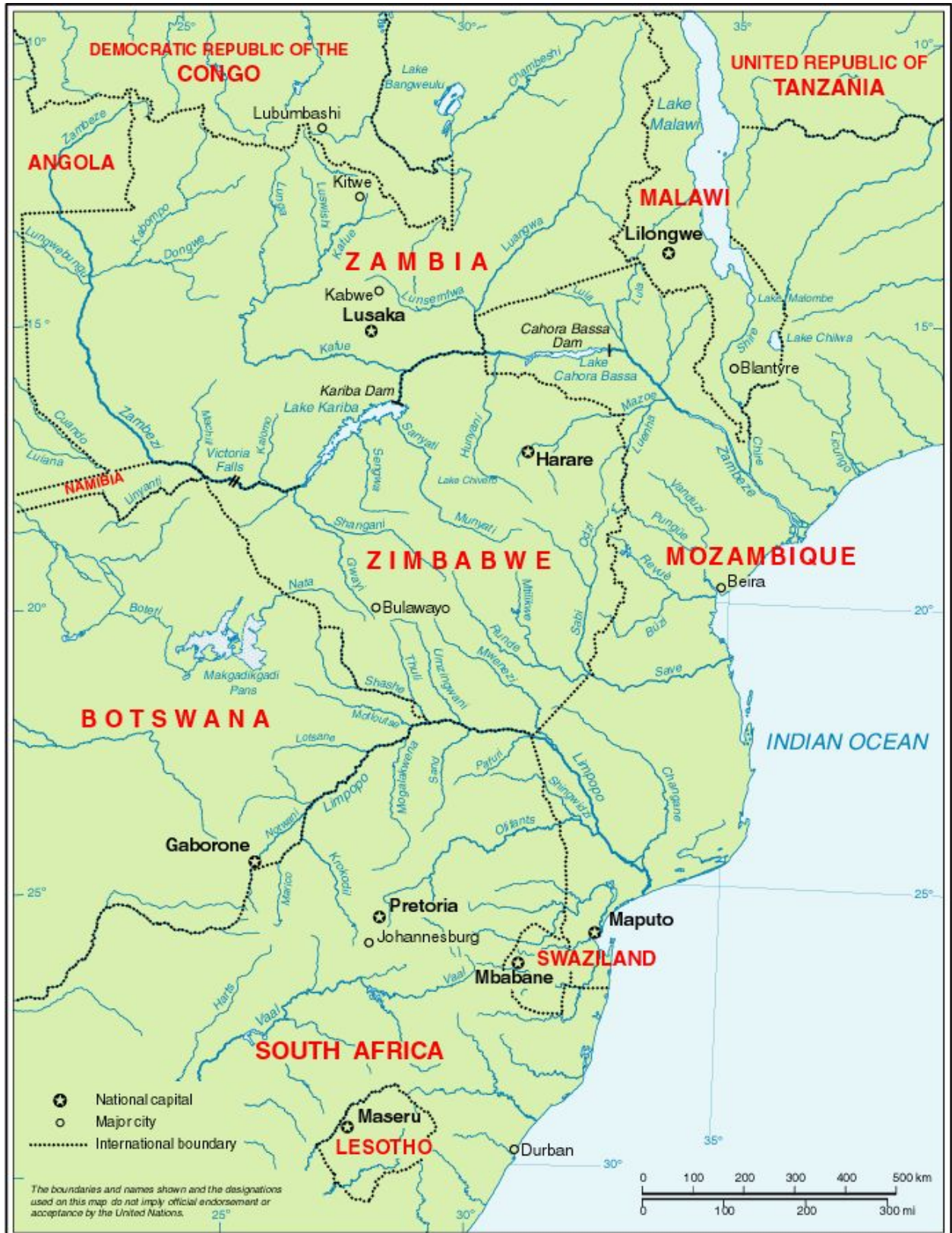
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EXECUTIVE SUMMARY

While humanitarian response efforts and a reasonable agricultural season may have taken southern Africa off the critical list in terms of food availability this year, the region remains in serious trouble. Short-term gains have been made, but most of the recovery so far has been fragile. Over 6 million people remain in need of critical lifesaving assistance, and millions more are highly vulnerable, mostly due to the combined effects of Human Immune-deficiency Virus / Acquired Immune-Deficiency Syndrome (HIV/AIDS), extreme poverty, and food shortages. The goal of the UN and its partners over the next twelve months is to respond to the populations requiring immediate emergency assistance, while at the same time initiating actions to address long-term needs so that vulnerable populations do not slip back into crisis. Without this simultaneous push, southern Africa will not be able to break out of the vicious cycle of vulnerability and humanitarian crisis.

As a whole, more food will be produced in southern Africa this year, but this does not mean that everyone will have access to it. Because of the crop failures of the past few years, people have been forced to employ negative coping strategies that have depleted their reserves of assets. Livestock and possessions have been bartered or sold in exchange for food and other critical items. The result is that vulnerability differs among countries of the region, as well as within countries. The challenge for the humanitarian community is to find the 'hotspots' of vulnerability – the districts, communities and households in trouble – and offer an appropriate assistance package.

HIV/AIDS is fuelling the vulnerability seen in the region, by attacking the core of people's lives and livelihoods. The world has never witnessed a disease that is capable of causing such massive social and economic breakdown. Today, AIDS has just that capacity, especially in Africa. Because of HIV/AIDS, decades of development gains have been lost and efforts to reduce poverty and improve living standards have been severely undermined. Fighting chronic food insecurity is now even more of an uphill struggle when the number of HIV/AIDS orphans is soaring and the number of farmers, rural workers and agricultural extension officers is plummeting. HIV/AIDS is, for the foreseeable future, changing the demographic profiles of the countries of the region as it ravages the productive generation.

The impact of HIV/AIDS on children is also dramatic. There were 3.2 million children worldwide under the age of 15 living with HIV/AIDS in 2002, of whom 610,000 have died. In the 6 countries covered in this Appeal, there are over 3 million AIDS orphans. As HIV/AIDS kills productive-age adults, elderly grandparents are assuming the burden of care for these increasing numbers of orphans. In the absence of any adults, children are forced to fend for themselves.

The short-term scenario is troubling, but the longer-term is even more chilling and can hardly be over-estimated. The decimation of the social services could cause massive school dropouts, total collapse of the already weak health system, and complete loss of the state's tax base and much of its functioning bureaucracy. At the same time investment in these economies from foreign sources of capital could slow down as employment drops and consumers become unable to purchase goods or services, or are simply not there anymore. 'Brain drain' will further impair the functioning of the public and private sectors as educated people leave the continent in search of better opportunities.

In this respect, the strategy at the country and regional level, is to implement the vision of the UN Special Envoy (SE) as presented in his report, 'Next Steps for Action in Southern Africa'. The SE calls for the UN and its partners "to do more to save people's lives **and** their livelihoods in southern Africa". This Appeal follows this approach and presents a programme of activities over the next twelve months aimed at quantifying and further preventing the loss of life and supporting the efforts to address the underlying causes of this deepening vulnerability. In the food sector, a regional programmatic approach will be taken which builds on the partnerships and structures established over the past year. The operation will continue to meet acute food needs, particularly in Zimbabwe and Mozambique, and place emphasis on the transitional needs of populations who have been unable to recover their coping mechanisms and resume productive livelihood. In other sectors, projects have been designed to protect self-reliance systems and resources at the household level while supporting the strengthening vital social services. Central to all activities is the recognition to address the needs and roles of people living with AIDS, particularly women, in prevention, care and treatment of HIV/AIDS.

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

This Appeal comes on the heels of a humanitarian response in the face of massive food shortages in 2001/2002. Over the past year, generous donor support allowed humanitarian organisations to respond quickly to the crisis, focusing on saving lives with food assistance and stabilising the nutritional situation. By July 2003, approximately 73% of the US\$ 656 million requested in the revised 2002 Consolidated Appeal (CA) had been funded. However, there was a major shortfall in the response to the social service sectors, where only 31% of the requirements were met. This lack of contributions for activities that provide essential lifelines for communities have meant that little progress has been made to address the fundamentals that make such large numbers of people in the region so susceptible to shocks.

The Appeal for 2003/2004 seeks US\$ 530 million, significantly less than the 2002/2003, reflecting mainly reduced food needs. Major sectors in addition to food that require assistance in this Appeal include Water and Sanitation, Education and Health. Agencies have cooperated closely since the Mid-Year Review (MYR) of the 2002/03 Appeal to better integrate programmes and to ensure complementarities. For example, food provision in schools and assistance to improve school facilities, firstly to encourage children to return to school, and secondly to provide an environment conducive to learning, are programme features in more than one of the appealing countries. Donors are encouraged to support this complementary approach and to maintain or increase their generosity with food assistance and also to support all social service sectors.

The commitment to ensure that the region does not return to a 'business-as-usual' approach demands that the international system rises to the challenges that HIV/AIDS, poverty and food insecurity across the region pose to the traditional paradigms of international assistance. While over the past year, the UN and its partners have successfully averted large-scale deaths from starvation, the assistance community is under no illusion that the people in the six countries at most risk can be expected to sustain their survival. Indeed it is critical that continued urgent multi-sectoral assistance is provided over the next 12 months to enable people in the region to survive and to put in place the capacities that will enable them to better cope with the inherent risks that they face.

Project Summaries for the Southern Africa Regional Appeal can be found on <http://www.reliefweb.int/> and in the Southern Africa CD-Rom under "Compendium of Projects for Southern Africa Appeals".

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

Total Funding Requirements for the UN Consolidated Inter-Agency Appeal in Response to the Humanitarian Crisis in Southern Africa 2003 - 2004
By Country and Appealing Organisation
July 2003 - June 2004
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisations.

| APPEALING ORGANISATION | LESOTHO | MALAWI | MOZAMBIQUE | SWAZILAND | ZAMBIA | ZIMBABWE | REGION | TOTAL |
|-------------------------------------|------------------|-------------------|-------------------|-------------------|-------------------|--------------------|--------------------|--------------------|
| | US\$ | US\$ | US\$ | US\$ | US\$ | US\$ | US\$ | US\$ |
| FAO | 3,890,000 | 1,906,068 | 7,364,184 | 1,716,830 | 8,200,000 | 28,891,893 | 872,253 | 43,773,357 |
| ILO | - | - | - | - | - | 175,800 | - | 175,800 |
| ICM | - | - | - | - | - | 508,800 | - | 508,800 |
| OCHA | - | - | 173,710 | - | - | - | 855,800 | 1,029,510 |
| UNHCR | - | - | - | - | - | 418,800 | 475,800 | 894,600 |
| UNDP | 132,000 | 1,270,568 | 3,568,888 | 1,322,830 | 770,000 | 48,988,230 | 11,850,800 | 65,812,730 |
| UNDP / RRU | - | - | - | - | - | 644,882 | - | 644,882 |
| UNICEF | 895,000 | 7,935,258 | 6,555,888 | 7,835,830 | 6,000,000 | 8,587,839 | 630,800 | 41,527,289 |
| UNIFEM | - | - | - | - | - | 150,800 | - | 150,800 |
| UNFPA | 302,000 | 1,265,668 | - | 85,853 | 194,705 | 1,039,840 | - | 2,878,590 |
| UNICEF / WHO | - | - | - | 2,669,830 | - | - | - | 2,669,830 |
| WFP * | - | - | - | - | - | - | 288,570,230 | 288,570,230 |
| WHO | 1,982,840 | 866,218 | 2,016,847 | 111,817 | 3,094,400 | 3,472,210 | 1,784,419 | 12,898,343 |
| Total for UN Agencies | 5,972,440 | 13,227,660 | 21,549,761 | 13,839,270 | 18,248,165 | 83,880,391 | 324,830,902 | 481,521,339 |
| ADRA | - | - | - | - | 2,400,000 | - | - | 2,400,000 |
| AFRICARE | - | - | - | - | 1,800,000 | - | - | 1,800,000 |
| ABUNDANT LIFE CHURCH | - | - | - | - | - | 133,800 | - | 133,800 |
| AMPPCAN ZIMBABWE CHAPTER | - | - | - | - | - | 60,359 | - | 60,359 |
| DAWDO | - | - | - | 6,899,800 | - | - | - | 6,899,800 |
| DARE | - | - | - | - | - | 1,338,417 | - | 1,338,417 |
| CATHOLIC RELIEF SERVICES | - | - | - | - | 1,136,842 | 2,418,854 | - | 3,555,697 |
| CHILDLINE ZIMBABWE | - | - | - | - | - | 24,877 | - | 24,877 |
| CHRISTIAN CARE | - | - | - | - | - | 98,733 | - | 98,733 |
| CITY OF HARARE - Community Services | - | - | - | - | - | 95,800 | - | 95,800 |
| CITY PRESBYTERIAN CHURCH | - | - | - | - | - | 180,800 | - | 180,800 |
| C-SAFE | - | - | - | - | 400,000 | - | 450,800 | 850,800 |
| EFZ | - | - | - | - | 330,000 | - | - | 330,000 |
| FOTZ | - | - | - | - | - | 2,885,736 | - | 2,885,736 |
| FOST | - | - | - | - | - | 175,330 | - | 175,330 |
| FST | - | - | - | - | - | 28,800 | - | 28,800 |
| IMPVUZ | - | - | - | - | - | 138,483 | - | 138,483 |
| ORPHAN ADOPT ACTION | - | - | - | - | - | 1,810,800 | - | 1,810,800 |
| DOAL ZIMBABWE | - | - | - | - | - | 2,958,182 | - | 2,958,182 |
| ISA | - | - | - | - | - | 80,800 | - | 80,800 |
| LHH | - | - | - | - | - | 148,800 | - | 148,800 |
| MCI | - | - | - | - | - | 448,800 | - | 448,800 |
| MEONR | - | - | - | - | - | 1,671,143 | - | 1,671,143 |
| MOHAMMAD TRUST | - | - | - | - | - | 338,800 | - | 338,800 |
| OPAM OB | - | - | - | - | - | 758,800 | - | 758,800 |
| PSZ | - | - | - | - | - | 182,265 | - | 182,265 |
| SAFIRE | - | - | - | - | - | 48,800 | - | 48,800 |
| SCN | - | - | - | - | - | 4,096,859 | - | 4,096,859 |
| SC UK | - | - | - | - | - | 6,383,607 | - | 6,383,607 |
| SHRIT | - | - | - | - | - | 38,800 | - | 38,800 |
| SSYP | - | - | - | - | - | 48,800 | - | 48,800 |
| SWEDISH COOPERATIVE CENTRE | - | - | - | - | 400,000 | - | - | 400,000 |
| TFZ | - | - | - | - | - | 85,800 | - | 85,800 |
| THH | - | - | - | - | - | 324,480 | - | 324,480 |
| VW ZAMBIA | - | - | - | - | 5,082,858 | - | - | 5,082,858 |
| VW ZIMBABWE | - | - | - | - | - | 787,850 | - | 787,850 |
| ZAPSO | - | - | - | - | - | 185,800 | - | 185,800 |
| ZCOT | - | - | - | - | - | 641,800 | - | 641,800 |
| ZFAYA | - | - | - | - | - | 97,800 | - | 97,800 |
| ZMP/CHTS | - | - | - | - | - | 88,800 | - | 88,800 |
| ZLWAK | - | - | - | - | - | 288,800 | - | 288,800 |
| ZNCWC | - | - | - | - | - | 45,800 | - | 45,800 |
| ZSFP | - | - | - | - | - | 1,114,800 | - | 1,114,800 |
| Total for NGOs | - | - | - | 6,899,800 | 11,562,761 | 29,982,676 | 450,800 | 48,884,377 |
| Total for Country Teams | 5,972,440 | 13,227,660 | 21,549,761 | 20,736,270 | 29,801,806 | 113,828,067 | 325,286,902 | 630,406,696 |



* Requirements for specific countries are incorporated in the Regional Appeal

1. YEAR IN REVIEW

Background

In June 2002, UN agencies estimated that 12.8 million people were in the brink of disaster due to a combination of factors including unfavourable climatic conditions, food shortages, HIV/AIDS, poor social services and deteriorating political and economic conditions. Over half of those in need were children. In response, the UN, in collaboration with its partners, launched the Regional Consolidated Inter-Agency Appeal in July 2002 that focused the attention of the international community on the severity of the crisis and highlighted the need for massive food aid and other humanitarian requirements to avoid a humanitarian crisis in the region.

In September 2002, results from vulnerability assessments indicated that the number of people in need of direct food assistance until the main harvest in April 2003 had increased to 14.4 million, primarily due to insufficient grain imports, high and inflationary prices and the limited coping mechanisms available to households and communities affected by HIV/AIDS. In late 2002, it became increasingly evident that food insecurity in southern Africa was but one symptom of a crisis characterised by the scourge of HIV/AIDS, increasing poverty and the breakdown of social services.

A first mission of the Special Envoy for Humanitarian Needs in southern Africa in September 2002 emphasised the impacts of HIV/AIDS as a fundamental and underlying cause of vulnerability in the region and the single largest threat to the lives and social economic development of its people and societies. Subsequent missions by the Special Envoy for HIV/AIDS in Africa in November 2002 and jointly by the above Envoys in January 2003, highlighted the impacts of the disease, particularly on women – the primary care giver and resource provider in Africa's society - and stressed the need to work collectively to tackle the HIV/AIDS problem.

Generous donor support allowed humanitarian organisations to respond quickly to the crisis, focusing on the immediate goals of saving lives with food assistance and stabilising the nutritional situation. As a result, famine was averted and mass starvation and death were avoided. By July 2003, approximately 73% of the US\$ 656 million requested in the revised 2002 CA had been funded. The shortfall in the response has been largely due to limited contributions from donors to social service sectors. This imbalance in support must be redressed in the coming year and in recognition of the need to address long-term objectives simultaneously with action to address immediate needs.

Recent assessments confirmed that food security in most, but not all, countries has improved especially in terms of agricultural production and availability of food. However, significant vulnerability remains and the worsening of the situation in much of Zimbabwe and parts of Mozambique is of particular concern, e.g., fragile improvements elsewhere and many households that sold assets to cope with the situation last year that have not yet fully recovered.

Agencies are fully cognisant that the improvements, where they exist, are not sustainable in an environment of increasing vulnerability with the numbers of chronically food insecure and those requiring nutritional support likely to increase over the medium to long-term due to the impact of HIV/AIDS. As HIV/AIDS continues to erode household and community structures, the notion of whether or not recovery is possible depends on the fuller understanding of the impact of HIV/AIDS on food security, the redefinition of vulnerability and the design and implementation of appropriate programmes at all levels.

Summary of the Response and Achievements: July 2002 – June 2003

Coordination

A Special Envoy for Humanitarian Needs in southern Africa was appointed by the UN Secretary General in July 2002 to raise awareness of the crisis and provide recommendations on how to improve the humanitarian response. While UN Humanitarian/Resident Coordinators retain primary responsibility for coordinating the humanitarian response within their respective countries, RIACSO was established in Johannesburg under the leadership of a Regional Coordinator for the Special Envoy to provide regional leadership, support the Special Envoy, strengthen information flow between countries and enhance strategic planning and fund raising. Agencies represented within RIACSO include Food and Agriculture

Organization (FAO), International Federation of Red Cross and Red Crescent Societies (IFRC), Office for the Coordination of Humanitarian Affairs (OCHA), United Nations Development Programme (UNDP), United Nations Programme for AIDS (UNAIDS), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), World Food Programme (WFP) and World Health Organization (WHO).

RIACSO has successfully achieved its main aim – to enhance the response of the UN system to the humanitarian crisis in southern Africa, by improving cooperation between the agencies involved, by ensuring much greater cohesion in their programmes and by providing crucial technical support at both national and regional level. This has contributed to an improvement in the scope and effectiveness of joint programmes between UN agencies

The office also played a key role in supporting the work of the UN Special Envoy for Humanitarian Needs in Southern Africa, Mr. James Morris, notably facilitating the two missions he undertook to the region. These missions drew the attention of the UN system on the crisis, mobilised donor support for the affected countries and highlighted the devastating impact of HIV/AIDS.

RIACSO has helped improve information management and sharing through the regional information management system (SAHIMS) where critical information about the continuing crisis particularly reports and material gathered by UN agencies are stored and shared. This is improving access to information and enhancing responses to it. The hosting of regular stakeholders' meetings (donors, NGOs etc) has strengthened external relations and improved awareness of the numbers of people in need.

Assessments and Situation Analysis

Combined analyses from a series of assessments have provided at least two broad benefits. First, is key information for targeted, evidence-based programming across the region and baseline information for future vulnerability assessment, monitoring and surveillance. Second, and just as importantly, these assessments have shown the value of a more coordinated approach by the multiple regional and national players.

Several agencies provided support to the southern African Development Community (SADC) Food, Agriculture and Natural Resources (FANR) Regional Vulnerability Assessment Committee (RVAC) to coordinate a series of vulnerability assessments. As a result, national VACs (NVAC) and partners conducted three rounds of vulnerability assessments between July 2002 and June 2003. For the first time, data was disaggregated and analysed according to HIV/AIDS proxy indicators, yielding further insight into the linkages between HIV/AIDS and food security and recommendations for programming, policy and further research.

In addition, Crop and Food Supply Assessment Missions were led by FAO and WFP during April and May 2003 to estimate macro-level food crop production, livestock conditions and cereal import / aid requirements for 2003–2004. The results from the vulnerability assessments conducted by the NVAC provided an analysis of food security at the household level. In Malawi, Zambia and Zimbabwe, this information has been further augmented by assessments undertaken by the Consortium for Southern Africa Food Security Emergency (C-SAFE) consortia of 15 NGOs undertaken in March and April.

Specifically on nutrition, UNICEF and partners conducted a series of provincial and district level nutrition surveys in all six crisis-affected countries. These surveys informed a comprehensive nutrition review to establish the impact of the humanitarian crisis in southern Africa on the nutritional situation among children under-five. The findings from these assessments were presented at RIACSO Stakeholder meetings in April and June 2003.

Delivery Performance

Approximately 785,000 metric tonnes (MTs) of food aid were delivered to more than ten million beneficiaries between July 2002 and June 2003 with WFP's assistance in conjunction with implementing partners. A complementary pipeline was established in early 2003 by the Non-Governmental Organisations (NGO) consortium C-SAFE with a focus on targeted supplementary feeding to vulnerable groups, and transitional programming such as Food-for-Work (FFW). First shipments arrived in the C-SAFE countries in February and March, with distributions beginning in force in March and April.

Approximately, 15,300 MTs had been distributed by the end of April providing 1,650,000 rations for an average of 826,000 beneficiaries per month.

Strategy Development and Orientation

The UN system has taken significant strides to develop the concept of a sustainable recovery framework for the region since the issuance of the CA in July 2002. This has been driven by a variety of different actors and over the course of the past 12 months has converged, in the immediate period, around the approach laid out by the UN Special Envoy for Humanitarian needs in Southern Africa in his paper "The Next Steps for Southern Africa". At a country level, much has been achieved under the lead of the Resident Coordinator system with support from agencies based in RIACSO who have provided support in the six affected countries and to identify activities that will fast track recovery. For example, discussions led by the Resident Coordinator with all partners at national levels is enabling a redefinition of the strategies included in Common Country Assessment (CCA), UN Development Assistance Framework (UNDAF) and Poverty Reduction Strategy Papers (PRSPs) to make them more attuned to the inter linkages of HIV/AIDS, Governance and Food Security.

In addition to this work, and in view of the magnitude of the challenge, the UN Secretary General has requested the High Level Committee on Programmes to prepare a policy paper to provide an analysis of the inter-linkages between Food Security, HIV/AIDS, and Governance and develop an overall policy framework in which UN organisations, within their own mandates, could contribute in addressing, in a coordinated manner, the inter-linked aspects of the crisis. This process further highlights the commitment of the UN system to ensure that the efforts to reduce vulnerability are sustained.

Lessons Learned

Coordination and Partnerships

- Strong coordination at a regional and national level is key in view of the complexity of the crisis and the plethora of actors involved in the response. This demands strong leadership and vision through RIACSO, heads of agencies, Government counterparts, SADC, Special Envoys and requires the delineation of a framework for response that pulls together all actors.
- Partnerships, especially with the development community, Governments and SADC are essential given the broad scope of work, the protracted nature of the crisis and the huge efforts required to address vulnerability resulting from HIV/AIDS and social sector deterioration.

Policy Environment

- The nature of the protracted crisis, which centres around social sector deterioration, worsening poverty, governance issues and a weak policy environment outlines the need for an integrated, multi-sectoral and sustained response.
- The classical 'emergency' response with short-term inputs based on short-term emergency funding does not address the fundamental issue of vulnerability that forms the basis of a chronic emergency environment requiring a long-term, deeply embedded response.
- Policies need to facilitate and promote the mainstreaming of activities designed to address the impact of HIV/AIDS. The epidemic, in its own right, warrants emergency programming.
- Inadequate national policies hamper private investments in the agricultural sector. National governments, and regional bodies, such as New Partnership for Africa's Development (NEPAD), Common Market for Eastern and Southern Africa (COMESA) and SADC and others need to continue their work in developing and implementing comprehensive policies for market reform that will facilitate broad access to food for consumers while at the same time stimulating the agricultural sector.
- Discussion around Genetically Modified Organism (GMO) food aid and potential planting of maize grain underlined the possible risks associated with the application of modern technologies to increase productivity. Moreover, it emphasised the need for open dialogue and that the ultimate responsibility for formulating policies rests with national Governments, supported by an Advisory Committee from SADC.

Understanding Vulnerability

- The Regional and National VACs have contributed to the establishment of a common understanding among stakeholders in the region about the magnitude and nature of vulnerability in the region. The VACs should be further strengthened, especially in terms of institutional structures, analytical capacities, and coordination.

- The link between HIV/AIDS and food insecurity underlines the need to broaden the definition of vulnerability and improve the assessment tools to better identify and target the most vulnerable.
- Inadequate support for key sectors, including agriculture, health, water and sanitation confirmed the need to increase advocacy with donors for funding to address vulnerability arising through inadequate social services and insufficient social safety nets.
- The poor access to and utilisation of contraceptive methods, particularly condoms, underlined the need for an effective commodities security strategy at country level.
- There is a need to stimulate income generation as a means of reducing household vulnerability. This is being addressed through the development of local markets including the option for procuring food aid locally or regionally, whenever possible, monetisation schemes, cash for work, voucher systems and other options for using assistance to stimulate local growth for income generation.
- Limited capacity of local institutions to support key functions and services throughout the region due to depletion of human resources confirmed the need to develop strategies to invest in human capacity, ensure the minimum provision of and access to basic social services and ensure sustainability of interventions.

Targeting

- The situation is not uniform, with intense hotspots, both geographic and demographic, at the sub-national level. Identification and targeting of hotspots is paramount.
- Inadequate national capacities to address vulnerability in 'hotspots' including the provision of treatment to acutely malnourished children, underpins the need for providing a minimum and integrated package of interventions in hard-hit areas. Interventions need to include the expansion of therapeutic and supplementary feeding programmes, as required.
- Insufficient community support mechanisms to help reduce vulnerability in hotspots, especially the increased vulnerability of women calls for the need to improve community resilience to further shocks.
- Evidence that women and girls are disproportionately affected by HIV/AIDS points to the need to develop community-based strategies that will provide them with integrated services in health, education, food, agriculture and income generation and to consolidate gender responsive efforts in all areas including gender based violence.
- Women relief committees trained by WFP in food distribution should be used as an entry point to address sexual reproductive health issues, as well as issues of sexual abuse and exploitation.
- The increasing number and heightened vulnerability of orphans and child-headed households underlined the need to implement multi-sectoral and comprehensive interventions that identify these children and target them in an effort to address their needs.
- Older orphaned adolescents (15-19 years age group) who often assume the responsibility of heads of households need support to continue their education and acquire knowledge on how to stay HIV negative.
- Evidence that HIV-infected populations have heightened nutritional needs underlined the need to provide an enriched food basket as well as micronutrient-fortified blended foods to address micro-nutrient deficiencies that affect the frequency, severity and rate of recovery from HIV/AIDS-related opportunistic infections and extend the quality of life for People Living with HIV/AIDS (PLWHA).
- Decreased school participation during the crisis underlined the need to better understand the impact of the crisis on education systems, identify and target high-risk communities with appropriate interventions (including activities that will promote the attendance of girls).
- Indications that the most vulnerable populations continue to have limited access to adequate health care and services highlights the need to improve health surveillance, strengthen existing health facilities and expand outreach services and home-based care systems.
- The negative impact of HIV/AIDS on agricultural production underlined the need to develop agricultural strategies that lessen or spread the workload of HIV/AIDS-affected households such as mechanisation, conservation farming, crop diversification and winter cropping.

2. CONTEXT FOR ASSISTANCE

Despite expectations for improved food security following the 2002–2003 agricultural season, critical vulnerability remains primarily due to the complex linkages between the spread of the HIV/AIDS pandemic, food insecurity, governance and the decline of social service provision. While varying across countries, the region as a whole has regressed in terms of economic and social development and the number of people living below the poverty line has increased.

As the epicentre of the global HIV/AIDS epidemic, the region has the highest prevalence rates in the world, with up to 33% of the adult population HIV positive in some countries. An estimated six million people, of whom 58% are women, are living with HIV/AIDS in the six countries, and there are indications that prevalence rates have not yet peaked.

The pandemic is driving households and communities to levels of poverty from which they cannot recover. Furthermore, governance, the policy and socio-economic environment and the burden of illness and deaths resulting from the pandemic is undermining the capacity of national institutions to assume and fulfil their roles in the delivery of adequate services to the entire population. For a variety of reasons, the region has suffered setbacks in terms of political, economic and social development with the numbers of people living below the poverty line increasing.

Recent studies indicate dramatically increasing levels of adult and child morbidity and mortality as a consequence of HIV/AIDS. The following table indicate the most recent estimates on HIV/AIDS prevalence and mortality.

| COUNTRY | POPULATION (MILLIONS) | ADULT PREVALENCE RATE | ESTIMATED NUMBER OF PLWA | AIDS ORPHANS | AIDS DEATHS 2001 |
|------------|-----------------------|-----------------------|--------------------------|--------------|------------------|
| LESOTHO | 2.0 | 31 | 360,000 | 73,000 | 25,000 |
| MALAWI | 11.6 | 15 | 850,000 | 470,000 | 80,000 |
| MOZAMBIQUE | 18.6 | 13 | 1,100,000 | 420,000 | 60,000 |
| SWAZILAND | 0.9 | 33.4 | 170,000 | 35,000 | 12,000 |
| ZAMBIA | 10.6 | 21.5 | 1,200,000 | 570,000 | 120,000 |
| ZIMBABWE | 12.9 | 33.7 | 2,300,000 | 780,000 | 200,000 |

Source: UNAIDS, Report on the global HIV/AIDS epidemic, 2002

Humanitarian Conditions

Information from across the region indicates the following statistics:

- 415,000 children less under-five died over the last year;
- 2.2 million children under-five are malnourished;
- 5 million people live on less than 1 US\$ a day;
- 2 million children under-fifteen are orphans;
- 3.3 million children age 7-13 years are out of school;
- 6 million people are living with HIV/AIDS currently and 600,000 were infected last year.

Furthermore, the following information was gathered from a series of assessments undertaken between July 2002 and June 2003:

Food

- Despite an increase in cereal production, more than 6.5 million people living in rural areas will require food assistance until the next harvest in April 2004.

Agriculture

- Despite improved harvests in some countries, agricultural production remains uneven throughout the region and within countries. Trade barriers and poor infrastructure continue to hamper the transfer of agricultural surpluses and accesses to markets, reducing regional and in-country capacities to respond to localised food shortages.

- In areas where agricultural production has increased, improvements were due primarily to favourable weather and better availability of agricultural inputs.
- Climatic variability, soil deterioration, ineffective water control, inadequate farming techniques and lack of extension services, as well as HIV/AIDS related morbidity and mortality continue to undermine agricultural production.
- Livestock is depleted beyond normal levels in several areas, notably in the southern provinces of Mozambique and in Zambia primarily due to disease, and in Zimbabwe due to the socio-economic situation.
- HIV/AIDS has a negative impact on household food production and purchasing power, increasing vulnerability to chronic and acute food insecurity.

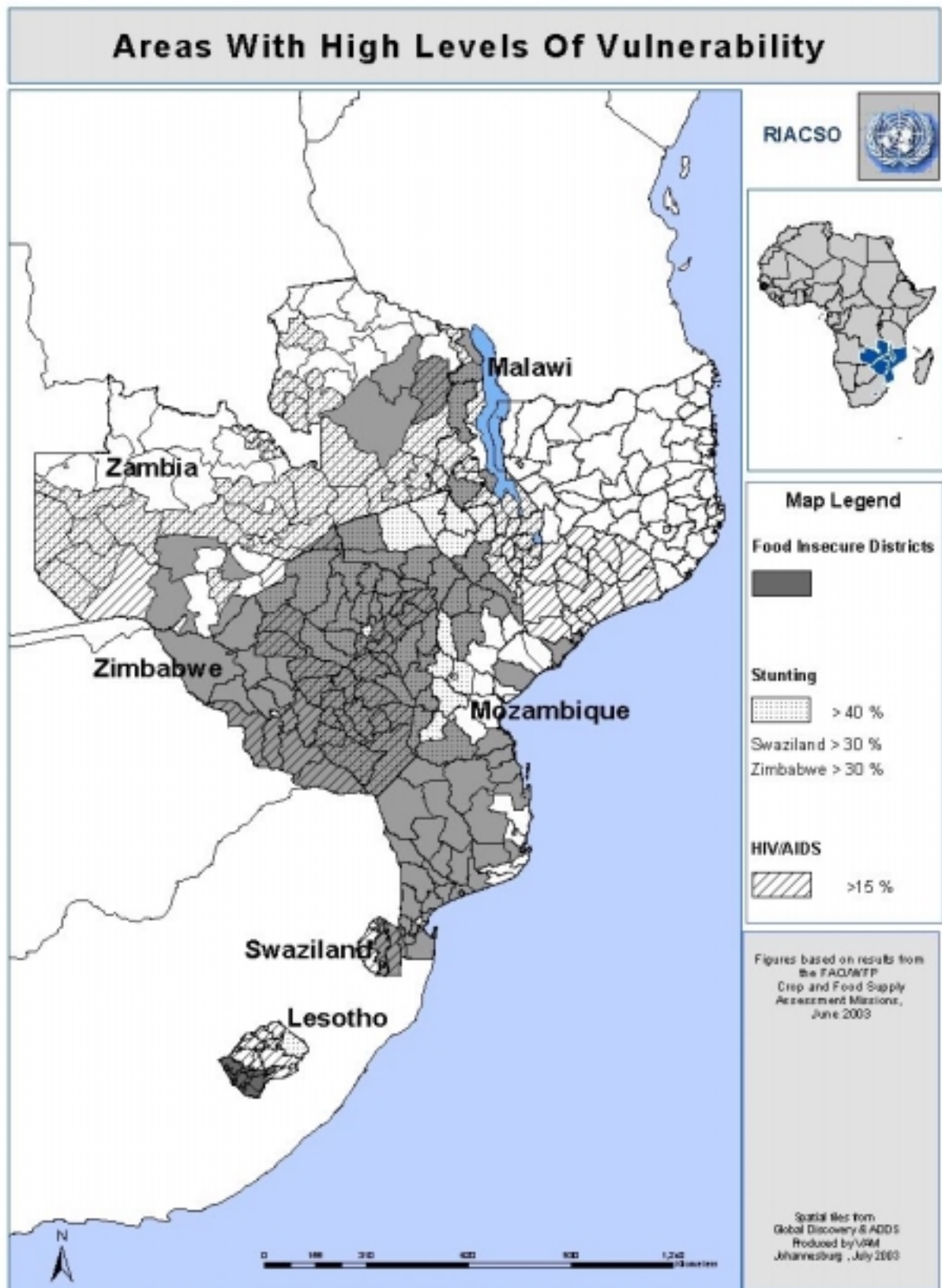
Nutrition

- The current HIV/AIDS pandemic will directly and indirectly increase young child malnutrition and household food insecurity.
- Areas with a higher prevalence of HIV/AIDS showed greater deterioration in nutrition status.
- In several areas, depletion of economic capital and increased unemployment force populations to reduce expenditures on agricultural inputs and social services and modify their consumption and income strategies, leading to a deterioration of nutritional status, disruption of families and communities and environmental depletion.
- In most countries, the national trends of improvement of the nutritional situation that was observed in the early nineties has now either slowed down or reversed.
- Younger children are more affected by malnutrition than older children, indicating that food insecurity is not the sole determinant of malnutrition.
- Nutritional status is worse among children who are orphaned.

Health

- HIV/AIDS is one of the root causes of crisis leading to health deterioration and consequent increase in mortality.
- Mortality rates in affected countries have reached frightening levels. However, due to inadequate surveillance systems, much of this goes unreported and is therefore hidden. Life expectancy in several countries has dropped by 10-20 years.
- Morbidity rates are increasing according to anecdotal reports from health service staff, but again hard information is missing.
- Quality of service is declining as a result of staff attrition from a number of reasons, e.g. lack of local managerial and logistic capacity and inadequate government funding. In particular, there is insufficient local technical capacity in prevention and clinical management of conditions due to inadequate nutrition.
- Access to care is worsening as resources available to families fall and services are cut back to accommodate falling staff capacity.
- A general lack of reported information has resulted in inadequate humanitarian assistance to this crucial sector, which is thus unable to maintain the *status quo*, much less respond adequately.

These findings confirm that the combination of the food crisis of the past year coupled with severe poverty and HIV/AIDS has placed millions of people through the region at a point where traditional coping mechanisms are nearing exhaustion. The UN and its partners believe that there is a clear obligation to continue on an emergency basis with a programme of activities over the next twelve months aimed at quantifying and further preventing the loss of life and supporting the efforts to address the underlying causes of this deepening poverty. While healthy food aid pipeline and support to agricultural strategies are key for food security, without action in health, education, water and sanitation that address the effects of the crippling HIV/AIDS pandemic, gains in food security will not be translated into the needed improvements in livelihood security.



3. REGIONAL STRATEGY: JULY 2003 – JUNE 2004

3.1 Introduction

The aim of the UN and its partners over the next twelve months is to maintain the momentum generated over the past year and to draw on key lessons learned to inform evidence-based programme necessary to reduce the levels of acute vulnerability in the region. Assistance efforts will therefore include immediate actions to address the critical needs of the most vulnerable as well as immediate actions to build safety nets for the long term to improve community and household resilience. In this respect, the strategy is to implement the vision of the UN Special Envoy (SE) as presented in his report, 'Next Steps for Action in Southern Africa'. The SE calls for the UN and its partners "to do more to save people's lives and their livelihoods in southern Africa". This Appeal includes actions that **address emergency needs related to the current crisis, while simultaneously initiating actions to address the long-term needs in the region.**

This bold approach assumes the willingness of donors to equitably support activities that address short-term needs while simultaneously supporting complementary interventions that address longer-term issues. However, the commitment to ensure that the region does not return to a 'business as usual' approach demands that the international system rises to the challenges that HIV/AIDS, poverty and food insecurity across the region pose to the traditional paradigms of international assistance.

Each of the country chapters presented in this document provides a detailed analysis and rationale for how the UN, its partners, in cooperation with Governments, will maintain the momentum of assistance needed to respond to life saving, life sustaining needs that will protect and enhance livelihoods.

3.2 Coordination

While national efforts form the crux of the response, the experience of the past year has demonstrated the added value of regional support for a coordinated response. The establishment of RIACSO, its interaction with SADC, regional offices of NGOs, and respective countries has greatly contributed to the harmonisation of efforts and the effective utilisation of available resources in support to national assistance activities. This regional effort will continue through 2003/2004 with emphasis on the following three mutually supporting elements:

3.2.1 Programme Support

RIACSO, in close collaboration with its NGO and SADC partners, will continue to provide support to programming in the region. Specifically, this includes a commitment to expanding and strengthening vulnerability assessments and, in particular, surveillance and monitoring capacities. As indicated above, emphasis is being placed on ensuring increasing convergence of data that will facilitate a deeper understanding of the causes and consequences of vulnerability to risks. Specifically, support will be given to further refine the methodology used for the integration of HIV/AIDS into needs and vulnerability assessment tools as well as strengthening the analysis of the data generated through the VAC process. Special attention will be given to the social services sectors (health, water and sanitation, nutrition) in order to determine appropriate interventions for PLWA with emphasis on the needs of women, children under-five and orphans.

Technical programme staff based within RIACSO will provide support from a regional perspective to augment national programming capacities. A key aspect of their role will be to share best practice, drawing on lessons learned across the region and to explore opportunities for joint planning, programming and implementation. While ongoing assessments will be central to ensuring that needs are clearly identified, regular monitoring and reporting of existing activities will ensure that programmes and project activities are appropriately targeted. Support to capacity building at country level will be one of the key functions of RIACSO. At a Regional level, UNDP will provide capacity to SADC to strengthen risk reduction strategies for integration at a national level.

3.2.2 Information Management and Support

A key component for supporting the coordination of activities within and across the region is the ability to effectively manage and support information flow among all assistance partners. Within RIACSO, the OCHA has established the Southern African Humanitarian Information Management System (SAHIMS). SAHIMS is improving and widening the knowledge base of the humanitarian operations in the region by promoting and facilitating data sharing. It is an effective tool to enable the consolidation of existing databases used for vulnerability analysis and mapping and to enhance the analytical capacity at both the national and sub national levels. Through SAHIMS, RIACSO provides a platform through which information can be collected, collated analysed and disseminated. In so doing, RIACSO in collaboration with its partners, will contribute to the identification of programming support needed to respond to 'hotspots' of vulnerability. Inputs from UNDP and UNAIDS will accelerate the establishment and operationalisation of the country and regional response information system on HIV/AIDS as well as recovery and development activities.

3.2.3 Advocacy

Sustaining attention and donor support for critical assistance activities to arrest the decline in basic development indicators is a key objective of the regional strategy. Through a variety of communications channels, RIACSO and its partners will ensure that all stakeholders are fully aware of the urgency to implement responses to protect lives and livelihoods. These efforts will be guided by the 'Next Steps' paper of the Special Envoy as well as the ten-point action plan developed by UNAIDS.

In collaboration with SADC, national Governments and its NGO partners, RIACSO will also pay close attention to ensuring that the humanitarian principles and the humanitarian imperative are upheld and, in so doing, serve as advocates for targeted beneficiaries. Securing timely and appropriate resources that respond to needs and strengthen self-reliance will underpin the approach. To increase high level attention to HIV/AIDS, UNAIDS will ensure collaboration with major partners in documenting and disseminating best practices on humanitarian responses addressing the impact of the HIV/AIDS pandemic. RIACSO and its partners will also advocate for and explore possibilities for expanding access to anti-retroviral drugs for PLWHA as part of its efforts to initiate actions to address the long-term needs in the region.

3.3 Specific Regional Programmes

3.3.1 Food Assistance

Building on the partnerships and structures established over the past year, WFP will continue a regional programmatic approach in addressing continuing food aid requirements in the year ahead. The operation will continue to meet acute food needs, particularly in Zimbabwe and Mozambique. However, emphasis is also being placed on the transitional needs of populations who have been unable to recover their coping mechanisms and resume productive livelihoods. Assistance will be provided through targeted family rations and particularly vulnerable individuals will be reached through their participation in safety net activities, such as school feeding, HIV/AIDS and nutrition programmes as well as FFW and food-for-training (FFT) activities.

While WFP will continue to tailor the modalities of assistance to suit the unique requirements of vulnerable populations in each country, there are compelling reasons to address these needs within the framework of a regional emergency operation. A regional operation facilitates the harmonisation and standardisation of approaches to vulnerability analysis, performance monitoring, sharing of best practices, strengthening of capacity and reporting. The experience of 2002/2003 also shows that although not all needed commodities can be resourced to arrive where they are needed exactly when they are needed, the flexibility of a regional approach better enables WFP to adapt operations and pre-empt the most urgent pipeline breaks to meet the most pressing needs of beneficiaries. Also, regional coordination of commodity movements enables economies of scale and enhanced logistics management to alleviate undue pressures on regional logistics markets and corridors. Similarly, regional coordination of procurement enables WFP to efficiently manage simultaneous tenders for regional purchase and minimise the impact of humanitarian activities on local markets.

3.3.2 Complementary NGO Activity

Just as the UN agencies perceived a need to establish a coordinated regional presence in response to the crisis (RIACSO), the NGO community also saw great benefit from forming a collaborative response. In this vein, the C-SAFE was formed in late 2002, with 15 NGO members in three countries (Zambia, Zimbabwe and Malawi). The three principal members at the regional level, including Cooperation and Relief Everywhere (CARE), Catholic Relief Services (CRS) and World Vision (WV) also established a Regional Programme Unit (RPU) in Johannesburg to coordinate the regional initiative and to liaise with WFP and its other UN partners at RIACSO.

The focus of C-SAFE's complementary pipeline is supplementary feeding to targeted vulnerable groups, and in particular, households affected by HIV/AIDS. The term 'developmental relief' is key to describing C-SAFE's approach to programming. While responding to the immediate crisis with emergency *relief* interventions (supplementary feeding to malnourished children, pregnant/lactating women, orphans and households made vulnerable by HIV/AIDS); C-SAFE is simultaneously working on longer-term, *developmental* initiatives, such as training in sound nutritional practices, as well as community surveillance and training in drought mitigation to prepare communities for future food security shocks, and help them to become more self-reliant. The consortium has adopted a conceptual framework that addresses not only acute, but also chronic vulnerability, thereby capitalising on the NGO members' long-time presence in the region, and taking care not to undermine long-term developmental programming that its members have been engaged in for decades.

3.3.3 Disaster Management Capacity Building and Training

Under the leadership of UNDP, the UN Disaster Management Training Programme (DMTP) has launched a complementary and supportive consultative process, to develop a plan of activities to promote coordination and collaboration in disaster risk management among all stakeholders in southern Africa. UNDP has initiated the process to identify immediate training and capacity building needs in disaster management. Training support will target national governments, UNDP Country Offices, and where appropriate SADC. Specific focus will be given to include recently approved Inter-Agency Standing Committee (IASC) modules on the impact of HIV/AIDS in Disaster Management.

3.3.4 Strengthening Capacity for Nutrition Analysis

In March and April 2003, UNICEF and partners, in an effort to better understand the impact of the current humanitarian crisis on child nutrition as well as to look at regional nutrition trends, embarked on the Nutrition Information Project for Southern Africa (NIPSA). NIPSA highlighted the importance of in-depth nutrition analysis to improve understanding of trends both nationally and regionally, the impact of the humanitarian crisis on nutritional status and the relationship between nutrition status and other factors such as health, food security, HIV/AIDS, etc. There is a need to increase understanding of nutritional patterns and determinants as well as to monitor further changes in nutritional status to serve as the foundation for evidence based programming and advocacy.

In order to strengthen nutrition analytical capacity throughout the region, in close collaboration with WFP and partners, UNICEF proposes to strengthen RIACSO's technical expertise in nutrition analysis and research. This additional capacity will facilitate the establishment of a nutrition database consolidating data from the six crisis-affected countries, further analysis of nutrition surveys and other assessments to draw out additional nutrition information, cross tabulation of the VAC with the nutrition surveys in order to improve understanding of the links between food security, vulnerability and nutrition, enhanced information on causality and determinants of malnutrition, regional trend analysis based on data from national and local level from Governments, UN agencies and NGOs and the promotion of and support to pilot studies both nationally and regionally. In order to promote sustainability and to strengthen the capacity of other local and/or regional bodies, links and partnerships with other institutions (e.g. local research institute, University, SADC) will be explored to promote this capacity for the future.

3.3.5 Orphan Assessment and Analysis

UNICEF will seek resources to further the analysis of regional and country level assessment tools to draw out southern Africa specific information on orphans. This will involve the following:

- Review and re-analyse VAC data, nutrition survey data and other assessment tools to draw out orphan specific indicators to better inform evidence based programming;
- Explore options for mainstreaming information analysis capacity into a local or regional institution and ensure it is linked into Communication Rights in the Information Society (CRIS);
- Work with the regional and national VAC to refine and standardise indicators on orphans for inclusion in the VAC and other assessment tools.

3.3.6 Prevention of Sexual Exploitation and Abuse in the Southern Africa Humanitarian Crisis

From October 2002 – April 2003, a programme was undertaken in southern Africa to prevent the sexual exploitation and abuse of children and women in the humanitarian context. Building upon this successful endeavour, and with support from the IASC at a central level, UNICEF, WFP and Save the Children Fund (SCF) propose to:

- develop, standardise and localise Codes of Conduct for humanitarian workers;
- put into place and publicise internal and external reporting procedures;
- advocate for Human Resource Managers to include abuse and sexual exploitation into company policies and disciplinary codes;
- develop user-friendly materials for use by semi-literate and illiterate communities;
- provide guidance to trainers on adapting material to local needs;
- integrate a child protection focus into training materials,
- ensure that team-building efforts between different agencies are undertaken at national level to improve the implementation of the programme.

3.3.7 Human Capacity Stabilisation and Rebuilding

As a result of the increasing loss of public sector workers due to HIV/AIDS, the capacity of the public sector to deliver basic social services to the population, in particular to the most vulnerable, is eroding. The current crisis calls for innovative ways to promote capacity development and to provide public services. It has become clear that urgent action is needed and the UNDP offices in the region, along with Governments, have expressed a demand for tailor-made participatory capacity needs assessments as a first step, in parallel with immediate personnel gap filling. Findings of such assessments will be used to identify needs and priorities of the public sector and the role that United Nations Volunteers (UNV) can play to help replenish the most urgent human resources capacity gaps. A multi-pronged response that addresses local capacity utilisation and structural reform issues, explores options of collaboration with the private sector as well as opportunities for innovative forms of human resource planning and training is also needed.

3.3.8 Health Sector Capacity and Health Impact Assessment

WHO plans to conduct health sector capacity and health impact assessments in the six countries affected by the crisis. The aim is to assess and monitor the health status of people as well as the capacity of health services available to populations affected by the crisis.

The assessments will be conducted by the individual countries on a bi-annual basis, under the guidance of the WHO Country Representatives, and the overall coordination and support of the WHO Inter-Country Team on Emergency Humanitarian Action (ICT/EHA). The tools are, however, developed at the sub-regional level (by the ICT/EHA) for standardisation purposes. [The ICT/EHA is based in the WHO Country Office in Harare]. The exercise is planned to run in two phases. The first phase comprises assessments for Lesotho, Swaziland and Zambia that will be used as a 'pilot project'. This phase is expected to be completed in September 2003. The training in these three countries was completed in June 2003. Lessons learnt from phase 1 will be used to improve on the assessments for the countries in the next phase (Malawi, Mozambique and Zimbabwe).

4. OUTLOOK

It is with some optimism that as the UN and its partners embark on a second year of intensive work to address the needs of the most vulnerable, the collective recognition of the needs of the region may allow for the people of the region to rebuild and strengthen coping capacities. However, as one donor has reflected; “If the countries in Southern Africa are to escape the vicious circle of vulnerability, poverty, and HIV/AIDS, governments, donors, NGOs, the private sector and international organisations must work together more effectively and more regionally. If the lessons of the crisis are learnt and applied and the international community stay engaged, the crisis of 2001/2003 in southern Africa might be remembered for the benefits it produced, as well as for the avoidable suffering it inflicted.”¹ It is in this spirit that the UN and its partners appeal to donors to support the programmes and projects outlined in this document.

¹ UK House of Commons International Development Committee – The Humanitarian Crisis in Southern Africa. 3rd Report of session 2002/2003.

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

**UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - REGION**

Summary of Requirements
By Appealing Organisation
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

| Appealing Organisation | Original Requirements |
|-------------------------------|------------------------------|
| C-SAFE | 450'000 |
| FAO | 672'253 |
| OCHA | 855'000 |
| UNAIDS | 475'000 |
| UNDP | 11'850'000 |
| UNICEF | 630'000 |
| WFP | 308'570'230 |
| WHO | 1'784'419 |
| Grand Total | 325'286'902 |

**UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - REGION**

Summary of Requirements - by Sector
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

| Sector Name | Original requirements |
|-----------------------------------|------------------------------|
| COORDINATION AND SUPPORT SERVICES | 14,602,253 |
| FOOD | 308,900,230 |
| HEALTH | 1,784,419 |
| Grand Total | 325,286,902 |

Project Summaries can be found on <http://www.reliefweb.int/>

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

**Table II: UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003/2004
Regional Projects**
Listing of Project activities- By Appealing Agency

| Appealing Organisation | Project Code | Sector | Project Title | Requirements (US\$) |
|-----------------------------|--------------|-----------------------------------|---|---------------------|
| C-SAFE | SOA-03/CSS01 | Coordination and Support Services | C-SAFE Learning Centre | 120,000 |
| C-SAFE | SOA-03/F02 | Food | Building community resilience to food security shocks | 230,000 |
| C-SAFE | SOA-03/F01 | Food | Food security and livelihood monitoring | 100,000 |
| Sub-total for C-SAFE | | | | 450,000 |
| FAO | SOA-03/CSS02 | Coordination and Support Services | Regional coordination and management of agricultural relief and recovery operations | 672,253 |
| Sub-total for FAO | | | | 672,253 |
| OCHA | SOA-03/CSS04 | Coordination and Support Services | Southern African Humanitarian Information Management Network (SAHIMS) | 555,000 |
| OCHA | SOA-03/CSS03 | Coordination and Support Services | Support for Regional Coordination of Humanitarian Activities | 300,000 |
| Sub-total for OCHA | | | | 855,000 |
| UNAIDS Secretariat | SOA-03/CSS05 | Coordination and Support Services | Mainstreaming HIV/AIDS in the humanitarian response | 475,000 |
| Sub-total for UNAIDS | | | | 475,000 |
| UNDP | SOA-03/CSS06 | Coordination and Support Services | Human resource capacity replenishment | 11,270,000 |
| UNDP | SOA-03/CSS08 | Coordination and Support Services | southern Africa food crisis sustainable recovery | 580,000 |
| Sub-total for UNDP | | | | 11,850,000 |
| UNICEF | SOA-03/CSS07 | Coordination and Support Services | Coordination and country support | 630,000 |
| Sub-total for UNICEF | | | | 630,000 |
| WFP | SOA-03/F03 | Food | EMOP 10290.0 Targeted relief to vulnerable households in southern Africa | 308,570,230 |
| Sub-total for WFP | | | | 308,570,230 |
| WHO | SOA-03/H03 | Health | Impact of HIV/AIDS on health sector | 93,280 |
| WHO | SOA-03/H02 | Health | Southern Africa health Impact Assessment and Health Service Capacity Monitoring Programme | 1,469,160 |
| WHO | SOA-03/H01 | Coordination and Support Services | Strengthening WHO presence and response to the humanitarian crisis in southern Africa | 221,979 |
| Sub-total for WHO | | | | 1,784,419 |
| Grand total | | | | 325,286,902 |

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

**Table III : UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - REGION**

Listing of Project Activities - By Sector
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Page 1 of 1

| Project Code | Appealing Agency | Sector/Activity | Original Requirements |
|--|------------------|---|-----------------------|
| COORDINATION AND SUPPORT SERVICES | | | |
| SOA-03/CSS07 | UNICEF | Coordination and country support | 630,000 |
| SOA-03/CSS01 | C-SAFE | C-SAFE Learning Centre | 120,000 |
| SOA-03/CSS06 | UNDP | Human resource capacity replenishment | 11,270,000 |
| SOA-03/CSS05 | UNAIDS | Mainstreaming HIV/AIDS in the humanitarian response | 475,000 |
| SOA-03/CSS02 | FAO | Regional coordination and management of agricultural relief and recovery operations | 672,253 |
| SOA-03/CSS08 | UNDP | Southern Africa food crisis sustainable recovery | 580,000 |
| SOA-03/CSS04 | OCHA | Southern African Humanitarian Information Management Network (SAHIMS) | 555,000 |
| SOA-03/CSS03 | OCHA | Support for regional coordination of humanitarian activities | 300,000 |
| Sub total for COORDINATION AND SUPPORT SERVICES | | | 14,602,253 |
| FOOD | | | |
| SOA-03/F02 | C-SAFE | Building community resilience to food security shocks | 230,000 |
| SOA-03/F03 | WFP | EMOP 10290.0 targeted relief to vulnerable households in Southern Africa | 308,570,230 |
| SOA-03/F01 | C-SAFE | Food security and livelihood monitoring | 100,000 |
| Sub total for FOOD | | | 308,900,230 |
| HEALTH | | | |
| SOA-03/H03 | WHO | Impact of HIV/AIDS on health sector | 93,280 |
| SOA-03/H02 | WHO | Southern Africa health impact assessment and health service capacity monitoring programme | 1,469,160 |
| SOA-03/H01 | WHO | Strengthening WHO presence and response to the humanitarian crisis in Southern Africa | 221,979 |
| Sub total for HEALTH | | | 1,784,419 |
| Grand Total | | | 325,286,902 |

LESOTHO

1. Changes Affecting the Humanitarian Situation

The CA for Lesotho launched in July 2002 and revised in January 2003, covered both emergency food aid as well as lifeline humanitarian concerns in the sectors of agriculture, water and sanitation, health, nutrition, and public education. There has been only marginal improvement in the intervening six months. Although seasonal rainfall totals reflect “normal” conditions, detailed weather records suggest that both the spatial and temporal distribution of rainfall over the entire 2002/2003 cropping season were generally uneven.

According to the latest Lesotho Vulnerability Assessment (April/May 2003), consumer maize meal prices in urban areas increased by 20-40%, and in rural areas by 30-50%. While prospects have improved slightly for lower prices for food imports and improved overall welfare for 2003/2004, the estimated number of vulnerable people in need of emergency food aid rose from 448,000 to nearly 700,000. The Lesotho Nutrition and Expanded Programme of Immunisation (EPI) Cluster Survey (October 2002) revealed that overall, malnutrition levels in the country showed slight improvement in children and that rate of underweight children declined from 18% in 2000 to 15% in 2002.

The critical two-way relationship between HIV/AIDS and food insecurity in Lesotho still continues to take its toll, with the pandemic being driven by the very factors that cause malnutrition: poverty and inequality. The hunger currently experienced by the population increased the likelihood of HIV infection, as people were driven to adopt risky coping strategies in order to survive. These include travelling to search for food and additional sources of income, migrating, and engaging in hazardous work, including women and children exchanging sex for money or food.

While the adult HIV/AIDS sero-prevalence is 31% (2001), the age and gender dimension of the epidemic is starkly apparent. HIV/AIDS prevalence rate among young women 15-24 years old is 51% compared with 23% among males of the same age group. The prevalence rate among pregnant women 15-19 years is 25% and among pregnant women 20-24 years, 41%. There are some 73,000 orphans 0-14 years (UNAIDS 2001) comprising 8.3% of children of that age group and which is rapidly increasing, as HIV/AIDS continues to affect most severely parents in the 20-49 age group.

The impact of HIV/AIDS is creating a large and increasing chronically vulnerable population that will require recurrent support beyond the 2003/2004 marketing year. For example, children who had lost both parents were found to be twice as malnourished as other children, thus reflecting greater vulnerability. At best, assuming access to normal food stocks, up to 70% of the rural population is expected to suffer up to five months of income/food deficit (with the Senqu River Valley being the worst affected). In the Northern Lowlands and Foothills and in the Southern Lowlands, the income/food deficit is expected respectively to affect 70% and 50% of the corresponding populations for a period of two months, while the entire Mountain population will experience income/food deficit for one month.

In addition, these findings suggest that in many areas livelihoods systems and structures have completely collapsed. There is a need to address symptoms, immediate and underlying causes of the recurring crisis. This is in addition to looking into capacity problems that constrain early detection, as well as timely response and/or effective targeting.

2. Progress Made Towards Goals and Objectives

Food aid has been provided to an estimated 350,000 persons. Programmes were designed and implemented to jump-start the depressed farm production as part of the Government Famine Relief Programme. However, delayed agricultural inputs linked to the programme have undermined the potential benefits in terms of sustained agricultural output recovery. It has been suggested that, by waiting for assistance, many farmers missed their limited window of opportunity to plant during the 2002/2003 agricultural season.

Since the beginning of 2003, the WFP Country Office experienced resource limitations, and although the areas of priority were protected through the maintenance of distribution at planned levels, the maize meal ration was reduced for the month of March in order to reach additional people. By the end of May 2003, 46% of the required commodities were delivered into the country, leaving a shortfall of 54%. The resource

constraints resulted in the slow down of the expansion of the Emergency Operation (EMOP) to cover all the identified areas, people, and activities, especially expansion the districts of Leribe, Berea and Butha-Butha. Priority was given to the maintenance of under-five support, school feeding, and HIV/AIDS support programmes.

This was followed by the maintenance of Vulnerable Group Feeding (VGF) and support to orphans and elderly-headed households. The other categories were to support single parent households, especially female-headed households; widows and widowers; as well as young men and women who are unemployed and the landless, through FFW activities. Although it was planned to provide assistance to the following categories of people, this did not materialise mainly because of shortages of maize meal in the country, compounded by delays in initiating the FFW activities.

Other programmes aimed at lifeline humanitarian concerns were designed to address emergency needs related to the crisis, while simultaneously impacting on long-term needs. Measles immunisation and Vitamin A administration activities started in April 2003 and are now completed. UNICEF and WFP are providing daily ration of UNIMIX for 60,700 under-fives in the districts of Maseru and Mokhotlong. This one-time initiative will be completed by the end of July. UNICEF, Ministry of Education (MoE) and WFP continue to support the school-feeding programme. Schools without feeding programmes have registered estimated 30% to 40% dropout rates, while those with feeding programmes have dropout rates as low as 9.5%. Nutritional surveillance systems are being established at district level. In this regard, WHO has been supporting the strengthening of the surveillance system as well as training on management of severe malnutrition.

One hundred and fifty kilogrammes of UNIMIX were also supplied to each of the 14 district hospitals for chronically ill patients and malnourished children. De-worming tablets have been procured to benefit 540,000 children under 15. A mechanism has been established to administer de-worming tablets in all schools and Institute for Educational Career Development (IECD) centres every six months. Garden and kitchen kits have been provided to 500 IECD centres to promote community self-reliance.

The Training of Trainers (ToT) has been completed for the UNICEF/Disaster Management Authority (DMA) integrated humanitarian crisis-training package for community-based preparedness and support. The package designed by UNICEF, DMA and line ministries, contains comprehensive information related to health, life skills, education, child protection, nutrition, legal awareness and HIV/AIDS. The MoE has been provided with school materials for Free Primary Education (FPE) worth US\$ 100,000 benefiting 180,000 children, with emphasis on Orphans and Vulnerable Children (OVC) – particularly girls. The national curriculum is in the process of being revised to include life-skills and ensure gender sensitivity, and the school environment is being secured – particularly for girls to promote the prevention of HIV and reduce teenage pregnancies. About 5,700 teachers out of the targeted 10,000 have been trained on HIV/AIDS, life-skills and gender-sensitivity. Consultants working on the impact assessment of HIV/AIDS on the education sector find that teachers who have undergone the training are more knowledgeable and sensitive to those issues.

The Orphan Registration Task Force, led by the Ministry of Social Welfare (MoSW) and the NGO-GROW comprising of WFP, Peace Corps, UNICEF and the DMA have formulated criteria for the selection of child-headed households and consolidated lists for the distribution of garden tools and kitchen kits in Mokhotlong.

3. Strategic Goals and Priority Actions to June 2004

On the basis of the projected income/food deficit situation described above, and on the basis of the food balance sheet estimated by the Lesotho Vulnerability Assessment Committee (LVAC) (April/May 2003), food relief will continue to be the most important single component of the Lesotho appeal. For the next Appeal period (July 2003-June 2004), the criteria for targeting food aid will reflect the emerging emphasis on HIV/AIDS-induced vulnerability. The revised Appeal modified the targeted beneficiaries to include a larger number of people living with AIDS (PLWA) and their household members, as well as increased numbers of school feeding, therapeutic feeding and orphaned beneficiaries. Another category, the able-bodied but vulnerable, were targeted for FFW.

Between July 2003 and June 2004, WFP plans to distribute 38,751 MTs of commodities to a total of 375,000 beneficiaries under its EMOP. Relief food assistance will be provided to the most vulnerable and food insecure families and individuals in the selected districts that have been identified by the April/May 2003 FAO/WFP Crop & Food Supply Assessment Mission (CFSAM) and the LVAC to have the highest levels of food insecurity, the districts of Mafeteng, Mohale's Hoek, and Quthing. Beneficiaries will be selected through a community-based targeting approach in cooperation with implementing partners and the DMA, based on a set of vulnerability indicators. Food assistance will be provided to identified vulnerable groups for seven months to cover needs during the lean period preceding the harvest, from November 2003 through June 2004. About 60% of the beneficiaries are expected to be women.

In order to increase access to food by vulnerable families with children under five and prevent dilution among household members of the supplementary food intended for the child, family rations will be distributed to vulnerable families with children under five at health centres in Mafeteng, Mohale's Hoek, Quthing, Maseru Rural and Thaba-Tseka, districts with very high levels of food insecurity. Additionally, each child will receive a ration of corn-soya blend (CSB). A total of 1,000 children and their families (5,000 beneficiaries) will be assisted. The duration of this assistance will be one year. Likewise, family rations and individual CSB rations will be distributed to needy expectant and nursing mothers, starting from the second trimester of pregnancy and lasting six months into breastfeeding. This food assistance will cover 1,000 women (5,000 beneficiaries).

Food assistance to PLWA will be implemented from July 2003 to June 2004. As the number of infected and affected persons is increasing, the plan is to assist 65,000 people (13,000 households). The activities will be targeted in the Constituencies with high levels of food insecurity and high prevalence of HIV/AIDS in the ten districts of Lesotho. For effective drug treatment, WFP will provide food to people who are HIV/AIDS-positive, through hospitals and health centres, in the food insecure areas with high prevalence of HIV/AIDS. The food will help people with HIV to accommodate nutritional needs associated with coping with the virus and fighting opportunistic infections.

WFP will support current efforts being made towards reducing the risks of mother-to-child HIV transmission by encouraging voluntary testing and counselling through prenatal clinics. Food will be provided as an incentive for the mothers to attend to the clinics, at the same time providing their nutritional needs. Prevention and treatment of active Tuberculosis (TB) is critical for individuals with HIV/AIDS because TB is the leading cause of AIDS-related death. WFP will programme its activities to support TB control programmes geared to cure those infected and prevent new infections. Food will be provided to the patients as an incentive for them to adhere and complete treatment.

Food assistance under emergency school feeding will be provided for 110,000 children between July and November 2003 as an incentive to attend school. Cooked meals will be provided to school children who are in grades 5 to 7. This will encourage them to continue attending schools instead of dropping out in search of food and casual work. The targeted districts are Butha-Buthe, Leribe, Berea, Maseru, Mafeteng, Mohale's Hoek and Quthing. This programme will terminate in November 2003 and the implementation will continue under the development project 10266.

Through the current emergency, WFP has been providing food assistance to 11,397 orphans countrywide. In order to continue meeting the food needs of the orphans, food will be channelled through schools and vocational training centres as take-home rations to those participating in such activities. The total number of children to be assisted is 12,000 (60,000 beneficiaries).

Regarding input assistance in support of agricultural output recovery, FAO has secured funding amounting to US\$ 497,757 for the provision of emergency agricultural assistance. A project will be implemented with the overall objective of improving the food security status of the most vulnerable agricultural-based households. This will be pursued through the provision of integrated agricultural initiatives that will inculcate and promote self-sufficiency in food production at household level to lessen the dependence of these households on food aid. The ten months project will target the 16,000 most vulnerable HIV/AIDS-affected households in the districts of Mafeteng and Mohale's Hoek, whose livelihoods are currently threatened and who depend on food aid for daily survival.

The four components of this intervention will include the provision of labour-saving tillage/planting machinery (tractor) services aimed at assisting HIV/AIDS-affected, poverty-stricken households through a voucher system to be managed by locally-based NGOs and overseen by an FAO national consultant. The other components are: the provision of drought-tolerant legumes and crop inputs aimed at improving soil

fertility and conservation; the infusion of a small-scale poultry stock, aimed at improving the nutritional status of the HIV/AIDS-affected, the elderly and school-going children; as well as conducting training and education in crop husbandry and soil management techniques.

Under the revised Lesotho Plan of Action 2003, FAO is also proposing four other projects. These will aim at achieving: (a) increased food security for approximately 100,000 beneficiaries in rural areas, through accessible inputs, improved food production and sustainable crop yields; (b) increased seed crops and long-term price stabilisation, through a programme of seed reproduction and multiplication; (c) improved assets and nutrition intake for vulnerable groups, through targeted infusion of small-scale poultry livestock for 100,000 identified households whose assets and labour have been eroded by the impacts of both food insecurity and HIV/AIDS; and, (d) improved household production and natural resource management, through conservation farming techniques.

UNICEF interventions, in recognition of the complex nature of the crisis, will continue to adopt activities that will have immediate and long-term effects. This approach is consistent with the 'next steps' outlined by the Special Envoy of the Secretary General. The immediate actions taken will address emergency needs related to the crisis, while simultaneously implementing actions for long-term needs. UNICEF is taking a comprehensive approach to addressing the challenges through the following strategies: facilitating children's access to food through collaboration with WFP; ensuring continued access to quality basic education; identifying and rehabilitating young children under five at risk of malnutrition; advocating with partners for and supporting prevention of sexual exploitation and abuse, while ensuring that children and women are informed of their rights.

Specifically, to ensure immediate and longer-term effect, activities will target measles immunisation and vitamin A administration to 95% of under-fives. Support will be provided to community based therapeutic and supplementary feeding, while undertaking nutritional surveys and institutionalising nutrition surveillance systems, ensuring growth monitoring and promotion within a human rights and community capacity development context. UNICEF will continue to collaborate with WFP and the MoE on school feeding interventions. WFP has approved a US\$ 14 million school-feeding programme for the next four years with a particular emphasis on targeting OVC – it is expected to reduce the overall drop out rate from 15% to 5%. Efforts will also address the protection, promotion and support of good child feeding practices, including breast-feeding. ORS will be provided to frontline health facilities. Capacities of communities will be developed to conduct nutritional surveillance among children for early detection of deterioration of nutritional status. De-worming drugs will be provided bi-annually for all children below 15.

All teachers, parents, community groups and humanitarian workers will be trained on HIV/AIDS, life-skills, gender and the prevention of sexual abuse and exploitation. Peer education and youth anti-AIDS groups/clubs will be supported and provided with information on HIV/AIDS. Communities will be made aware of their rights and entitlements through sensitisation and training. At the same time, existing systems for vital registration are being strengthened in collaboration with the Ministry of Local Government, particularly those related to birth and orphan registration. This will ensure that the most vulnerable groups are officially recognised and access services without discrimination.

The responses proposed for addressing the lifeline humanitarian dimensions of the ongoing crises are based on careful analyses of the inter-relatedness between the food insecurity dimension and the health and nutritional dimensions. It is noted that, although crop harvests for 2003 are expected to have increased over those of 2002, they are still estimated to be 30% below average. This implies that the food insecurity situation for the most vulnerable households will persist even through 2004. Given this scenario, food scarcity in those households will most severely affect under-fives, pregnant women and lactating mothers, TB patients and people living with AIDS (PLWA). This will be reflected in expected increases in malnutrition and low birth weight statistics.

Another aspect of the analyses of the lifeline dimensions relates to the nutritional benefits of food supplementation within the context of the prevention of mother-to-child transmission (PMTCT) of HIV. It is reported that 42.2% of women attending ante-natal clinics in the Lowlands are HIV-positive. This predisposes them to situations of higher-than-normal maternal, infant and child mortality. Meanwhile, Lesotho has just started with the PMTCT programme. It has been shown that the women enrolled in this programme have shown remarkable improvement in their health status with food supplements. Thus, sustaining PLWA, TB patients and lactating mothers with food baskets and multi-vitamin supplements will have tremendous positive impacts on both the household and the orphan situation.

Given the direct links among food insecurity, nutritional status and the HIV/AIDS dimensions, it becomes important to ensure that capacities exist for the early diagnoses of malnutrition in all its manifestations. Malnutrition is a common clinical problem seen in both TB patients and PLWA. The degree of malnutrition will largely influence the speed of progression of both conditions towards mortality. Thus, adequate management of malnutrition will not only have a high impact on reducing the mortality rates of the identified groups but it will also contribute to household level economics and household food security.

Since early detection of malnutrition will not only save lives but also prevent severe cases of malnutrition, thereby saving costs for the household and health system, it becomes imperative to strengthen the related national capacities. These include the training of both health staff and community members in the early detection of malnutrition, as well as its management. In addition, improved surveillance systems will support the work of the health staff and health inspectors in the control of disease outbreaks to which the identified vulnerable groups are most susceptible.

Capacity building efforts are also tackling the existing lack of accurate basic information at community level on many issues such as health, nutrition, household food security, life-skills in HIV/AIDS prevention, and legal and social protection particularly of children and women. This wide knowledge gap combined with limited access to quality services is contributing to the spread of the epidemic and severely constraining vulnerable communities from taking correct and timely action to help themselves. A priority, therefore, is to raise awareness of their rights to services as entitlements rather than as handouts and where to access them. As such, relevant skills and information, using participatory methods within an integrated training package approach, are being targeted through government and NGO community-based workers as well as at communities, traditional leaders, women and youth themselves, in all the ten districts throughout the country.

While individual UN agencies, in collaboration with Government and NGO counterparts, will be responsible for implementing and monitoring the sectoral strategies, efficient and timely implementation of the overall emergency relief programme require special technical assistance to enable UNDP to support the coordination role of the Office of the Resident Coordinator (RC) and the Government of Lesotho. Moreover, technical assistance will be required throughout the implementation of the programme to ensure timely and consistent monitoring and reporting to the Government of Lesotho, UN agencies, RIACSO, NGOs and other cooperating partners. Under the current revised Appeal, OCHA has provided a Reports Officer (for 6 months), in response to the need to strengthen UNDP's support to the Coordination role of the RC. To ensure continuing, structured and timely coordination of information related to all aspects and dimensions of the response to the crisis, there is need to provide further funding support for this position during the next (July 2003-June 2004) Appeal period. Support will also be required to improve communication among DMA's field monitors.

4. Complementarity With Other Sectors

WFP operations, which are complementary to those of other actors such as UNICEF, will involve the provision of vulnerable group feeding to household identified through Mother Child Health (MCH) and social services networks (28,140 beneficiaries in 5,628 households). Food assistance will also be extended to 29,380 beneficiaries from 5,876 PLWA, through home-based care programmes and community-based care systems. HIV/AIDS support activities will be undertaken in hospitals and health centres, in collaboration with NGOs that have expertise in this area, such as the Christian Health Association of Lesotho (CHAL) and WV, with the support of UNICEF and UNAIDS.

FAO is implementing the livestock diversification component of the Special Programme for Food Security (SPFS) in collaboration with the Department of Livestock Services. The main objective of the project is to assist Lesotho improve rural household food security through demonstrating the potential of short cycle animal species (poultry, sheep, goats and pigs) for income generation, improvement of human nutrition and the reduction of household vulnerability to natural and economic shocks. The poultry component of this appeal will be linked to the training support programme of this project, as the two are mutually complementary.

FAO has also recently approved a project on developing a Food Composition Table to promote local/indigenous foods. The Ministry of Trade and Industry, Cooperatives and Marketing will implement the project in collaboration with the Ministry of Agriculture and Food Security. Its main objective is to improve household food security and nutrition through the promotion of indigenous food plants and the

development of a food composition table. It has long been established that proper nutrition can prolong the lives of HIV-infected people. The implementation of this project will definitely complement all the emergency efforts that are aimed at fighting the scourge of HIV/AIDS.

UNICEF has responded to the crisis by focusing on nine key results areas that emphasise immediate action for emergency needs and immediate action for longer-term needs by working in collaboration with WHO, WFP, FAO, UNDP, and UNFPA. The results areas are specific priorities relevant to alleviating the impact of the crisis, identified from within UNICEF's four main regular programme areas (Child Survival, Care and Development; Basic Education, Adolescent and Youth Development; and Social Policy and Planning). As such, all of them complement ongoing sectoral and inter-sectoral activities.

Finally, in addition to supporting the RC's role in coordinating and monitoring the UN Consolidated Response to the ongoing multiple crises in the immediate and short-term, the UNDP is focusing on strengthening national capacities for scaling up the response to HIV/AIDS and poverty, as well as collaborating on strengthening certain critical governance structures and frameworks, with a focus on the medium and long-term horizons. Regarding HIV/AIDS, UNDP is working with the Government to review institutional structures as well as their mandates and human resource capacities for putting the fight against HIV/AIDS on a war footing. On poverty, it is supporting the PRSP processes, in collaboration with Department of International Development (DfID) and Lesotho's other development partners. In addition, UNDP is coordinating UN System support to national statistical capacities for poverty monitoring, particularly with a view to ensuring systematic monitoring of progress towards the achievement of the Millennium Development Goals (MDGs). This is the broader context of current response programmes.

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

**UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - LESOTHO**

Summary of Requirements
By Appealing Organisation
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

| Appealing Organisation | Original Requirements |
|-------------------------------|------------------------------|
| FAO | 3'090'000 |
| UNDP | 132'000 |
| UNFPA | 303'000 |
| UNICEF | 885'000 |
| WFP | 0 |
| WHO | 1'562'440 |
| Grand Total | 5'972'440 |

**UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - LESOTHO**

Summary of Requirements - by Sector
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

| Sector Name | Original requirements |
|-------------------------------------|------------------------------|
| AGRICULTURE | 3,090,000 |
| COORDINATION AND SUPPORT SERVICES | 132,000 |
| FOOD | 0 |
| HEALTH | 2,450,440 |
| PROTECTION/HUMAN RIGHTS/RULE OF LAW | 300,000 |
| Grand Total | 5,972,440 |

Project Summaries can be found on <http://www.reliefweb.int/>

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

Table II: UN Consolidated Inter-Agency Appeal for Southern Africa
June 2003 - July 2004
LESOTHO

Listing of Project activities- By Appealing Agency

| Appealing Organisation | Project Code | Sector | Project Title | Requirements (US\$) |
|-----------------------------|------------------|-----------------------------------|---|----------------------------------|
| FAO | LES-03/A05 | Agriculture | Household asset protection and income generation through poultry-based intervention | 614,000 |
| FAO | LES-03/A06 | Agriculture | Improvement of family livelihood and food security of HIV/AIDS affected population through development of school gardens | 300,000 |
| FAO | LES-03/A02 | Agriculture | Improvement of household access to local seed varieties through an input fair approach | 530,000 |
| FAO | LES-03/A03 | Agriculture | Increased labour-saving tillage for HIV/AIDS-affected and labour-stressed households | 474,000 |
| FAO | LES-03/A01 | Agriculture | Stabilisation of agricultural production and resource management | 586,000 |
| FAO | LES-03/A04 | Agriculture | Targeted interventions for HIV/AIDS-affected households | 586,000 |
| Sub-total for FAO | | | | 3,090,000 |
| UNDP | LES-03/CSS01 | Coordination and Support Services | Coordination of emergency relief operation | 132,000 |
| Sub-total for UNDP | | | | 132,000 |
| UNFPA | LES-03/H01 | Health | Support for sexual and reproductive health of women factory workers and orphaned adolescents in secondary schools | 303,000 |
| Sub-total for UNFPA | | | | 303,000 |
| UNICEF | LES-03/H02 | Health | Nutritional support for under-five children, pregnant and lactating women and patients with tuberculosis and living with HIV/AIDS | 585,000 |
| UNICEF | LES-03/P/HR/RL01 | Protection | Protection of orphans and vulnerable children | 300,000 |
| Sub-total for UNICEF | | | | 885,000 |
| WFP | LES-03/F01 | Food | EMOP 10290.0 - Targeted Relief to Vulnerable Households in Southern Africa | Incorporated in Regional Project |
| Sub-total for WFP | | | | |
| WHO | LES-03/H03 | Health | Control of malnutrition among under five children, patients with tuberculosis and living with HIV/AIDS | 1,562,440 |
| Sub-total for WHO | | | | 1,562,440 |
| Grand total | | | | 5,972,440 |

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

**Table III : UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - LESOTHO**
Listing of Project Activities - By Sector
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Page 1 of 2

| Project Code | Appealing Agency | Sector/Activity | Original Requirements |
|--|------------------|--|-----------------------|
| AGRICULTURE | | | |
| LES-03/A05 | FAO | Household asset protection and income generation through poultry-based intervention | 614,000 |
| LES-03/A06 | FAO | Improvement of family livelihood and food security of HIV/AIDS affected population through development of school gardens | 300,000 |
| LES-03/A02 | FAO | Improvement of household access to local seed varieties through an input fair approach | 530,000 |
| LES-03/A03 | FAO | Increased labour-saving tillage for HIV/AIDS affected and labour-stressed households | 474,000 |
| LES-03/A01 | FAO | Stabilisation of agricultural production and resource management | 586,000 |
| LES-03/A04 | FAO | Targeted interventions for HIV/AIDS-affected households | 586,000 |
| Sub total for AGRICULTURE | | | 3,090,000 |
| COORDINATION AND SUPPORT SERVICES | | | |
| LES-03/CSS01 | UNDP | Coordination of emergency relief operation | 132,000 |
| Sub total for COORDINATION AND SUPPORT SERVICES | | | 132,000 |
| FOOD | | | |
| LES-03/F01 | WFP | EMOP 10290.0 targeted relief to vulnerable households in Southern Africa (incorporated in the Regional Project) | 0 |
| Sub total for FOOD | | | 0 |
| HEALTH | | | |
| LES-03/H03 | WHO | Control of malnutrition among under-five children, patients with tuberculosis and living with HIV/AIDS | 1,562,440 |
| LES-03/H02 | UNICEF | Nutritional support for under-five children, pregnant and lactating women, patients with tuberculosis and living with HIV/AIDS | 585,000 |
| LES-03/H01 | UNFPA | Support for sexual and reproductive health (SRH) of women factory workers and orphaned adolescents in secondary schools | 303,000 |
| Sub total for HEALTH | | | 2,450,440 |

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

**Table III : UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - LESOTHO**
Listing of Project Activities - By Sector
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Page 2 of 2

| Project Code | Appealing Agency | Sector/Activity | Original Requirements |
|--|-------------------------|---|------------------------------|
| PROTECTION/HUMAN RIGHTS/RULE OF LAW | | | |
| LES-03/P/HR/RL01 | UNICEF | Protection of orphans and vulnerable children | 300,000 |
| Sub total for PROTECTION/HUMAN RIGHTS/RULE OF LAW | | | 300,000 |
| Grand Total | | | 5,972,440 |

MALAWI

1. Changes Affecting the Humanitarian Situation

During the first three months of 2002 in Malawi, a threshold was crossed which brought a country which routinely suffered from poverty and seasonal hunger into a country suffering from a humanitarian crisis. The humanitarian crisis had two broad but interrelated dimensions. One was the food security crisis. The other was the high prevalence of HIV/AIDS combined with the dilapidation of the social services.

The number of people requiring assistance continued to increase dramatically throughout the year 2002. Actual beneficiaries of food aid deliveries almost doubled between September (1,352,457) and December (2,421,946) 2002, and reached the peak in February 2003 (3,110,892). The numbers, however, started to decline in March (3,042,926) through to June 2003.

Although food availability is higher this year than in 2002, (The 2002/2003 final crop estimates put the maize production close to two million MTs from about 1.5 million MTs) preliminary indications are that access to food still remains a problem in some pockets of the country. Approximately 5 -10% of the population in the worst affected areas might find food inaccessible. The following picture emerges from the assessments provided in the 2nd Round Crop Estimates in March 2003 by the Agricultural Development Divisions (ADD): Mzuzu ADD: 77,800 families in Mzimba and 7,151 families in Rumphu affected by permanent wilting of the maize crop; Karonga ADD: 57,469 families affected by permanent crop damage due to prolonged dry spells, floods and hailstorms; Salima ADD: 22,000 families affected by flood damage; Lilongwe ADD: 12,000 families affected by heavy rainfall and floods; Blantyre ADD: Some areas in Blantyre RDP, Mwanza RDP, and Phalombe RDP affected by dry spells (no estimates of farm families facing permanent damage).

Local market maize prices skyrocketed to levels the poor in Malawi could not afford (From MK5/kg in 2000, up to about MK5 - 8/kg in 2001 and MK 17- 25/kg to MK40/kg in 2002). Families pushed their coping mechanisms to the limit, eking out grain with collected leaves, eating seasonal fruits and *nymphaea lotus* tubers from swamp areas, and collecting food only used in great distress, including wild grass seeds.

Vulnerability in Malawi is closely related to the prevalence of HIV/AIDS. During 2002, Malawi lost 81,000 lives attributed mostly to HIV/AIDS-related diseases. It is estimated that over 265 Malawian are infected daily, and 220 people die from HIV/AIDS-related diseases every day. Between 50% and 80% of hospital beds are filled with HIV/AIDS patients. While HIV/AIDS affected households in the country may escape a complete demise in the face of drought or floods through application of various coping mechanisms, they cannot avoid the long-term downward trend in food security.

Weak health system, food insecurity, poverty, and poorly funded water and sanitation projects contribute to the vulnerability of populations. The general water and sanitation situation in Malawi has not substantially improved in the last 12 months. Although 57% to 65% of Malawians get their drinking water from a safe source, there are many reports of broken down borehole hand pumps with basic concerns of villagers not receiving training or equipment and spare parts for repairs. The main problems include low water access, poor latrine coverage, poor hygiene practices and lack of waste disposal mechanisms. Water and sanitation has been identified as one of the sectors that will need more focus for development and/or recovery activities in the future.

Although Malawi has completed some key reforms in the economic sector since 1995, progress is mixed and uncertainty of the macro-economic environment remains. The risk facing households, traders, entrepreneurs and financial institutions include: an unstable micro-economic environment characterised by high inflation and high and volatile real interest and exchange rates which make input and output prices unpredictable; extremely low purchasing power especially for rural communities; retreat into low value subsistence crops by small holder farmers; significant and unpredictable government interference in important markets (such as for fertiliser and maize) which has undermined development of a competitive private sector; and weak and unreliable Government services with slow Government efforts geared at improving the key cross-cutting utilities.

2. Progress Made Towards Goals and Objectives

Coordination and Capacity Building

The Government's capacity to respond to the humanitarian crisis was considerably enhanced. Twenty-seven Field Emergency Monitors (FEMs) were recruited and stationed in 27 districts in order to monitor and report on the humanitarian crisis and the humanitarian assistance progress in each district. A monitoring framework was developed and implemented and contingency plans were developed for three districts, Chikwawa, Nsanje and Mangochi. Capacity building for district assembly personnel was undertaken to enable them to operationalise and manage the plans at the district and village levels. National mechanisms for coordination were also created and greatly enhanced national capacity for monitoring the response. Humanitarian crisis committees, Inter-agency consultations as well as task forces and the NGO consortium played a significant role in creating a sustainable framework for monitoring and coordinating the national response.

Food Security and Agriculture

Food aid deliveries almost doubled between September and December 2002 (1,352,457 and 2,421,946 beneficiaries, respectively), and reached the peak in February 2003 (3,110,892 beneficiaries). The decline only started in March (3,042,926 beneficiaries) through to June 2003, as more and more people turned to their own crop production for household consumption needs.

Food provision as well as supplementary feeding prevented food insecure populations from further selling household assets such as small livestock, agricultural tools and others. Furthermore, free food distribution through June 2003 prevented people from resorting to consumption of green maize. Further deterioration of food security situation was averted through winter cropping and cassava multiplication and production.

The creation of the Strategic Grain Reserve of 30,000 MTs of maize by the European Union (EU) and the importation of 236,000 MTs of commercial maize by the Government of Malawi (GoM) kept maize prices at levels of 17 MK per kilo until at the onset of the new harvests.

The cereal production for 2002/2003 is expected to be about 2.1 million MTs. Although the figure is higher than two previous years, there are still pockets of vulnerability where access problems exist.

Imported and locally produced treadle pumps (1,800) were distributed in eight districts of Malawi for the winter 2003 planting season, increasing the number of farm-families able to double crop during the year and promoting the production of marketable productions such as vegetables. Beneficiary families of similar projects over the past recent years reported that the access to water and the related increased production allowed them to re-allocate food expenditures to school expenditures mainly.

An integrated project on nutrition and agriculture focused on eight vulnerable districts. It will allow 6,000 vulnerable families transiting through Nutrition Rehabilitation Units (NRUs) to receive training and information on horticulture, diet, HIV/AIDS and to produce vegetables at community level through the provision of horticultural kits.

Some 250 growers have been trained on cassava production and disease control and are now recognised among their communities as a major provider of high quality cassava planting material. Sixty-four hectares of cassava nurseries were established through contracted growers in each major region of Malawi. It is anticipated that over 20,000 families will benefit from the redistribution of cuttings through agricultural input for work mechanisms.

Water and Environmental Sanitation

In the water and environmental sanitation sector, 54 new water points were constructed for NRUs, schools and communities in cholera-prone districts. Out of a target of 150 water points, 453 were repaired and rehabilitated. Health workers in 20 districts were trained in epidemic control and case management. Cholera treatment supplies were also pre-positioned. Seventy-three sanitation facilities have been constructed in NRUs and schools (29 in NRUs and 44 in schools).

School Attendance and Reduction in School Dropouts

Through supplementary feeding and provision of education materials, both enrolment and attendance improved tremendously between April 2002 and March 2003. Attendance rates of 100.2% in March 2003 and 122.8% in April 2003 have been registered in some schools compared to 50% dropouts in 2002. Food Aid for Orphans under the school feeding programme also ensured that they would not be withdrawn from school as result of additional household responsibilities.

Education and (Child) Protection

Establishment of child protection community monitoring in 24 districts, Rights of the Child Committees, and provision of educational materials to children within child-headed households are some of the achievements during the last 12 months. Management of space for children in Lilongwe and Blantyre should also be noted.

Global Acute Malnutrition

Global acute malnutrition rates have dropped to between 1.9% to 5.2% down from about 10.2% to 17.5% in most affected areas at the same time in 2002. Even in most affected districts, the global acute malnutrition rate is expected to be less than 6%.

Improvement of Crude Mortality Rate (CMR)

By end of 2002, crude mortality in the most vulnerable areas was as high as 1.96/10,000 persons per day with that of the under fives elevated to 3.9/10,000 children per day. By April/May 2003, the general CMR had fallen to 1.04/10,000 per day. The under-five crude mortality figure went down at 2.44/10,000 children per day. Despite the achievements made, these figures are still slightly above the accepted threshold of 1/10,000 and 2/10,000 per day, respectively.

Reduction of Cholera Case-fatality Rate

Generally, enormous progress was made in containing cholera outbreaks in the last 12 months. During the current cholera season, 2,711 cases were reported compared to 33,150 cases in the last cholera season. The number of death slid from 981 in 2001/2002 to 49 in 2002/2003. This is a reduction of over 90% death and cholera incidences. Nevertheless, the country's case-fatality rate (CFR) stands at 1.94% down from about 3% in 2002. CFR is still higher than the internationally recommended 1% CFR. The target is to reduce Malawi's CFR to about 1% in the coming season.

Achievements in Mainstreaming HIV /AIDS

The expansion of HIV/AIDS awareness campaigns with food distribution, establishment of WFP radio-programme, introduction of life skills programme and Anti-AIDS clubs for empowerment of children in the face of HIV/AIDS, crash programme for teacher training, as well as HIV/AIDS mitigation projects for teachers and school committees were some notable achievements.

Activities to set up voluntary counselling and testing (VCT) services in eight districts are being supported. Seven of the eight districts have trained counsellors and one district has already established VCT services within the district hospital and at two health centres. HIV test kits and supplies have been procured and will be distributed to the district once the counsellors are in place. Services to prevent mother to child Transmission of HIV/AIDS will be integrated into the same facilities.

Impact of Funding Shortfalls

UN agencies in Malawi requested US\$ 156,522,331 in the 2002/2003 CA Response, reviewed in January 2003. By June 2003, a total of US\$ 117,807,549 (UN agencies submissions on 6 June 2003) had been secured from a number of donors, leaving gap of US\$ 38,714,782 (25%). Funding, particularly for FAO and UNDP has been disappointing.

The agriculture sector remained under-funded, despite its crucial contributions to the livelihoods of some 80% rural families in Malawi, and hence the country's economy. Late funded projects will have an impact in the second half of 2003 and 2004 only. No funding was received to support the livestock production sector. On a positive note, FAO projects, particularly cassava, treadle pump and home gardening were well funded, as well as coordination and were developed in a way to make them transferable to the FAO regular programme and sustainable.

In the coordination sector, limited response was provided to support the UN coordination and capacity building services of the CAP. Lack of funding will limit logistical support for the FEMs at district levels hampering effective and efficient reporting. This has proved crucial for communication and monitoring of the humanitarian situation.

Funding is also required to facilitate the development of disaster preparedness (floods, drought, etc) contingency plans in all the 24 districts. Although OCHA funded the position of a Humanitarian Affairs Officer, lack of adequate financial support to the UN Emergency Response Unit (ERU) minimised the full effectiveness of the UN coordination function envisaged in the CA.

Funding secured for child protection did not allow implementation of larger interventions and scale up projects. Many donors have concentrated their efforts on immediate relief interventions and other medium to long-term challenges of poverty, HIV/AIDS pandemic, food shortage and the increasing number of children needing special protection were only dealt within their regular programmes.

3. Strategic Goals and Priority Actions to June 2004

Even if the 2002/2003 cereal balance for Malawi looks better than last year country wide, the permanent deterioration of the economic situation faced by an increasing number of vulnerable rural families highlight the need to develop strategies adapted to the current situation using UNDAF as a road map. The UN agencies' priorities are based on the understanding of the UN strategy for transitional recovery and development for Malawi. The transitional period of one year will be tightly married to the UNDAF for 2002/2006.

To contribute towards, improvement in democratic governance, reduction of poverty and prevention, control and mitigation of HIV/AIDS epidemic, based on human rights approach to development.

The lessons learnt from the past year have shown that problems of endemic poverty in Malawi, food insecurity and HIV/AIDS demand a new way of doing things – a holistic approach to addressing the emergency needs from the crisis while simultaneously initiating and implementing actions geared towards Malawi's long-term needs. These activities must be carefully prioritised, mutually reinforced, and focused. As indicated, the strategies should also complement the country's priorities/strategies set out in the PRSP. The priorities described below are a preliminary attempt by the UN system to address both the emergency (one year) and long-term needs of the country, especially that of vulnerable groups in Malawi. Further long-term priorities will be developed after a careful study/review of the UNDAF by UN agencies.

Food Assistance Programme

Short to long-term Strategy:

The WFP has finalised a one-year EMOP that will pave the way to conceptualise and implement a three-year Protracted Relief and Rehabilitation Operation (PRRO).

Life threatening assistance has been dramatically reduced over the course of the past few months but is still prevalent in some pockets of the country. The more alarming trend is the inability of populations to fully recuperate original coping capacities and hence productive livelihood activities. There are a number of reasons, including but not limited to, food vulnerable households headed by ailing parents, women or children.

WFP will address the residual cases of acute food needs as well as to support the most vulnerable, who without assistance will not be able to recover their resiliency. In this respect the EMOP will address severe and acute elements of this emergency at two different levels:

- the first will be to engage the Government into strengthening safety nets that will provide minimum protection to populations that have severe and acute exposure to risks associated with living in an HIV/AIDS-affected environment;

- the second level of intervention will be through direct food assistance through the network of NGOs who are presently partners of WFP. However, this EMOP will require more emphasis on social maintenance activities focusing on preserving family assets especially future assets (children). WFP's partners are well placed to implement these types of activities as improvement of social and household assets are closely linked to their mandates.

WFP will work with its partners to implement school feeding activities with special emphasis on ensuring that girls and orphans remain in school. It will also assist those households and communities that have still not fully recovered from recurrent drought or who are still affected by erratic rainfall and are borderline acutely/severely food insecure. These households/communities will be offered the possibility of FFW and FFA activities that include conservation farming, small-scale irrigation system construction, land rehabilitation and reforestation activities.

Agriculture

Short-term priorities

- i) To prevent the dynamic groups with production capacity from falling below the poverty line (to initiate in the coming 12 months)**
 - a) Input distribution to flood and/or drought-affected groups to prevent/compensate crop failure (short-term intervention if required) coupled with the concept of seed banks.
 - b) Community empowerment and promotion of income generation activities, particularly seed growers by strengthening the existing FAO cassava multiplication scheme and expand it to new districts.
 - c) Mitigating the impact of hazardous climatic conditions by strengthening the FAO irrigation project on treadle/pedal pumps.

Long-term priorities

- ii) To support chronically poor or ultra poor groups through better and targeted access to inputs. This is linked with the UNDAF document on poverty reduction**
 - a) Agricultural input for work activities for families with access to land.
 - b) Development of national and integrated programme for nutrition and better diet to strengthen the existing FAO project of NRU home gardening in favour of malnourished and HIV/AIDS affected groups.
 - c) To focus on HIV/AIDS-affected groups through training, promotion of labour-saving technologies and cropping practices and input distribution in close collaboration with NGOs involved in home-based care activities.
 - d) Development of seed bank and seed fair (long-term disaster preparedness).
- iii) To develop institutional tools for better planning**
 - a) Development of an information system based on the coordination mechanism established by FAO. This would integrate the modules developed by the Agricultural Coordination Unit (database, newsletter).

HIV/AIDS

- i) Strengthening the Provision of HIV/AIDS services and VCT in emergency and development**

Short-term priorities

- a) Procure and distribute HIV test kits necessary to provide the VCT services.
- b) Increase the number of health workers trained in counselling, whole blood HIV testing and infant feeding in the face of HIV/AIDS.
- c) Monitoring the implementation of VCT services and establishing a surveillance system through blood donor zero prevalence.
- d) Sensitisation and community mobilisation to improve access to condoms especially female condoms.

Long-term priorities

- a) Strengthening the link between the established VCT services with home-based care and treatment of opportunistic infections.
- b) Integrate the established services with the regular programme to ensure sustainability.
- c) Support a process of community dialogue on behaviour change especially for young people.
- d) Research to better understand link between HIV/AIDS, food security, nutrition and care.
- e) Role of certain nutrients in resisting infection or slowing progression of HIV/AIDS.
- f) Home-based care programmes offered in a holistic manner with training opportunities, income generating opportunities, and micro-credit, as well as benefits to ensure that children are in school.

Education and Child Protection Sector

Short-term priorities

i) *Recuperate and enhance children education and protection needs*

- a) Continue school feeding in schools under current school feeding programme (200).
- b) Rehabilitate schools affected by floods (3 schools).
- c) Provision of essential facilities i.e. water and latrines, kitchens, and storage in preparation for extension of school feeding.
- d) Extend school feeding to other schools based on vulnerability.
- e) Provide learning and recreational materials school in a box kit.
- f) Training on child rights and protection as a way of preventing abuse.
- g) Conduct survey to monitor school attendance.

Emergency Health and Nutrition

Short-term priorities

i) *Strengthen the affected districts' emergency response capacities, coordination and health information system for early detection and monitor health emergency standards*

Health

- a) *Reproductive health*- Ensure provision of essential emergency obstetric care. This will involve training in emergency and essential obstetric care, and supply of reproductive health kits to improve obstetric service response.
- b) *Rapid strengthening of response to cholera* - Control cholera epidemic by organising prompt intervention at community level, to stop the transmission and reducing related mortality by better case management of the disease. Some priority activities include: increase public awareness about cholera transmission prevention and control; build capacity for cholera control activities; strengthen disease surveillance, early detection and rapid response for control and management; strengthen coordination mechanisms for cholera control activities; support activities to thoroughly investigate the causes of cholera outbreaks in the country.
- c) *Improving response to disease outbreaks* – Strengthen the capacity of affected districts to respond to priority diseases, particularly those districts prone to epidemics. This will include scaling up of malaria and cholera control at National Level.
- d) *Strengthening disease surveillance* - Improve and strengthen the surveillance of major diseases occurring in areas affected by food shortage, including new HIV/AIDS cases.
- e) *Health coordination* – Strengthen coordination of health interventions to increase efficiency in the allocation of resources, provide technical backup for acceptable health quality services and information-sharing, including standardised protocols for control of HIV/AIDS in emergency setting.

Several of the short-term priorities are a part of WHO's national programmes.

Nutrition

- a) Finalise agreement on guidelines and supporting materials for the treatment of Acute Malnutrition and Nutrition Surveys.
- b) Support the development of transition programmes moving treatment of malnutrition from facilities to the community.

- c) Procure and distribute F75/F100, drug kits, and specialist equipment to support transition phase of NRU's, SFP and nutrition surveys.
- d) Establish Countrywide Nutrition surveillance and early warning system at a national and district level, including information from sentinel sites, nutrition surveys, and NRU's and Supplementary Feeding Centres.
- e) Develop and strengthen effective coordination system at both district and national level. Particular emphasis on building district level capacity for coordination of nutritional issues.
- f) Identify and support early identification and prevention of malnutrition, referral and follow up systems between communities and NRU's / Supplementary Feeding Centres (SFC's) through, for example through the Community Based Childcare Centres, Home Based Care projects, Health Surveillance Assistants and growth monitoring volunteers.
- g) Develop longer-term Nutrition policy and strategy.
- h) Strengthen the nutrition component of Community IMCI especially in reference to early identification of malnutrition, referral and follow up.

Long-term priorities

ii) *Development and application of nutrition improvement strategy to enhance foods security*

- a) Update Nutrition Policy and Strategy for Malawi and ensure its integration with Food Security Policy and Strategy with a particular emphasis on community based nutrition and Community – IMCI.
- b) Establish National community based treatment system for acute malnutrition.
- c) Ensure that nutrition surveillance and early warning data and information are used in combination with other health, food security and agricultural systems at a national and district level.

Special Protection/Human Rights/Rules of Law

Short-term priorities

i) *Improved protection, care and well being of children affected by crises*

- a) Assess and document children's protection and rights issues (identify the groups most at risk of violence, exploitation, abuse and neglect).
- b) Radio programme on Sex Education and abuse and its links with HIV/AIDS (and other advocacy activities).
- c) Provide support to safe environments (child-friendly spaces) for street children (Blantyre, Lilongwe, Mzuzu and Kasungu), by providing immediate relief (food, basic drugs), educational and recreational material and focusing on reintegration of children to their families and communities of origin by providing them with Income Generation Activities and psychosocial counselling.
- d) Support juvenile wings in the main prisons of Malawi (Chichiri, Maula, Zomba Central and Mzuzu) and in the two Reformatory Schools (Chirwa and Mpemba).
- e) Establish a child-friendly court-room where cases of juveniles could be heard and judged to expedite juveniles' back-log.
- f) Provide counselling (and training) services to children.
- g) Establish new community monitoring committees.
- h) Develop an expanded support programme for refugees – poverty, food shortages and HIV/AIDS.

Long-term priorities

ii) *Improve children's quality of life through social and human capital development*

- a) In collaboration with Ministry of Education and Ministry of Labour, put in place a flexible "bridging education system" that could support children's drop-outs in getting back into the formal education system.
- b) Establish more "watch-dogs" committees for advocacy on issues regarding Children in Need of Special Protection and the major risk of having their rights violated within an emergency context.

Emergency Water Supply and Environmental Sanitation

Short-term priorities

- a) Complete sanitation facilities in priority 39 NRUs nationally.
- b) Undertake minor repairs of water points and community-based training for 300 communities with special consideration for orphans and other vulnerable children (OVCs).
- c) Complete rehabilitation and construction of water facilities in 22 schools and 44 schools for sanitation under the existing EMOPs programme. Facilities will include adaptations and modifications in designs suitable for children (e.g. distance and height of pail stands).
- d) Provide chlorine to the 15 cholera prone districts.
- e) Conduct hygiene education campaigns in 15 cholera prone districts including messages targeted to OVCs.

Long-term priorities

- a) Conduct hygiene education campaigns in 15 cholera prone districts including messages targeted to orphans and other vulnerable children.
- b) Undertake minor repairs of water points and community-based training for 5,500 communities (to make them all operational) with special consideration for targeting orphans and vulnerable communities.
- c) Rehabilitate and construct water and sanitation in 53 schools (50 schools with school feeding three schools affected by floods).
- d) Facilities to include adaptations and modifications in designs suitable for children.
- e) Provide 18,750 kgs (375 drums of 50 kgs each) to most affected cholera districts.
- f) Conduct annual hygiene education campaigns in 15 cholera prone districts- including community training and mobilisation with messages targeted to orphans and other vulnerable children.

Capacity Building and Coordination

Short-term priorities

- a) Develop twelve district flood contingency plans and another twelve district disaster contingency plans.
- b) Finalise National Disaster Management Plan.
- c) Strengthen Civil Protection Committees at District, Area and Village Level.
- d) Integrate field emergency monitoring role into district assemblies.
- e) Facilitate preparation of a strategic plan for the country to mitigate impact of HIV/AIDS on orphans, vulnerable children and adolescents.

Long-term priorities

- a) Build capacity in vulnerability mapping as well as expanding and strengthening assessment and surveillance capacities in government institutions, NGOs and other bodies in the areas of interactions between food security, HIV/AIDS, and nutrition.
- b) Strengthen UN coordination structure for emergencies and development, and set up a monitoring and evaluation system consistent with indicators from various sectors. Strengthen CBOs at grassroots level. Capacity replenishment: replenish government capacities and rehabilitation of basic services. Support governments in the preparation of and transition to institutionalise social protection policies that would anticipate long-term vulnerability and decreasing resilience of HIV/AIDS affected households.
- c) Facilitate the review of UNDAF, HIV/AIDS plans and PRSP to reflect reality of development priorities and develop strategic plans.

4. Complementarity with Other Actors

The success in implementing the humanitarian assistance response programme will be a result of commitment by all actors to complement each other's efforts, both at the national and local level. From the onset, interventions were designed and implementation approaches were modified to recognise the multifaceted nature of the crisis.

The Government of Malawi contributed immensely to the success of the humanitarian assistance over the last twelve months. The establishment of the Food Security Joint Task Force Steering Committee has enhanced coordination and information sharing and support for the humanitarian assistance amongst

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government departments, donors, NGOs and the UN system. Consequently, cooperation between Government, NGOs and the UN agencies in humanitarian assistance has greatly improved.

Rolling VAC assessments, and others (e.g. Health, Nutrition) undertaken by UN agencies, NGOs and government departments ensured that accurate and timely information would be available to all and so assist in effectively responding to and mitigating the impact of the crisis in the most affected districts.

Institutional coordination in the transitional period and for development activities were reviewed, adapted and/or strengthened to successfully meet the new challenges ahead. The coordination role will focus on mobilising resources for both emergency actions and long-term development priorities including HIV/AIDS.

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| <p>UN Consolidated Inter-Agency Appeal for Humanitarian Crisis in Southern Africa 2003 - MALAWI</p> <p>Summary of Requirements By Appealing Organisation as of 17 July 2003</p> |
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Compiled by OCHA on the basis of information provided by the respective appealing organisation.

| Appealing Organisation | Original Requirements |
|------------------------|-----------------------|
| FAO | 1'900'000 |
| UNDP | 1'270'500 |
| UNFPA | 1'265'600 |
| UNICEF | 7'935'250 |
| WFP | 0 |
| WHO | 856'310 |
| Grand Total | 13'227'660 |

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| <p>UN Consolidated Inter-Agency Appeal for Humanitarian Crisis in Southern Africa 2003 - MALAWI</p> <p>Summary of Requirements - by Sector as of 17 July 2003</p> |
|--|

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

| Sector Name | Original requirements |
|-------------------------------------|-----------------------|
| AGRICULTURE | 1,900,000 |
| COORDINATION AND SUPPORT SERVICES | 1,270,500 |
| EDUCATION | 1,328,250 |
| FOOD | 0 |
| HEALTH | 6,095,510 |
| PROTECTION/HUMAN RIGHTS/RULE OF LAW | 1,605,450 |
| WATER AND SANITATION | 1,027,950 |
| Grand Total | 13,227,660 |

Project Summaries can be found on <http://www.reliefweb.int/>

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Table II: UN Consolidated Inter-Agency Appeal for Southern Africa
July 2003- June 2004
MALAWI
Listing of Project activities- By Appealing Agency

| Appealing Organisation | Project Code | Sector | Project Title | Requirements (US\$) |
|-----------------------------|------------------|------------------------------------|--|----------------------------------|
| FAO | MAL-03/A03 | Agriculture | Improved targeting and need coverage through the establishment of an agriculture coordination unit | 63,000 |
| FAO | MAL-03/A02 | Agriculture | Integrated support to malnourished and HIV/AIDS affected groups | 1,300,000 |
| FAO | MAL-03/A01 | Agriculture | Support to drought mitigation project in favour of vulnerable farm-families | 537,000 |
| Sub-total for FAO | | | | 1,900,000 |
| UNDP | MAL-03/CSS03 | Coordination and support services | Integration of emergency functions into district planning and implementation systems | 273,000 |
| UNDP | MAL-03/CSS02 | Coordination and support services | Strengthening coordination of Emergency Recovery Programme | 567,000 |
| UNDP | MAL-03/CSS01 | Coordination and support services | Strengthening District and National Emergency Response Preparedness and Mitigation | 430,500 |
| Sub-total for UNDP | | | | 1,270,500 |
| UNFPA | MAL-03/H01 | Health | Strengthening condom distribution mechanisms in Malawi | 1,265,600 |
| Sub-total for UNFPA | | | | 1,265,600 |
| UNICEF | MAL-03/E01 | Education | Right to education in emergency situations | 1,328,250 |
| UNICEF | MAL-03/H05 | Health | Emergency nutrition | 1,605,450 |
| UNICEF | MAL-03/H03 | Health | Improving response to disease outbreaks in emergency situations with special emphasis on malaria prevention activities | 870,900 |
| UNICEF | MAL-03/H04 | Health | Reducing HIV/AIDS vulnerability through Sexual and Reproductive health promotion in humanitarian crisis recovery | 1,097,250 |
| UNICEF | MAL-03/H02 | Health | Strengthening of cholera epidemic response | 400,000 |
| UNICEF | MAL-03/P/HR/RL01 | Protection | Child protection in emergency situations | 1,605,450 |
| UNICEF | MAL-03/WS01 | Water and Environmental Sanitation | Emergency water supply and environmental sanitation | 1,027,950 |
| Sub-total for UNICEF | | | | 7,935,250 |
| WFP | Mal-03/f01 | Food | EMOP 10290.0 - Targeted Relief to Vulnerable Households in Southern Africa | Incorporated in Regional Project |
| Sub-total for WFP | | | | |
| WHO | MAL-03/H06 | Health | Acceleration of introduction of ARV therapy in the most vulnerable communities | 489,720 |
| WHO | MAL-03/H07 | Health | Strengthening emergency health coordination | 366,590 |
| Sub-total for WHO | | | | 856,310 |
| Grand Total | | | | 13,227,660 |

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**Table III : UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - MALAWI**
Listing of Project Activities - By Sector
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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| Project Code | Appealing Agency | Sector/Activity | Original Requirements |
|--|-------------------------|---|------------------------------|
| AGRICULTURE | | | |
| MAL-03/A03 | FAO | Improved targeting and need coverage through the establishment of an agriculture coordination unit | 63,000 |
| MAL-03/A02 | FAO | Integrated support to malnourished and HIV/AIDS affected groups | 1,300,000 |
| MAL-03/A01 | FAO | Support to drought mitigation project in favour of vulnerable farm-families | 537,000 |
| Sub total for AGRICULTURE | | | 1,900,000 |
| COORDINATION AND SUPPORT SERVICES | | | |
| MAL-03/CSS03 | UNDP | Integration of emergency functions into district planning and implementation systems | 273,000 |
| MAL-03/CSS02 | UNDP | Strengthening coordination of emergency recovery programme | 567,000 |
| MAL-03/CSS01 | UNDP | Strengthening district and national emergency response preparedness and mitigation | 430,500 |
| Sub total for COORDINATION AND SUPPORT SERVICES | | | 1,270,500 |
| EDUCATION | | | |
| MAL-03/E01 | UNICEF | Right to education in emergency situations | 1,328,250 |
| Sub total for EDUCATION | | | 1,328,250 |
| FOOD | | | |
| MAL-03/F01 | WFP | EMOP 10290.0 targeted relief to vulnerable households in Southern Africa (incorporated in the Regional Project) | 0 |
| Sub total for FOOD | | | 0 |

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**Table III : UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - MALAWI**
Listing of Project Activities - By Sector
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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| Project Code | Appealing Agency | Sector/Activity | Original Requirements |
|--|------------------|--|-----------------------|
| HEALTH | | | |
| MAL-03/H06 | WHO | Acceleration of introduction of antiretroviral therapy in most vulnerable districts | 489,720 |
| MAL-03/H05 | UNICEF | Emergency nutrition | 1,605,450 |
| MAL-03/H03 | UNICEF | Improving response to disease outbreaks in emergency situations with special emphasis on malaria prevention activities | 870,900 |
| MAL-03/H04 | UNICEF | Reducing HIV/AIDS vulnerability through sexual and reproductive health promotion in humanitarian crisis recovery | 1,097,250 |
| MAL-03/H01 | UNFPA | Strengthening condom distribution mechanisms in Malawi | 1,265,600 |
| MAL-03/H07 | WHO | Strengthening emergency health coordination | 366,590 |
| MAL-03/H02 | UNICEF | Strengthening of cholera epidemic response | 400,000 |
| Sub total for HEALTH | | | 6,095,510 |
| PROTECTION/HUMAN RIGHTS/RULE OF LAW | | | |
| MAL-03/P/HR/RL01 | UNICEF | Child protection in emergency situations | 1,605,450 |
| Sub total for PROTECTION/HUMAN RIGHTS/RULE OF LAW | | | 1,605,450 |
| WATER AND SANITATION | | | |
| MAL-03/WS01 | UNICEF | Emergency water supply and environmental sanitation | 1,027,950 |
| Sub total for WATER AND SANITATION | | | 1,027,950 |
| Grand Total | | | 13,227,660 |

MOZAMBIQUE

1. Changes Affecting the Humanitarian Situation

The humanitarian situation in many areas in the south and parts of the centre of Mozambique has deteriorated considerably since 2002. The June 2003 FAO/WFP Crop and Food Supply Assessment Mission (CFSAM) reported that prolonged dry spells and high temperatures in the southern and some parts of the central provinces had caused almost total failure of the maize crop. Drought-resistant crops like cassava (traditionally the last hope of the populations) have also failed. Given this situation, food insecurity will continue to increase in Southern Mozambique until the next harvest period in March/April 2004. The CFSAM report states that serious food shortages are expected in southern provinces, and that the shortfall is expected to be partially covered by emergency food aid, at the level of 156,000 MTs. The mission recommended that efforts should be placed on local purchases in the North and the Centre to support production in these regions. Until now, the high cost of transporting abundant supplies has prevented the transfer of food from north to south.

As a result, the CFSAM estimates that 949,000 people in 40 districts of southern and central Mozambique will require food aid in 2003/2004 as a result of the near-total failure of the 2003 crops due to drought, the cumulative effect of four poor harvests, the prevalence of animal diseases, the impact of HIV/AIDS and the high levels of poverty. This represents an increase of nearly 85% from June 2002, when the CFSAM estimated that 515,000 people would need food aid in 2002/2003.

Although an official report from the latest VAC assessment is not yet available, preliminary results indicate that overall levels of global acute malnutrition in children aged 6-59 months are at 6.4%, representing a poor nutritional status. The results also seem to indicate that the nutritional status of maternal orphans is worse, though this will only be confirmed once the final data has arrived. The preliminary results of a Body Mass Index (BMI) survey in Tete Province found an extremely poor nutritional situation, with 22.4% of non-pregnant women between 15-49 years malnourished, of which 3.6% are severely malnourished.

Overall, the health status of children in the affected areas is poor, with the VAC showing that over one in four children had suffered from diarrhoea in the two weeks preceding the survey, and that an alarming one in two children had suffered from fever during the same period, the most likely cause being malaria. The high prevalence of HIV/AIDS in the drought-affected districts is a critical concern in Mozambique, with more than 13% of the overall population living with the virus. HIV/AIDS rates in Mozambique are among the highest in the world and the fastest growing in the region. There are an estimated 520 new cases of HIV infection daily. The resulting increase in demand for health services is stretching already over-burdened health staff and facilities.

This is the fourth year of shock for some of these vulnerable populations, and negative coping mechanisms such as a reduction of the quantity and quality of meals, sale of essential household items, reduction of the utilisation of PHC services, school drop-outs and even prostitution and crime, are on the increase. In addition, the overall economy is currently affected by reduced cash remittances from South Africa, particularly for households in southern Mozambique. The deteriorating situation in Zimbabwe has significantly reduced the possibilities for formal and informal cross-border trade, undermining the livelihoods of many people living along the border.

2. Progress Made Towards Goals and Objectives

There has been substantial progress made towards reaching last years' goals and objectives. The Mozambique Country Team and partners have effectively focused actions where they were most needed.

The VAC mechanism is increasingly playing a stronger role as a multi-sectoral tool and as a result targeting of the most vulnerable continues to improve. Cooperation between various actors from the Government, UN agencies and NGOs has resulted in diverse assessments beginning to be fed into the VAC mechanism. More detailed and sub-district level assessments are still needed, and national surveillance systems require additional strengthening and development. Nutritional surveillance has been strengthened to complement the VAC assessment process, with 29 sentinel surveillance sites around the country: 12 in Gaza province; 6 in Inhambane province; and 11 in Tete province. Health centres monitor acute malnutrition by measuring weight/height of all underweight children.

An integrated strategy to combat the joint impact of HIV/AIDS and food insecurity is currently being developed, and the mainstreaming of HIV/AIDS prevention and mitigation in emergency operations is a growing reality. HIV/AIDS prevention and mitigation activities have been intensified in the most affected areas, notably through awareness and training, and the capacity building of PLWHA associations. Home-based care by volunteers is being supported in four provinces, and the Ministry of Health's (MoH) guidelines for good nutrition have been finalised. The UN humanitarian response in the areas of water, sanitation and education gave priority to those areas with high levels of food insecurity and HIV/AIDS prevalence.

The integration of disaster management into national policies and action plans has been supported over the last year, including the Food Security and Nutrition Strategy (ESAN), the Action Plan for Food Security and Nutrition (PASAN), the Drought Mitigation and Response Action Plan, and the National Contingency Plan 2002/2003.

Through the emergency food assistance programme, 43 international and national NGOs and local administrations distributed 48,000 MTs of food to 472,000 drought and HIV/AIDS affected people in 38 districts over the past year through targeted FFW and vulnerable groups feeding activities.

In coordination with the MoH, an additional 115,000 children under five and pregnant and nursing mothers were reached through the supplementary feeding programme supported by WFP, UNICEF and implementing NGO partners. All beneficiaries received a ration of fortified CSB, and all children also received Vitamin A supplements and de-worming treatment. In addition, training in using participatory methodologies was provided to communities to strengthen their skills in relation to good hygiene and feeding practices.

With active detection of severely malnourished children taking place at community level, the existing therapeutic feeding centres are receiving increasing numbers of children. Technical, financial and material support was therefore provided through the MoH to the existing network of therapeutic feeding centres (based in health posts, centres and hospitals) in the southern and central provinces.

To assist affected populations to recover their productive capacity during the 2002/2003 agricultural seasons, inputs such as seeds and tools were provided to 145,000 people in the worst affected areas through the organisation of 27 input trade fairs in Maputo, Gaza and Inhambane provinces. A total of 45,000 chickens were distributed to 9,000 families.

Significant efforts were made to minimise the impact of the humanitarian situation on the health of the affected populations. Measles outbreaks were controlled in Manica and Tete provinces. Community capacities for cholera and malaria prevention and treatment were strengthened through participatory education on good hygiene practices and malaria prevention and treatment, accompanied by the distribution of chlorine, jerry cans, buckets and insecticide treated nets (ITNs). ITN re-treatment campaigns were also carried out, along with the sale of subsidised nets to vulnerable groups (children under five and pregnant women) through health centres in Gaza and Tete.

In a joint initiative implemented by the National Campaign Against Sexual Abuse of Minors, WFP, UNICEF and SC-UK have worked with the Ministry of Women and Coordination of Social Affairs and other national partners to develop and implement an Action Plan for the Prevention of Sexual Exploitation - in the context of the humanitarian situation. Following the development of the materials and the formation of a team of trainers, 30 workshops have been held for over 600 UN, NGOs, and Government workers in seven provinces.

In order to minimise the impact of the humanitarian situation on enrolment rates at the beginning of the new school year, 240,000 pupil kits and 6,900 teacher kits were distributed through the Ministry of Education (MoE) to 790 primary schools in the most affected districts. Furthermore, access to water and sanitation facilities in primary schools was expanded in five provinces.

A multi-sectoral effort is being implemented to improve the diagnosis and the prevention of violence as well as evaluating prevention and control interventions. WHO is working with various Governmental departments (MISAU, MINT, MMCAS, MINED and MAE) and NGOs (ESSOR and GERACÃO-BIZ). Support material to be used by community activists in the outreach activities have been produced. Community activists of some neighbourhoods of Maputo City and social actors of Maputo City Directorate of social affairs have been trained. The training of social actors of other provincial directorates will start next week.

3. Strategic Goals and Priority Actions

Over the past four years, the population in parts of southern and central Mozambique has suffered yearly setbacks in the form of destructive floods and devastating drought. The impact of HIV/AIDS seriously compounds the effects of these crises.

The current response seeks to address the complexity of meeting the immediate needs of vulnerable population while taking the immediate actions needed to ensure that the underlying factors creating these vulnerabilities are addressed.

The Mozambique Country Team will work towards achieving two main goals, taking immediate actions to: **Alleviate the emergency needs resulting from the combined impact of food insecurity and HIV/AIDS; and simultaneously, reduce the chronic vulnerability and improve the resilience of communities facing food insecurity, HIV/AIDS, and other shocks.**

Goals and Activities

a) Alleviate the emergency needs resulting from the combined impact of food insecurity and HIV/AIDS

Various mechanisms are being used to ensure that the most vulnerable members of each community are identified and receiving support. For example, the full participation of provincial and district representatives from the Ministry of Women and Coordination of Social Action will ensure the necessary linkages between humanitarian assistance and existing social support networks, such as Community Development Committees and PLWHA Associations. Women's relief committees also play a significant role in identifying those most in need within their communities. These networks will continue to receive training and financial support to further enable them to identify and register the most vulnerable members of communities (including orphans and other children made vulnerable by HIV/AIDS).

Emergency food assistance is critically needed to address acute food shortages, mostly in the south and parts of the centre of the country, and to support national disaster mitigation and preparedness efforts. Remote areas such as the interior of Gaza, Inhambane, and southern Tete provinces are the most affected. In addition to the ongoing emergency FFW and Vulnerable Group Feeding (VGF) activities, emergency school feeding will play a significant role in 2003/2004 to address both the children's poor nutritional status and the challenge of reducing the current increase in absence and dropout rates among pupils from communities hardest hit by the drought crisis, especially girls.

Moreover, the findings of the May/June VAC assessment highlight the need to sustain the supplementary feeding programme in the most affected areas. The current strategy to provide blanket supplementary feeding to all children aged 6-59 months and all expectant and nursing mothers will therefore be extended until the next harvest in the worst affected areas. Food will be delivered as part of an integrated effort that will include participatory education on good hygiene and feeding practices, vitamin A supplementation every six months and systematic de-worming for all children involved in the programme. The emphasis on transfer of skills to mothers and carers will ensure longer-term sustainable gains.

Community volunteers involved in the supplementary feeding programme have been trained in the detection of severe malnutrition using Mid-Upper Arm Circumference (MUAC). Due to this active referral of severely malnourished children, the number of children being admitted for treatment is expected to continue to rise, placing an increasing burden on already over-stretched health services. Consequently, training of staff responsible for managing the existing network of therapeutic feeding centres will be extended to cover all the affected provinces. Material and financial support for the running of the centres will also be provided.

In the immediate term, the continuing dry conditions and the increasing prevalence of HIV/AIDS create an increasing risk to the health of vulnerable populations. The morbidity and mortality of measles in particular is especially influenced by the nutritional status of a population. Cholera outbreaks are also increasingly likely, given the ever-decreasing access to potable water and the continuing poor hygienic practices in many of the vulnerable areas. While efforts to improve epidemiological surveillance will be pursued in partnership with the MoH, capacity to respond to disease outbreaks will also be strengthened through training, provision of materials and technical and financial support.

There will also be a major focus on strengthening community capacities to improve good hygiene practices. In areas where access to potable water has been most severely compromised, strategies to develop access to adequate water sources will be pursued. Technical and financial support will be provided to the Ministry of Public Works and NGO partners to rehabilitate existing water sources and to install new boreholes or deep wells in key locations. New water sources will be located near schools or health facilities to maximise the potential benefits of interventions.

Support to the prevention of HIV infection will include specific actions to increase access of the affected population, especially young men and women, and of the humanitarian workers to HIV/AIDS-related information, life skills and services, including condom distributions and the treatment of sexually transmitted diseases (STD).

Ongoing work in the area of prevention of sexual exploitation will continue to target those involved in the humanitarian response and will also be expanded to community levels. Community-based monitoring systems will be established, along with awareness raising activities.

There is a need to provide access to agricultural inputs for the most vulnerable populations as stocks have been depleted after two – and in some cases four – consecutive seasons of crop failures. The Government of Mozambique prioritises the provision of inputs to vulnerable populations through the organisation of Input Trade Fairs. As an alternative to the distribution of predetermined seed kits, beneficiaries receive vouchers with a monetary value. The advantages of this modality is that it stimulates both local seed production and local market mechanisms and allows the beneficiaries to compose their input package in accordance with their individual needs and conditions.

b. Reduce chronic vulnerability and improve the resilience of communities facing food insecurity, HIV/AIDS, and other shocks

Immediate interventions providing vulnerable households with alternative means of livelihood will have the greatest impact on improving their long-term food security and reducing vulnerability to HIV/AIDS.

With eighty percent of the population dependent on subsistence agriculture, interventions will focus on enhancing agricultural production capacity through the diversification of crops, including the introduction of less labour demanding varieties. Existing small-scale irrigation systems will be rehabilitated and expanded and simple irrigation technologies to increase the productive area without increasing the physical burden will be introduced. FFW activities, in line with the Ministry of Agriculture's (MoA) drought mitigation action plan act as an incentive for the communities to help themselves to improve their household food security situation.

Support will also be provided for small livestock diversification thus providing households with much needed protein (milk, eggs, meat) as well as an alternative income source. Reintroduction of the use of animal traction will enhance the capacity to increase the area planted in particular for people with limited physical capacity. In addition, as HIV/AIDS affects the productive groups of the population, initiatives will aim to introduce agricultural practices into the school curriculum to ensure that younger generations acquire agricultural knowledge and skills.

In light of the growing pressure on health services in affected areas, support to maintain and strengthen health sector capacity will focus on increasing preventative health activities. In addition to further training and financial support for outreach health workers, the provision of stocks of key medicines and medical equipment will enable health services to respond to increasing incidences of certain illnesses, including the most frequent opportunistic infections.

On-going efforts to support home and community-based care of people infected and affected by HIV/AIDS will be expanded to reduce the impact of the combined effects of HIV/AIDS and food insecurity. These efforts will be complemented with supplementary and therapeutic feeding of malnourished HIV-infected and affected children.

In addition to increasing access to information and life skills, HIV activities that combine prevention, care and treatment will be intensified. This includes the expansion of prevention of mother-to-child transmission programmes, the promotion of bio-safety in health care settings including safe blood transfusion, and voluntary counselling and testing. Partnerships will be strengthened among all stakeholders to consolidate ongoing awareness-raising activities on the issues of sexual exploitation and abuse in the areas affected by the humanitarian crisis.

Research on the community coping mechanisms used to care for the growing number of orphans and children made vulnerable by HIV/AIDS will help to identify where support to communities can be most effective. Furthermore, birth registration systems in the provinces most affected by the HIV/AIDS epidemic will be strengthened as part of ongoing efforts to ensure that all children, in particular orphans and other children made vulnerable by HIV/AIDS, can access essential services, both now and in the long-term.

Decreases in school attendance rates, leading to increased likelihood of higher dropout rates, was just one of the negative coping mechanisms identified by the May-June VAC assessment. This would have a longer-term impact on the country's ability to recover from the humanitarian situation and on the development process. In order to encourage families to keep sending their children to school and to continue to invest in their and the country's future, a number of strategies are being implemented. Firstly, to create a 'child-friendly' learning environment, basic school materials have been and will continue to be provided to schools, teachers and primary school children in the worst affected districts. In addition, initiatives to develop appropriate sanitation facilities, especially for girls, are in progress and will be expanded. School feeding activities not only secure the most basic necessities for children such as nutritious foods while at school, which enhances academic performance, but also serve as an added incentive for parents to retain their children in school.

In addition to the short-term objective of increasing access to adequate water resources in the drought-affected areas, the development of a community capacity to use, manage and maintain those resources is crucial. Through training for the establishment of community based 'water committees' and the provision of maintenance kits, the efforts to develop water sources should have a long-term and sustainable impact in these areas.

An Integrated Framework for Action

a) Assessments, information systems and research

Building on the encouraging progress made over the past year in better understanding the linkages, causes and growing impact of the dual crisis on the livelihood of populations, assessment and surveillance mechanisms will continue to be strengthened. There is a need to improve understanding on the contribution of food, health and care, and the impact of HIV/AIDS, on nutritional status, and ensure that relevant HIV/AIDS indicators are included in the assessments.

Furthermore, a study on the impact of HIV/AIDS on household food security and the crisis coping capacity of affected populations will be undertaken, and the results used to shape policies and strategies in response to the crisis.

The multi-sectoral nature of the VAC will continue to be strengthened. Other sectoral or multisectoral assessments (such as the CFSAM) and national surveillance systems for food security and nutrition will also be supported and will complement the VAC process. It is important to continue to harmonise assessment methodologies and indicators used by all partners to promote a consistent analysis of the situation. Efforts will focus on mapping of the most vulnerable areas (hotspots) to improve targeting of humanitarian assistance in terms of geographical areas, groups most at risk, and types of interventions needed to respond.

Information collection and analysis systems serve as a decision-making tool for prioritising action and allocating resources. These information systems, including the mapping of humanitarian activities, need

to be further developed and more widely shared among partners to promote coordination of humanitarian actions and a common understanding of the situation. Coordination among information systems also needs to be improved.

b) Response coordination mechanisms

Advocacy on the impact of the crisis will be undertaken at all levels to heighten the sense of urgency to the crisis and complement resource mobilisation efforts. For example, the opportunity of the upcoming revision of the HIV/AIDS National Strategic Plan and the PRSP in 2003/2004 will be used to ensure that sectors adopt appropriate strategies to address the combined crisis of food insecurity and HIV/AIDS and to ensure that the gender dimension of HIV/AIDS is taken into account. Resource mobilisation activities will intensify the momentum achieved over the past year.

Given the number and diversity of actors involved in the humanitarian response, coordination at all levels is crucial. The existing structure of disaster management coordination such as the Technical Council on Disaster Management, ensures the participation of several sectors at the national, provincial and district levels. However, further efforts will be made to link disaster management coordination structures to HIV/AIDS coordination mechanisms, such as the National Coordination Council for HIV/AIDS. Expanding and strengthening these structures through existing support channels is a priority. Further, programmes addressing human resource development such as training and the provision of appropriate working tools are an essential component of the strategy for capacity enhancement.

Local knowledge, existing coping mechanisms and the cultural sensitivities of vulnerable populations, needs to be better understood and mobilised. Civil society and community organisations will form the other main implementation structure, mostly at district and community level. Partnerships with civil society, including people living with HIV/AIDS associations, faith-based organisations and other grassroots organisations involved in the fight against HIV/AIDS will be enhanced in the affected areas, and the development of their technical and institutional capacity will be supported.

4. Complementarity with Other Actors

The Country Team has ensured the involvement of various stakeholders in the development of the current plan of action, including the Government of Mozambique, through the Technical Committee on Disaster Management, the sectoral ministries, as well as national and international NGOs.

The Government of Mozambique provides the overall framework for humanitarian relief and development activities in the country through the Contingency Plan and the PRSP/Action Programme for the Reduction of Absolute Poverty (PARPA). The UN plans and strategies such as the UNDAF, the Inter-Agency Disaster Management and Preparedness Plan, and humanitarian strategies developed for the Consolidated Appeals Process (CAP), are designed to contribute to and reinforce the Government's plans.

Civil society is an important stakeholder and contributor to the humanitarian response, through advocacy, fund raising and implementation of activities, specifically at the district and community levels. The UN recognises the key role that civil society organisations play in strengthening the outreach of Government and UN programmes, and in facilitating dialogue between affected communities and Government and the UN. The UN Country Team (UNCT) partners with more than 50 national and international NGOs, using their expertise to develop joint response strategies and implement programmes.

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

**UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - MOZAMBIQUE**

Summary of Requirements
By Appealing Organisation
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

| Appealing Organisation | Original Requirements |
|-------------------------------|------------------------------|
| FAO | 7'304'104 |
| OCHA | 173'710 |
| UNDP | 3'500'000 |
| UNICEF | 8'555'000 |
| WFP | 0 |
| WHO | 2'016'947 |
| Grand Total | 21'549'761 |

**UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - MOZAMBIQUE**

Summary of Requirements - by Sector
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

| Sector Name | Original requirements |
|-------------------------------------|------------------------------|
| AGRICULTURE | 6,804,104 |
| COORDINATION AND SUPPORT SERVICES | 4,173,710 |
| EDUCATION | 1,670,000 |
| FOOD | 0 |
| HEALTH | 6,606,947 |
| PROTECTION/HUMAN RIGHTS/RULE OF LAW | 525,000 |
| WATER AND SANITATION | 1,770,000 |
| Grand Total | 21,549,761 |

Project Summaries can be found on <http://www.reliefweb.int/>

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

Table II: UN Consolidated Inter-Agency Appeal for Southern Africa
July 2003 – June 2004
MOZAMBIQUE
Listing of Project activities- By Appealing Agency

| Appealing Organisation | Project Code | Sector | Project Title | Requirements (US\$) |
|-----------------------------|------------------|-----------------------------------|---|------------------------------|
| FAO | MOZ-03/A07 | Agriculture | Best practices within the field of HIV/AIDS and emergency interventions in agriculture | 1,040,000 |
| FAO | MOZ-03/A06 | Agriculture | Development of school gardens in Cabo Delgado, Gaza, Inhambane, Manica, Maputo, Sofala, Tete and Zambezia Provinces | 1,471,700 |
| FAO | MOZ-03/A05 | Agriculture | Emergency rehabilitation of small scale irrigation schemes in the drought-affected areas of the southern and central provinces | 1,600,000 |
| FAO | MOZ-03/A01 | Agriculture | Improvement of family livelihood and food security in Inhambane Province | 320,000 |
| FAO | MOZ-03/A03 | Agriculture | Improvement of family livelihood and food security of HIV/AIDS-affected populations through small livestock and community gardens in Manica, Sofala, Tete and Nampula Provinces | 500,000 |
| FAO | MOZ-03/A04 | Agriculture | Provision of small livestock, draught animals and boreholes in Maputo, Gaza and Inhambane Provinces | 600,000 |
| FAO | MOZ-03/A02 | Agriculture | Support to small-holding farming production through agricultural input trade fairs (ITFs) and small livestock in the southern and central provinces | 1,272,404 |
| FAO | MOZ-03/CSS01 | Coordination and Support Services | Improving targeting of humanitarian assistance | 500,000 |
| Sub-total for FAO | | | | 7,304,104 |
| OCHA | MOZ-03/CSS04 | Coordination and Support Services | UN Emergency Unit | 173,710 |
| Sub-total for OCHA | | | | 173,710 |
| UNDP | MOZ-03/CSS03 | Coordination and Support Services | Capacity enhancement for integrated response to HIV/AIDS and food insecurity | 3,000,000 |
| UNDP | MOZ-03/CSS02 | Coordination and Support Services | Strengthening of Disaster Management mechanisms | 500,000 |
| Sub-total for UNDP | | | | 3,500,000 |
| UNICEF | MOZ-03/E02 | Education | HIV/AIDS awareness and capacity building | 282,000 |
| UNICEF | MOZ-03/E01 | Education | Promotion of education | 1,388,000 |
| UNICEF | MOZ-03/H04 | Health | Prevention and control of common illnesses | 525,000 |
| UNICEF | MOZ-03/H06 | Health | Prevention of HIV in children and young people | 586,500 |
| UNICEF | MOZ-03/H03 | Health | Prevention of malaria | 1,005,000 |
| UNICEF | MOZ-03/H02 | Health | Prevention of malnutrition | 1,297,000 |
| UNICEF | MOZ-03/H01 | Health | Prevention of outbreaks of vaccine preventable diseases | 724,500 |
| UNICEF | MOZ-03/H05 | Health | Support to HIV positive children and their parents | 452,000 |
| UNICEF | MOZ-03/P/HR/RL02 | Protection | Capacity development for special protection | 315,000 |
| UNICEF | MOZ-03/P/HR/RL01 | Protection | Prevention of sexual exploitation and abuse | 210,000 |
| UNICEF | MOZ-03/WS01 | Water and Sanitation | Water, sanitation and hygiene promotion | 1,770,000 |
| Sub-total for UNICEF | | | | 8,555,000 |
| WHO | MOZ-03/H07 | Health | Enhancing district health system capacity to respond to major diseases and health related threats in drought-affected areas | 2,016,947 |
| Sub-total for WHO | | | | 2,016,947 |
| WFP | MOZ-03/F01 | Food | Targeted emergency relief to vulnerable households | Included in Regional Project |
| Sub-total for WFP | | | | |
| Grand total | | | | 21,549,761 |

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

**Table III : UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - MOZAMBIQUE**
Listing of Project Activities - By Sector
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Page 1 of 2

| Project Code | Appealing Agency | Sector/Activity | Original Requirements |
|--|------------------|--|-----------------------|
| AGRICULTURE | | | |
| MOZ-03/A07 | FAO | Best practices within the field of HIV/AIDS and emergency interventions in agriculture | 1,040,000 |
| MOZ-03/A06 | FAO | Development of school gardens in Cabo Delgado, Gaza, Inhambane, Manica, Maputo, Sofala, Tete and Zambezia Provinces | 1,471,700 |
| MOZ-03/A05 | FAO | Emergency rehabilitation of small scale irrigation schemes in the drought affected areas of the southern and central provinces | 1,600,000 |
| MOZ-03/A01 | FAO | Improvement of family livelihood and food security in Inhambane Province | 320,000 |
| MOZ-03/A03 | FAO | Improvement of family livelihood and food security of HIV/AIDS affected population through small livestock and community gardens in Manica, Sofala, Tete and Nampula Provinces | 500,000 |
| MOZ-03/A04 | FAO | Provision of small livestock, draught animals and boreholes in Maputo, Gaza and Inhambane Provinces | 600,000 |
| MOZ-03/A02 | FAO | Support to small-holding farming production through agricultural input trade fairs and small livestock in southern and central provinces | 1,272,404 |
| Sub total for AGRICULTURE | | | 6,804,104 |
| COORDINATION AND SUPPORT SERVICES | | | |
| MOZ-03/CSS03 | UNDP | Capacity enhancement for integrated response to HIV/AIDS and food insecurity | 3,000,000 |
| MOZ-03/CSS01 | FAO | Improving targeting of humanitarian assistance | 500,000 |
| MOZ-03/CSS02 | UNDP | Strengthening of disaster management mechanisms | 500,000 |
| MOZ-03/CSS04 | OCHA | UN Emergency Unit | 173,710 |
| Sub total for COORDINATION AND SUPPORT SERVICES | | | 4,173,710 |
| EDUCATION | | | |
| MOZ-03/E02 | UNICEF | HIV/AIDS awareness and capacity building | 282,000 |
| MOZ-03/E01 | UNICEF | Promotion of education | 1,388,000 |
| Sub total for EDUCATION | | | 1,670,000 |

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

**Table III : UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - MOZAMBIQUE**
Listing of Project Activities - By Sector
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Page 2 of 2

| Project Code | Appealing Agency | Sector/Activity | Original Requirements |
|--|------------------|---|-----------------------|
| FOOD | | | |
| MOZ-03/F01 | WFP | EMOP 10290.0 targeted relief to vulnerable households in Southern Africa (incorporated in the Regional Project) | 0 |
| Sub total for FOOD | | | 0 |
| HEALTH | | | |
| MOZ-03/H07 | WHO | Enhancing district health system capacity to respond to major diseases and health related threats in drought-affected areas | 2,016,947 |
| MOZ-03/H04 | UNICEF | Prevention and control of common illnesses | 525,000 |
| MOZ-03/H06 | UNICEF | Prevention of HIV in children and young people | 586,500 |
| MOZ-03/H03 | UNICEF | Prevention of malaria | 1,005,000 |
| MOZ-03/H02 | UNICEF | Prevention of malnutrition | 1,297,000 |
| MOZ-03/H01 | UNICEF | Prevention of outbreaks of vaccine preventable diseases | 724,500 |
| MOZ-03/H05 | UNICEF | Support to HIV positive children and their parents | 452,000 |
| Sub total for HEALTH | | | 6,606,947 |
| PROTECTION/HUMAN RIGHTS/RULE OF LAW | | | |
| MOZ-03/P/HR/RL02 | UNICEF | Capacity development for special protection | 315,000 |
| MOZ-03/P/HR/RL01 | UNICEF | Prevention of sexual exploitation and abuse | 210,000 |
| Sub total for PROTECTION/HUMAN RIGHTS/RULE OF LAW | | | 525,000 |
| WATER AND SANITATION | | | |
| MOZ-03/WS01 | UNICEF | Water, sanitation and hygiene promotion | 1,770,000 |
| Sub total for WATER AND SANITATION | | | 1,770,000 |
| Grand Total | | | 21,549,761 |

SWAZILAND

1. Changes Affecting the Humanitarian Situation

In 2002, it was declared that Swaziland was suffering from an acute food availability crisis due to drought. It is now apparent that the crisis in Swaziland arises from a combination of causes. Some of them are immediate like the drought that continues to affect a significant number of communities in specific geographical areas. Others are more complex, like the HIV/AIDS epidemic, which is exacerbating poverty and creating pockets of extreme vulnerability in both rural and urban areas across the country, at the same time that it is undermining governmental capacities to respond, and destroying the traditional institutional capacities to provide social safety nets through extended family systems.

The May, 2003 FAO/WFP Joint Crop and Food Supply Assessment Mission (CFSAM) found that national food availability in Swaziland – considered as a factor of overall domestic production and commercial import capacity - is better in 2003/2004 than in 2002, although domestic production is still significantly below normal.

Overall, the improved food availability in Swaziland masks important regional differences in food availability and people's access to it. Improved Highveld and Middleveld harvests reflect high yields nationally while in fact there has been an almost total crop failure in the Lowveld, where farmers have harvested as little as 10kg maize per hectare this year. Parts of the dry Middleveld and the Lubombo Plateau are also similarly affected. Improved production overall will not benefit many poor Lowveld residents, whose already low purchasing power has been further decimated this year by loss of income which they are reliant. Vulnerability assessments show that people in Swaziland's most affected areas are only able to off-set about a quarter to a third of their food deficit, through utilisation of food stocks, recourse to increased casual labour, sales of livestock, and non-food production. The inequality in living standards is not going to improve under the present circumstances, meaning that the 66% of the population that live on less than US\$ 10 per month will remain in this state – or deteriorate into more poverty with the increasing impact of AIDS on households.

The result, despite the context of overall food availability in Swaziland, is a food access crisis for households in areas triply affected by low harvests, drops in other income, and HIV/AIDS. The CFSAM therefore recommended that over 157,000 people would need food assistance for the July-December period, increasing to 217,000 between January and March. Comparing these results with the previous CFSAM, that estimated food aid needs for six months only, beginning after the harvest season, it is significant that this year the team identified that immediate assistance is needed covering a full 12-month period.

Other factors influence poor Swazis' well being negatively as well. These include a rising inflation rate (8.7 as of April 2003), unemployment growth, a fall-off in remittances coming from people employed abroad. Furthermore, the near-eradication of the local cotton cash crop this year (the only significant dry land cash crop) following the closing of the ginnery for economic reasons, and reductions in employment opportunities in South African mines, have had devastating impacts on the purchasing power of already poor families.

Many indicators are pointing to HIV as the most significant factor contributing to food insecurity; however, more information is still needed to understand the complexities and be able to respond appropriately. Overall, there is a cumulative vulnerability arising out of the impacts of HIV and AIDS in Swaziland. These include; loss of key personnel due to illness and death, overburdening of health service institutions (about 20,000 people need hospital care but with only about 1,500 hospital beds available, care is pushed on to the community) and other public services, children dropping out from school because of death of parents and need to take on duties at home or because the family no longer can afford school fees and increase in poverty. Currently 47% of reported HIV/AIDS cases are in the 20-39-age bracket. The high mortality rate of those affected by AIDS has also struck a blow at the social network's capability of caring for orphans. The extended family has reached the limit of its ability to take in orphaned child relatives. The impact of HIV/AIDS and food insecurity on children cannot be overstated.

The 8th HIV Sentinel Sero-surveillance Report of December 2002, found that 38.6% of pregnant women sampled were HIV positive, up from 34.2% in the year 2000 survey. In terms of AIDS cases and deaths, Swaziland is now experiencing the brunt of the impact of the rapid increase in HIV rates experienced from 1992 to 1996, when in a mere four years the ante-natal prevalence rates rose from 3.9% to 25.4%.

Projections based on those studies and demographic analysis estimate that between 15,000 and 20,000 deaths annually are occurring from AIDS-related illnesses, among Swaziland's less than one million population. Yet the prevalence rates have continued to increase, indicating that in the past year, as 50 people died of AIDS every day, the majority in the 25-49 year age group, 55 new infections were occurring every day, mostly in the 15-24 year age group. There is thus great urgency to get information to everyone on how to reduce risks of infection, and at the same time to recognise that information alone is not protective, without concerted efforts to reduce the vulnerability to exploitation of children and young women, among whom finding today's meal or fees for school may seem a more immediate concern and threat, than the prospect of a death ten years down the road from AIDS.

It is estimated that numbers of orphans have doubled between 2000 and 2002 reaching approximately 40,000 and that at least 10,000 children are now being orphaned annually. Under-five mortality, estimated at 78 per 1,000 live births (7.8%) in the first half of the 1990s, based on analysis of the 1997 Population and Household Census Survey, has been increasing rapidly, as an estimated 10% or more of children born in Swaziland become HIV positive through mother to child transmission of the virus, with most of them dying before age five. Health data shows a large increase in chronic diarrhoea among under-fives, adding evidence of the toll of HIV transmission to infants. On the positive side, the official signing of policy guidelines for prevention of mother-to-child transmission took place at the end of 2002, and multiple efforts are underway to initiate PMTCT services aimed to reduce HIV transmission rates to infants.

The extended family systems are buckling under the stress of the HIV/AIDS epidemic, and since 2000 the phenomenon of child-headed households has increasingly come to the forefront. Another indicator of family and social stress, infant-abandonment (or "baby dumping"), more than doubled, with about 40 cases recorded during the year (a rate of over 110 per 100,000 live births), including several cases of infanticide committed by girls under 18.

There is thus indeed a continuing and expanding crisis in Swaziland in 2003, with particularly severe effects on households which have been triply affected by poor harvests, drops in income, and sickness, who are thus unable to secure adequate access to food. But a countrywide crisis is also gathering momentum, as significant populations of children along with elderly family members left to care for them face both food insecurity, and a broader vulnerability that is contributing to a vicious cycle of HIV infection, illness, loss of income and agricultural productivity as a result of AIDS death, exacerbated poverty, orphaning, and increased vulnerability of affected young people to HIV infection.

2. Progress Made Towards Goals and Objectives

The WFP intervention is recognised to have had a significant effect in temporarily stabilising the food security situation. The Government of Swaziland has cooperated with FAO and UNDP on developing a comprehensive policy on agriculture to address the food security situation. As chronic poverty and HIV/AIDS emerge in addition to drought as determinants of food insecurity, however, and as large numbers of people remain in need of food assistance throughout the year, the very temporary nature of this progress is highlighted. In relation to food aid, relative emphasis is thus shifting to addressing the impact of HIV/AIDS, and the need to address the general agricultural situation in ways to enhance food security in the longer-term (shifting to crop rotation, other kinds of plants, irrigation schemes etc).

To strengthen the survival ability in the population at large, other kinds of support programmes have been defined and are implemented or are ready for implementation. WFP and NGO implementing partners together established the Women's Relief Committees (WRCs) to assist with food aid targeting and distributing WFP-assistance in drought-affected communities. A total of 179 WRCs have been operational since January 2003 throughout WFP-assisted areas of Swaziland, involving more than 2000 women. WRC members have been trained by WFP in food aid distribution, but the scope for using WRCs as entry points for information affecting rural Swazis' lives is much greater.

WFP is also providing CSB for initiatives organised by UNICEF to provide supplements for pre- and post-natal mothers and for malnourished under-five children at 59 health clinics since March 2003. Two hundred nurses were trained, and nutritional surveillance has been initiated as part of the programme in the clinics. Preliminary data collected (March-May, 2003) found under nutrition is 30.4% for stunting (height for age), 10.7% for wasting (weight for height), and 21.6% for underweight (weight for age) among the under-fives. Surveillance data will be compared over time to assess the impact of food distributed to malnourished children and pregnant and lactating women.

UNICEF has supported the resuscitation of outreach services from rural health centres and clinics. These have contributed to reinvigoration of immunisation efforts, and an increase in measles coverage. Vitamin A is also being delivered. There has been limited funding forthcoming for other health initiatives proposed under the WHO/UNICEF "Emergency Epidemic Response" project of the CAP MYR, but planning is now underway with the MoH to use some recently received funds from UNICEF National Committees to implement the approach in five communities beginning in July, 2003, as part of the UNCTs enhanced response to the crisis. WHO has started with training activities on surveillance and nutrition management and has provided home based care kits for people living with HIV/AIDS. Drug kits have also been made available to use in affected areas.

Since January, 2003, 453 Neighbourhood Care Points (NCP) have been established by communities with assistance from UNICEF and partners to provide a place where OVCs, especially those from child-headed households, can find a caring adult, a place to receive advice and care, some access to services, and a "shoulder to cry on" (Lihlombe Lekukhalela). WFP is providing CSB supplements to support feeding of children under the NCPs. The primary target age group are those from child-headed and impoverished grandmother-headed households between the ages of 0-10 years. Each NCP is expected to accommodate at least 50 children. Figures, however, vary in the regions according to need. The overwhelming response in the communities to this concept necessitated putting a hold on establishing new care points, one month after initiation of the work, so as to implement the programme in phases that would ensure quality of coverage of the already established points. Some 276 caregivers have been trained on the management of the NCPs and topics covered include Child Abuse Protection, Prevention of HIV and AIDS, Nutrition, Psychosocial Support, Community IMCI and Adult Literacy.

Children are now receiving WFP food along with other support services through the NCPs, with donor commitments being finalised to increase this to the CAP target of 37,500 during the July-September quarter. However, approximately two-thirds of communities are not yet reached by these initiatives now underway, and will urgently need training and support to initiate similar strategies for protecting the most vulnerable children. The UNCT's accelerated response calls for scaling up of the effort through NCPs.

School feeding programmes are being implemented in 80 schools, in the worst affected communities, through close partnership among WFP, UNICEF, and Save the Children Swaziland: 29,000 primary school students are being reached. Assessments a year ago found 70-80% of children in these schools were coming to school and going home in the afternoons without having had any food. Children benefit from a CSB morning snack provided by WFP, and from a mid-day hot meal organised by UNICEF and Save the Children. WFP will take over the support of the school meals programme before the end of 2003, while efforts continue jointly by FAO and UNICEF to support these 80 schools and their communities to establish school gardens to supplement the food aid. The CAP MYR identified the need to expand the support for school feeding programmes into 40 additional primary schools in the drought-affected areas, for which resources have not yet been found.

Since school feeding became fully established in the schools in March 2003, teachers report improvements in regular attendance by pupils, a reduction in school dropout, and about an 8.5% increase in school enrolments. Schools, which combine meals with other community initiatives, are seeing enrolment increases of about 23%. Rapid Assessments carried out in September 2002 in the 80 schools revealed that 18% to 20% of the pupils were orphaned or "needy" (those having trouble meeting the basic financial commitments with the school), and hence at high risk of having to drop out of school. An additional estimated 25% of primary school-aged children had either never enrolled, or had already dropped out of school. In 44 communities, UNICEF has supported "Community Education for All Grants" to enable community-school partnerships to actively identify out-of-school children and bring them back into school. Enrolment in these schools has risen from 13,000 to 16,000 pupils, including many children who have been out of school for several years. In these schools, plants and seeds have been delivered for communal farming to sustain school meals. Six schools have also rehabilitated water and sanitation in the schools, and initiatives are underway to expand such support to 30 more.

The UN System also has supported the strengthening of a youth group, Swaziland Youth United Against HIV/AIDS (SYUAHA) and took 380 of them through a “behavioural change process”. About 20 have been identified as facilitators to carry the process to scale at Tinkhundla and Tigodzi level at the end of 2002. The Community Action for Child Rights programme is also working closely with rural youth in 106 communities, in raising HIV and AIDS awareness, and in training young people in the communities as peer educators.

WFP, UNICEF and Save the Children Swaziland have cooperated on initiatives to orient food assistance delivery partners, as well as communities, on issues of sexual exploitation and HIV/AIDS. Plans have been developed by UNFPA and WFP to strengthen such work, through the Women Relief Committees in the communities where food aid is being organised. These efforts will complement a major national initiative already underway by UNICEF and a wide range of Government, NGO, and community partners, including the religious communities, to take action to stop sexual abuse and exploitation of children and young people.

There was a successful training programme implemented for representatives of the media concerning reporting on the humanitarian crises. The focus was on the food situation and HIV/AIDS. The training programme was defined and run by UNDP. The assessment of the programme was encouraging and a follow-up programme is being developed.

The UNCT has worked to address the crisis following a retreat in April 2003. As one of the tools to achieve this goal, UNDP has established a Swaziland SAHIMS Unit. The primary task of the unit is to create a website (Swazi ReliefWeb) and a network of partners to give input to and help develop the profile of the website. The intention is that the website itself will be used as a means of disseminating information, a tool for analysis and intervention and potentially a tool for reconstruction. Furthermore, the process itself will develop an even stronger sense of responsibility and “ownership” among the partners. The managerial or editorial group for the Swazi Relief Website includes representatives of CANGO, the Food Security Consortium, Red Cross, UN, NVAC and NDTF. The website is expected to be effectively online and public from late July 2003.

Another initiative to improve coordination was to strengthen the coordination capacity of the Resident Coordinator through the deployment of a Humanitarian Affairs Officer (HAO) from OCHA. The position is presently covered through a six-month secondment from the Norwegian Refugee Council (NRC).

3. Strategic Goals and Priority Actions to June 2004

In response to the gravity of the situation and the call by the UN SG for an accelerated response to the multiple crises of food insecurity, HIV/AIDS, poverty and weakened governance, the UNCT has initiated the process of reorienting Agency programmes to focus on the multi-sectoral implications of HIV/AIDS. The UNCT has supported four studies examining the likely impact of HIV/AIDS on the economic and social aspects of the country in particular, the “Impact of HIV/AIDS on the Agriculture and the Private Sector in Swaziland.”

As part of the reorientation process the UNCT has had a working retreat with the Principal Secretaries of the 15 Government Ministries and is planning a similar retreat with the Cabinet. In discussion with National Emergency Response Council on HIV/AIDS (NERCHA), the UNCT has developed a 3-6 month crisis response plan to HIV/AIDS that takes into account the implications of food insecurity, poverty and lack of capacity on the epidemic. While this major shift in the humanitarian response and development is still being developed to secure government and counterpart “buy-in”, the proposed strategic goals and priority actions to June 2004 attempt to take this into account.

UNCT identified some areas for joint implementation of programmes with a view to scaling up to ensure countrywide coverage. One area was intensified mass mobilisation of all sectors and stakeholders including the private sector. UNDP would be the lead agency, while WHO will support putting in place a care package including Voluntary Counselling and Testing improved facilities for treatment of opportunistic infections as well as access to anti-retrovirals. UNICEF is to ensure access to PMTCT, work together with WFP to expand school feeding from the current 80 schools to cover 700 schools as well as provision of food to other vulnerable children and groups at community level. UNFPA is to ensure that condoms are available at user points for both male and female clients. Strategies for the above areas have been developed and currently Agencies are working with various partners to develop action plans.

UNICEF will expand its community care for children in child-headed and other vulnerable households. The number of Neighbourhood Care Points (NCP) providing support and protection for vulnerable children will be increased between July and October, 2003, from the current 453 to a total of 750, serving 37,500 children in 106 communities. Funding commitments are already in place for this work. The current CAP seeks additional funds to expand NCPs to Swaziland's remaining communities, by establishing an additional 1,500 NCPs in the remaining 214 communities by July 2004. WFP will build on existing collaboration with UNICEF to support NCPs countrywide.

UNICEF will expand its "All Children Safe in Schools" emergency work. In 120 schools most severely affected by drought and poverty, UNICEF will sustain initiatives already underway in 40 schools, and expand them to an additional 80 schools, to ensure opportunities of orphaned and vulnerable children to remain in school and receive appropriate psychosocial support in the home, community and school environment. This will include community grants to bring OVCs back into school and keep them there, non-formal education for children who have been several years out of school, training teachers on special needs of OVCs, supporting schools to adapt and to maintain quality for increased enrolments, supporting (with FAO) the school farming initiatives, and supporting water and sanitation in 40 schools with greatest problems in these areas. WFP will continue to support a limited school-feeding programme, begun in 2003 with UNICEF, in 80 schools.

Innovative and interactive communication methods including a tool called the "String Game Story" were developed and tested by UNICEF and partners during 2002, representing a significant breakthrough in enhancing the effectiveness of communication on HIV and AIDS. The methods and materials are adapted to specific cultural contexts of Swaziland, and use story-telling and other participatory methodologies to provide individuals and groups with in-depth information and understanding of the HIV virus, and of the individual and community risk factors which are driving the spread of the virus. This critical information has reached less than 10% of the population in Swaziland, however. The UNCT and other partners involved in HIV communication and education activities, with UNICEF as lead agency, will implement an emergency community communication campaign to take these methods to scale, in order by July 2004 to reach all 330 communities (chiefdoms) in Swaziland, and 90% of neighbourhoods and individual households, by July 2004. WFP will build on existing collaboration with UNICEF to expand support to schools, clinics and NCP. WFP support to these activities will include: a limited school feeding programme (35,000 children); supplementary feeding for pregnant and lactating women and malnourished under-fives at targeted clinics (11,000 women and 5,000 children); and support to care and community food security activities for orphans and vulnerable children (37,500 children total, with possible adjustment following MYR of the expansion plans of the NCP).

WHO and UNICEF, within the framework of a UNCT Plan to accelerate the response to HIV/AIDS, will provide technical and material support to help focus the limited human resources in the health system to address the most pressing issues contributing to present, highly excessive levels of morbidity and mortality. Focus will be on the areas of the country particularly affected by the combination of recurrent drought, poverty and AIDS. Health and nutrition services and surveillance will be supported not only through clinics, but also through improved linkages to community delivery personnel and home-based care providers. From a base in hospitals/health centres and health clinics, services to the chiefdoms will be supported, with focus on early and effective identification and treatment of opportunistic infections related to HIV and AIDS; and interventions (with some support of food supplements from WFP) to strengthen nutrition for the most vulnerable groups, especially pregnant mothers, under-five children, and those whose nutritional status needs special attention in relation to HIV infection. Special support will be targeted for HIV positive pregnant and lactating women, in the targeted areas and in a number of additional sites where community initiatives will be implemented to reduce mother to child transmission of HIV. Support for nutritional surveillance will also cover all regions, to ensure a robust early warning system regarding impact of the complex crisis now unfolding as a result of HIV and AIDS.

From July 2003, WFP will assist 100,000 vulnerable people in these areas through targeted food distributions. Child and female-headed households, orphans, households with no means of support and those severely affected by the HIV/AIDS pandemic will be targeted. WFP will support 150,000 people in the 'lean' season of January-March. WFP has included fortified CSB in the general ration to targeted households, in response to the extremely high HIV/AIDS prevalence rate, and the special nutritional requirements of infected persons. In addition, an increased emphasis will be put on high-impact targeted activities addressing the impact of HIV/AIDS.

In order to improve the quality of life of orphans and vulnerable children, WFP is also working with NERCHA on a pilot initiative in which WFP will provide maize, beans and oil to 40 chiefdoms to be used as a 'seed grant' to initiate community-level stocks, which will then be replenished by the next harvest's yields. A total of 3,200 vulnerable children will benefit from these food production activities.

WFP and UNFPA will also implement a joint project to train food aid beneficiary women (members of Relief Committees established to assist in WFP food aid targeting and distribution). The WFP/UNFPA joint project will train two members from each Relief Committee in counselling on the issues of HIV/AIDS, and understanding, preventing and reporting sexual abuse and exploitation in their communities. WFP will also aim to improve the status of female-headed households through advocacy for women's access to land.

In order to monitor the flow of interventions, WFP Swaziland is using a post-distribution monitoring system in which field-based Food Aid Monitors collect information especially on the beneficiary use of and access to food aid. WFP will also be a part of the regional Community Household Surveillance that monitors the outcomes of the emergency response and food insecurity. It also builds the capacity to collect and use information and enhance the link between data collection systems by utilising available baseline data collected by various institutions.

UNDP has recruited an Information Specialist for the RC office who will generate and coordinate information on the humanitarian crisis and ensure its wide circulation nationally and regionally. This person will also ensure that the information about Swaziland posted on SAHIMS is regularly updated. UNDP also secured the services of a Recovery Programme Officer for a 12-month period to develop a strategy for sustainable recovery. This strategy will provide a bridge between the assistance provided through the humanitarian response and sustainable development programmes.

An Inter-Agency Programming Task Force has been established to identify possible areas of joint programming between agencies and this strategy was presented to the Government Principal Secretaries. It will also be presented to Cabinet to ensure Government buy-in and leadership of the Accelerated Crisis Response initiative. Government has acknowledged the importance of collaborative interventions particularly during an emergency.

UNDP is working to promote the use of indigenous foods to enhance nutritional status and heighten awareness among media and population on its relevance and importance. This will be within the Leadership for Results initiative of UNDP, which up to now has focused on leadership commitment and behaviour development in response to HIV/AIDS.

On the level of capacity building, UNDP is going to organise further training, using local facilitators in Emotional Intelligence and Community Conversations for the following categories of community leadership-Chiefs (or their representatives): Rural Health Motivators; the clergy; and, community-based youth.

UNDP will continue to strengthen capacities for improved response and coordination of the multi-dimensional humanitarian crisis. The intention is to strengthen the UNCT Accelerated Crisis Response initiative on HIV/AIDS and poverty. This will be done through the creation of a national volunteer corps selected from the many graduates that are currently unemployed. A crash-training programme in rapid response will equip them with skills for providing support at community level in diversified agriculture, appropriate nutrition and HIV/AIDS prevention and care. Training will also be provided to chiefs, community leaders, NGOs, teachers, Rural Health Motivators as well as to youths on Emotional Intelligence and Community Conversations for strengthening of leadership commitment and behaviour development.

The plan calls for 300 national volunteers to be recruited and deployed to communities by January 2004. UNDP will establish links with the UNV office for technical assistance on the management of the programme and help provide training for the volunteers in Rapid Response to HIV/AIDS and Poverty Reduction.

4. Complementarity with Other Actors

Support in 2002/2003 and plans for 2003/2004 have been provided for under the National Development Strategy (NDS) umbrella.

Despite resource constraints, the government acknowledges its responsibility to support the humanitarian emergency. Emergency preparedness and management is recognised under the NDS or national vision that sets targets to be achieved by the country in 2022. One of its major objectives is to reduce poverty and vulnerability. Some specific projects have been supported and financed by government in response to the humanitarian crisis.

The Government of Swaziland, in an effort to address the food crisis, provided E5 million to the National Disaster Task Force in 2002. It likewise supported the HIV/AIDS response, the PRSP. For 2003/2004 there is provision for food aid, an education fund for orphans, OVC project and a community poverty fund.

The Government is committed to provide, in the long run, free education to all children at least up to primary school level by 2005. Realising that the resource constraints on most families are due to the current humanitarian crisis, the Government provided E3 million for school fees for vulnerable children including orphans in 2003. Further, His Majesty King Mswati III created an Education Fund for orphans and vulnerable children and injected a sum of E16 million during the year.

There is also the Community Development Fund, which is to give further support to regional development projects. The Government made a budget allocation of E3.85 million in 2002/2003.

To illustrate its commitment to human development, despite a zero growth policy on employment, Government provided for 245 posts in the 2003/2004 budget in the priority areas of education, the HIV/AIDS pandemic and poverty alleviation.

The Government recognises the fact that the future of the country lies with children. The 2003/2004 budget speech gave voice to the concern that when children are faced with hunger, poverty and illiteracy, the future is bleak. The 2003/2004 budget speech further mentions that the Government is working on finalising the country poverty reduction strategy and action plan to be finalised by the end of 2003.

In its continuing effort to combat the spread of HIV/AIDS, the Government established the National Emergency Response Council on HIV/AIDS in February and its Directorate in June 2002. NERCHA coordinates the activities of organisations fighting the spread of HIV/AIDS. At its inception, the Government provided a sum of E32 million. A further E20 million is budgeted for the year 2003/2004. The Global Fund for AIDS has offered Swaziland a sum of US\$56 million through NERCHA to be disbursed in five years.

Another important partner body is CANGO. Coordinated Assembly of NGOs (CANGO) is the coordinating body for all NGOs in Swaziland. It is a non-profit making voluntary organisation founded in 1983 initially as a coordinating secretariat for NGOs involved in the promotion of PHC in response to an appeal from the MoH for better PHC coordination. In 1987 the constitution was amended to enable this organisation to encompass all NGOs in development, thus becoming a true national umbrella body for all NGOs, not only those in the Health sector. CANGO has also been designated "The Commonwealth Liaison Unit (CLU) for NGOs in Swaziland. CANGO receives its main institutional support from donor agencies, membership subscriptions and local fund-raising efforts. It coordinates efforts and acts as a liaison between member organisations and relevant government ministries and promotes general cooperation and understanding between the government and NGOs concerned.

The main implementing partners in the field are the NGO Consortium. From this body again the key counterparts are Save the Children, Lutheran Development Service (LDS), Swaziland Farmers Development Foundation (SFDF), WV, Caritas, Africa Cooperative Action Trust (ACAT), Baphalali Red Cross Society, and Women's Resource Centre. Efforts are also made to ensure complementarity with NGOs' own development strategies and interventions, especially those focused on longer-term food security.

Swaziland received assistance from various bilateral donors in 2002/2003 towards ameliorating the humanitarian crisis.

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

**UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - SWAZILAND**

Summary of Requirements
By Appealing Organisation
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

| Appealing Organisation | Original Requirements |
|------------------------|-----------------------|
| CANGO | 6'899'000 |
| FAO | 1'716'000 |
| UNDP | 1'322'000 |
| UNFPA | 85'653 |
| UNICEF | 7'935'000 |
| UNICEF/WHO | 2'669'000 |
| WFP | 0 |
| WHO | 111'617 |
| Grand Total | 20'738'270 |

**UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - SWAZILAND**

Summary of Requirements - by Sector
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

| Sector Name | Original requirements |
|-------------------------------------|-----------------------|
| AGRICULTURE | 2,716,000 |
| COORDINATION AND SUPPORT SERVICES | 1,147,000 |
| EDUCATION | 1,925,000 |
| FAMILY SHELTER AND NON-FOOD ITEMS | 60,500 |
| FOOD | 4,800,000 |
| HEALTH | 4,704,770 |
| PROTECTION/HUMAN RIGHTS/RULE OF LAW | 4,500,000 |
| WATER AND SANITATION | 885,000 |
| Grand Total | 20,738,270 |

Project Summaries can be found on <http://www.reliefweb.int/>

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

Table II: UN Consolidated Inter-Agency Appeal for Southern Africa
July 2003 – June 2004
SWAZILAND

Listing of Project activities- By Appealing Agency

| Appealing Organisation | Project Code | Sector | Project Title | Requirements (US\$) |
|---------------------------------|------------------|-------------------------------------|--|------------------------------|
| CANGO | SWA-03/A07 | Agriculture | Small earth dam construction and rehabilitation | 1,000,000 |
| CANGO | SWA-03/S/NF01 | Family Shelters and Non-Food Items | Repair of Dwellings for Vulnerable Households | 60,500 |
| CANGO | SWA-03/F02 | Food | Enriched Food Basket for PLWHA | 4,800,000 |
| CANGO | SWA-03/H02 | Health | Cholera treatment and prevention | 16,000 |
| CANGO | SWA-03/H05 | Health | Home based care | 100,000 |
| CANGO | SWA-03/H06 | Health | Prevention of malaria infection among vulnerable people | 37,500 |
| CANGO | SWA-03/WS01 | Water and Sanitation | Construction of family and communal pit latrines | 150,000 |
| CANGO | SWA-03/WS02 | Water and Sanitation | Household water harvesters | 135,000 |
| CANGO | SWA-03/WS03 | Water and Sanitation | Spring protection and dam water utility | 600,000 |
| Sub-total for CANGO | | | | 6,899,000 |
| FAO | SWA-03/A01 | Agriculture | Emergency Provision of Agricultural Inputs to Most Vulnerable Families | 325,000 |
| FAO | SWA-03/A02 | Agriculture | Household Asset protection and income generation through poultry-based intervention | 364,000 |
| FAO | SWA-03/A03 | Agriculture | Improvement of family livelihood and food security of HIV/AIDS affected population through development of school gardens | 367,000 |
| FAO | SWA-03/A04 | Agriculture | Increased labour-saving tillage for HIV/AIDS-affected and labour-stressed households | 160,000 |
| FAO | SWA-03/A05 | Agriculture | Stabilising agricultural production and resource management | 210,000 |
| FAO | SWA-03/A06 | Agriculture | Promotion of indigenous crops and vegetables production for HIV/AIDS-affected households | 290,000 |
| Sub-total for FAO | | | | 1,716,000 |
| UNDP | SWA-03/CSS01 | Coordination and Support Services | Capacity Building for Emergency Response | 1,147,000 |
| UNDP | SWA-03/H07 | Health | Promotion of indigenous foods for Nutri-Therapy | 175,000 |
| Sub-total for UNDP | | | | 1,322,000 |
| UNFPA | SWA-03/H01 | Health | Behavioural Change Programme | 35,653 |
| UNFPA | SWA-03/H08 | Health | Sexual and Reproductive Health and HIV/AIDS Prevention in the humanitarian response | 50,000 |
| Sub-total for UNFPA | | | | 85,653 |
| UNICEF | SWA-03/E01 | Education | All Children Safe in School | 1,925,000 |
| UNICEF | SWA-03/H03 | Health | Emergency communication for HIV risk reduction | 1,510,000 |
| UNICEF | SWA-03/P/HR/RL01 | Protection/Human rights/Rule of law | Community Care for Highly Vulnerable Children | 4,500,000 |
| Sub-total for UNICEF | | | | 7,935,000 |
| UNICEF/WHO | SWA-03/H04 | Health | Emergency Epidemic Response | 1,940,000 |
| UNICEF/WHO | SWA-03/H09 | Health | Targeted supplementary feeding | 729,000 |
| Sub-total for UNICEF/WHO | | | | 2,669,000 |
| WFP | SWA-03/F01 | Food | Targeted Emergency Relief to Vulnerable Households | Included in Regional Project |
| Sub-total for WFP | | | | |
| WHO | SWA-03/H10 | Health | Voluntary counselling and testing at community level | 111,617 |
| Sub-total for WHO | | | | 111,617 |
| Grand Total | | | | 20,738,270 |

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

**Table III : UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - SWAZILAND**
Listing of Project Activities - By Sector
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Page 1 of 3

| Project Code | Appealing Agency | Sector/Activity | Original Requirements |
|--|------------------|--|-----------------------|
| AGRICULTURE | | | |
| SWA-03/A01 | FAO | Emergency provision of agricultural inputs to most vulnerable families | 325,000 |
| SWA-03/A02 | FAO | Household asset protection and income generation through poultry-based intervention | 364,000 |
| SWA-03/A03 | FAO | Improvement of family livelihood and food security of HIV/AIDS affected population through development of school gardens | 367,000 |
| SWA-03/A04 | FAO | Increased labour-saving tillage for HIV/AIDS affected and labour-stressed households | 160,000 |
| SWA-03/A07 | CANGO | Small earth dam construction and rehabilitation | 1,000,000 |
| SWA-03/A05 | FAO | Stabilising agricultural production and resource management | 210,000 |
| SWA-03/A06 | FAO | Targeted interventions for HIV/AIDS-affected households | 290,000 |
| Sub total for AGRICULTURE | | | 2,716,000 |
| COORDINATION AND SUPPORT SERVICES | | | |
| SWA-03/CSS01 | UNDP | Capacity building for emergency response | 1,147,000 |
| Sub total for COORDINATION AND SUPPORT SERVICES | | | 1,147,000 |
| EDUCATION | | | |
| SWA-03/E01 | UNICEF | All children safe in school | 1,925,000 |
| Sub total for EDUCATION | | | 1,925,000 |
| FAMILY SHELTER AND NON-FOOD ITEMS | | | |
| SWA-03/S/NF01 | CANGO | Repair of dwellings for vulnerable households | 60,500 |
| Sub total for FAMILY SHELTER AND NON-FOOD ITEMS | | | 60,500 |

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

**Table III : UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - SWAZILAND**
Listing of Project Activities - By Sector
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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| Project Code | Appealing Agency | Sector/Activity | Original Requirements |
|--|------------------|---|-----------------------|
| FOOD | | | |
| SWA-03/F01 | WFP | EMOP 10290.0 targeted relief to vulnerable households in Southern Africa (incorporated in the Regional Project) | 0 |
| SWA-03/F02 | CANGO | Enriched food basket for PLWHA | 4,800,000 |
| Sub total for FOOD | | | 4,800,000 |
| HEALTH | | | |
| SWA-03/H01 | UNFPA | Behavioural change programme | 35,653 |
| SWA-03/H02 | CANGO | Cholera treatment and prevention | 16,000 |
| SWA-03/H03 | UNICEF | Emergency communication for HIV risk protection | 1,510,000 |
| SWA-03/H04 | UNICEF/WHO | Emergency epidemic response | 1,940,000 |
| SWA-03/H05 | CANGO | Home based care | 100,000 |
| SWA-03/H06 | CANGO | Prevention of malaria infection among vulnerable people | 37,500 |
| SWA-03/H07 | UNDP | Promotion of indigenous crops for nutri-therapy | 175,000 |
| SWA-03/H08 | UNFPA | Sexual and reproductive health and HIV/AIDS prevention in the humanitarian response | 50,000 |
| SWA-03/H09 | UNICEF/WHO | Targeted supplementary feeding | 729,000 |
| SWA-03/H10 | WHO | Voluntary counselling and testing at community level | 111,617 |
| Sub total for HEALTH | | | 4,704,770 |
| PROTECTION/HUMAN RIGHTS/RULE OF LAW | | | |
| SWA-03/P/HR/RL01 | UNICEF | Community care for highly vulnerable children | 4,500,000 |
| Sub total for PROTECTION/HUMAN RIGHTS/RULE OF LAW | | | 4,500,000 |

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

**Table III : UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - SWAZILAND**
Listing of Project Activities - By Sector
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Page 3 of 3

| Project Code | Appealing Agency | Sector/Activity | Original Requirements |
|---|-------------------------|---|------------------------------|
| WATER AND SANITATION | | | |
| SWA-03/WS01 | CANGO | Construction of pit latrines | 150,000 |
| SWA-03/WS02 | CANGO | Household water harvesters | 135,000 |
| SWA-03/WS03 | CANGO | Spring protection and dam water utility | 600,000 |
| Sub total for WATER AND SANITATION | | | 885,000 |
| Grand Total | | | 20,738,270 |

ZAMBIA

1. Changes in the Humanitarian Situation

In 2002, two consecutive years of adverse weather compounded by chronic poverty led to a massive food and water crisis in Zambia. This situation, deepened by HIV/AIDS, and economic and social issues left an estimated 2.3 million people in dire need of assistance. In response to the crisis, the United Nations issued a Consolidated Inter-Agency Appeal Process (CAP) for the period July 2002 to June 2003. The CAP sought funding of US\$ 71 million for emergency food assistance, and to boost the capacity of the UN to respond to pressing new needs in health, education, water and sanitation, child protection and food production. In these sectors, much of the assistance sought was for an expansion or acceleration of ongoing programmes.

By February 2003 when a MYR of the CAP was held, food aid amounting to 31,500 MTs had reached 880,000 people. Agricultural inputs had also been distributed to 60,000 people. Under health sector's malaria programmes, 100,000 insecticide-treated mosquito nets had been distributed and 10 nutritional surveys had been carried out. A measles campaign in Southern province had also reached 95% of those targeted children under 15, along with de-worming and vitamin A supplementation.

The MYR also revealed that 45% or US\$ 32 million of the amount sought by the CAP had been sourced, 75% of which went to the purchase of food aid. Despite shortfalls in funding, progress was made in reducing the impact of the crisis on the most vulnerable groups in Zambia. During the past twelve months and with the generosity of donors, large-scale food aid and agricultural inputs, as well as health, nutrition and water interventions have contributed to meeting the critical needs of the population. Funding and implementation of emergency food aid operations has meant that the immediate goal of saving lives has been achieved. Malnutrition figures have stabilised in many targeted high-risk areas, and the region has not yet seen radical increases in morbidity. However, although many lives were saved, the risks have by no means been eliminated. Most importantly, the HIV/AIDS catastrophe requires continued urgent assistance and without continued support from the international community, lives and livelihoods of millions remain on the edge of the abyss.

The food and drought emergency in Zambia today is largely under control. Improved rainfall, interventions in productive sectors, availability of alternative foods and a well coordinated response by the UN to the Government appeal for assistance in 2002 has resulted in the management of a potentially catastrophic humanitarian situation. The latest VAC findings indicate that only six districts, three of which are in the south, are likely to have a food deficit affecting 60,000 people. Four other districts, (Gwembe, Shangombo, Kalabo and Zambezi) may also have food deficiency that is likely to affect some 40,000 people and are being monitored (a total of 100,000 people - this number is envisaged to be higher due to HIV/AIDS).

The Government has consequently shifted its focus in agriculture to sustainable food production with an emphasis on "winter agriculture", diversification, conservation farming and cash crop based out grower schemes. While acknowledging the critical role played by the Donors, the UN and other cooperating partners, the Government is encouraging support in achieving sustainable agricultural development. It has since banned maize imports, restricted relief food distributions to specific vulnerable groups and encouraged any food aid donations to be sourced internally. In this regard, the Libyans recently donated some 6,000 MTs of maize purchased locally while WFP has similarly responded positively to Government's promotion of local purchases. Government is also seeking assistance for the transfer of maize from food excess areas to food deficit areas and have requested support to NGOs involved in this exercise.

It also appears that coping mechanisms are more varied than were originally thought, though some of them maybe unsustainable. The availability of other foods such as cassava, sweet potatoes, fish and pumpkins also enabled many communities to cope with the crisis.

2. Progress Made Towards Goals and Objectives

Food

The availability of food aid, especially around the lean periods of December to February, saved lives and allowed most households to work in their own fields. Food aid amounting to 126,000 MTs was distributed over the last 12 months 233,000 vulnerable farmers were reached through timely completion of distributions of critically needed agricultural inputs and this boosted significantly the wider national effort to reach before the rains. Information on the performance of crops on a monthly basis is now available as a result of crop assessment programme put in place. The report also takes into account impacts on harvest of factors such as erratic rains, replanting and marketing.

Health and Nutrition

The priority health concern of all agencies was to prevent and control outbreaks of diseases including measles, cholera, and malaria.

Reaching 700,000 children under 15 with measles vaccines, de-worming and Vitamin A supplementation at the height of the drought in November 2002 averted measles outbreaks in Southern province. In addition, 40% of the population that cannot afford to buy insecticide-treated bed nets (ITNS) such as orphans and pregnant women were given free ones to reduce malaria morbidity and mortality. Some 33,400 ITNS for refugee camps and surrounding communities, 15,000 ITNS for distribution to vulnerable families through home-based care programmes in drought-affected Southern Province, and 18,000 for pregnant women through ante-natal clinics. Another 20,000 are being distributed to orphans through social welfare departments and NGOs. During the national measles campaign in June 2003, 90,000 ITNS were procured and distributed in five districts.

An important achievement was the resumption of nutritional surveillance in the country. At least ten have been carried out so far and this has enabled the building of capacity not only in Government but also in local NGOs. Training, technical support, for the establishment of 25 therapeutic feeding centres for severely malnourished children in district hospitals in Southern and Western provinces was provided.

Water and Sanitation

Access to clean water was extended to over 65,000 people through the sinking of 100 new boreholes and rehabilitation of 165 hand pumps. Nearly 1,000 people were also trained in the repair and maintenance of the water points.

Education and Child Protection

An Education in Emergencies Working Group was established to focus on the drastic drops in school attendance rates. A pilot school-feeding project targeting 10,000 children in 30 schools in three of districts of Southern province was implemented. It provided a complete package of a nutritious pre-class meal, education materials, water sanitation, and hygiene education, HIV/AIDS activities tied to sports and games, and school gardens. Schools submerged by floods in Western province also received support, including tents, water storage containers and classroom materials.

Several training sessions for humanitarian workers, drivers, and NGOs on protection against sexual exploitation were conducted.

HIV/AIDS

Sentinel surveys carried out between 2001/2002 indicate that HIV prevalence in Zambia is 16%.² Amongst women, prevalence peaks at 29.4% in the 30-34 age group whilst for men it peaks at 22.4% in the 35-39 age group.

Funds have been accessed from the Global Fund, World Bank and bilateral partners.

Under the UNCT leadership, the Expanded Theme Group continues to support the Government in strengthening the National AIDS Council (NAC), the body which coordinates the scaling up of the National Response to HIV/AIDS. To support the strengthening of the NAC Secretariat during the period July 2003 to December 2003, US\$ 700,000 has been mobilised. The UNCT continues to work with the

² Zambia Demographic and Health Survey 2001/2002

Government to accelerate the disbursement of the resources mobilised for HIV/AIDS with special attention to the access of Anti-Retro Viral treatment.

UN response to HIV/AIDS in drought-affected areas has been cross-cutting, involving all programme activities and sectors, including food distribution, water and sanitation, health, nutrition, and education. For instance, the drilling of bore holes not only increased affected communities' access to clean water, but also decreased the distance and the time women and girls spend for fetching water, thus decreasing girls exposure to any risk of sexual abuse/exploitation away from home.

The distribution and use of insecticide treated bed nets plays an important role, since patients with HIV infection who contract malaria tend to deteriorate rapidly into AIDS Related Complex³, while placental malaria in pregnant women increases the transmission rate of HIV to the unborn baby. The series of training of humanitarian workers on protection against sexual exploitation is another activity directly linked to HIV prevention. A key Education strategy to keep girls in school and prevent early sexual activity was promoted, and support provided for the production of HIV/AIDS and Life Skills materials for Grades 1-5, and for the creation of more than 1,000 Anti-AIDS Clubs in primary schools. Community HIV/AIDS education was provided at food distribution sites in drought-affected rural areas, with drama performances and distribution of fliers and condoms. A mobile video van transports peer-educators and counsellors in selected urban areas.

The UNDAF for Zambia has been developed as a framework for collaboration among the UN agencies and with the Government of Zambia on country's development priorities and programmes for the period 2002/2006.

Under the UNDAF HIV/AIDS, gender and regional integration have been identified as crosscutting issues. HIV/AIDS and gender are also mutually crosscutting issues, and are taken into account when designing HIV/AIDS programmes. Of particular significance is the HIV/AIDS collaborative programme with the assistance of the UN system.

Coordination

Under the leadership of the Resident Coordinator, the UNCT established the Humanitarian Working Group (HWG), comprising technical representatives of all UN agencies implementing humanitarian programmes. With additional capacity provided by OCHA, the UN system has supported the development of an Emergencies and Recovery Strategic Group led by the Government and comprising members from UN agencies, donors and NGOs. The Emergency and Strategic Group is involved in assisting the Government in the formulating of policy in overall disaster management and preparedness.

Shortfalls in Funding

Funding shortfalls amounting to US\$ 16 million as of June 2003 affected the emergency response in all sectors. Contributions for programmes in disease surveillance and control, health, education, child protection and water and sanitation remained low throughout the 2002/2003 CAP periods. Reprogrammed Agency funds met the most pressing needs, e.g. in assessment, essential drugs supply, and disease surveillance systems and water programme activities.

3. Strategic Goals and Priority Actions to June 2004

The 2002 crisis highlighted the pressing need for alternatives to current development efforts. The overall goal is to facilitate recovery from the crisis wherever possible to promote a transition from relief to recovery and eventual development. However, given the complex underlying causes of the crisis, the focus will remain on vulnerable groups.

One of Government's key goals as outlined in the PRSP is to improve household food security and incomes. Focus for the short-term will be on reviving farming blocks, expanding input support programme, promoting irrigation and conservation farming. Other areas will include control of livestock disease such as Contagious Bovine Pleuro-Pneumonia (CBPP).

³ Malaria Tropica in HIV infection: Weinke T; Schere W; Pohle HD: *Klin Wochenschr*, 68 (10): 533-6, 1990 May 17

In the health sector, the Government's goals are to improve access to basic health in rural areas by vulnerable groups of society. Key focus will be on education, prevention, treatment and monitoring with priority being on HIV/AIDS, malaria, child health, reproductive health and epidemics.

Focusing on recovery and being fully cognisant of the PRSP priorities, Agencies will continue to give priority to assisting the most vulnerable populations in an effort to:

- maintain access to food, basic health and water services for the most vulnerable;
- reduce the risk of the most vulnerable to exploitation, violence and HIV/AIDS infection; and.
- initiate immediate actions to respond to long-term development and sustainability.

Priorities

Food aid

Recent vulnerability analysis suggests that needs for immediate life-saving assistance is reduced in most part of the region since the April 2003 harvest. In Zambia, overall domestic food production has improved compared to previous years. However, due to flooding in the river valley area and low and erratic rainfall in pockets of the south, Zambia is likely to again see localised crop destruction and crop failure. There are corresponding zones of heightened food insecurity due to successive shocks to household food production, seasonal instability of food supplies, limited availability of off-farm earnings, and diminishing household purchasing power.

The livelihoods of the urban poor are likewise under considerable pressure. Gender differences in access to and control over resources are pronounced, with women being consistently disadvantaged. UNICEF has estimated that about 1.8 million children in Zambia are increasingly vulnerable while the traditional family social safety net is being destroyed by HIV/AIDS. Chronic malnutrition is estimated at 53%, one of the highest levels in the world, and life expectancy has declined to 32 years in large part due to HIV/AIDS.

In keeping with the Government's 2002 PRSP, food aid programmes will focus on marginalised groups of Zambians in targeted geographical areas. Programmes will assist these poor and food insecure populations become more self-reliant and economically active at both individual and community level.

Over the last 12 months, the UN system has undertaken studies to better understand the link between food security and HIV/AIDS. Farming Systems Association of Zambia (FASAZ) carried out one of the studies in Southern province. In March 2003, the UN organised a two-day workshop to discuss the impact of HIV/AIDS on Food security. The Minister of Agriculture and Cooperatives officiated at the workshop.

HIV/AIDS and Food Security

Major conclusions of the UN sponsored FASAZ study and follow-up workshop indicated

- *Reduced labour productivity*
- *Reduced disposable income/Increased indebtedness*
- *Reduced hectarage under cultivation*
- *Food insecurity as a risk factor for HIV infection*
- *Medical costs increase as a result of caring for HIV/AIDS patients*
- *Further research on this is needed*

Food Production

The focus will be to build on achievements attained over the last 12 months. Guided by the Government's strategic plan of improving food security, priority will be given to programmes that promote such practices as conservation farming and water harvesting. A more in-depth study of the HIV/AIDS linkages with food security constitutes one of the objectives of the UN system collaborative programme under the UNDAF as mentioned above. As such, the plan for the study has been included among the projects in this appeal thereby showing the relationship between the UNDAF and the CAP. The timely provision of agricultural inputs and strengthening of monitoring systems will be core to these actions.

In view of the threat posed by CBPP in Western and North Western provinces, a renewed effort for emergency control and preparedness is required in 2004 to prevent a calamity.

At regional level, Zimbabwe and the Democratic Republic of Congo (DRC) continue to face critical food deficits. The Government is considering facilitating the export of maize and cassava but only after local consumption and strategic reserve requirements have been met.

Getting Children Back to School

The integrated school feeding programme package begun in 2003, will be expanded in collaboration with WFP, with special emphasis on orphans and vulnerable girls. UNICEF will provide water, sanitation, hygiene education, and education materials for pupils, blackboards, desks and benches for community schools supporting orphans, vegetable gardens and HIV/AIDS activities tied to Sports/Games.

Building Systems for Protecting Children

Establishing a national registry system for vulnerable children, continued promotion and protection of the rights of the most vulnerable women and children, including establishment of safe houses and community watch programmes.

Strengthening Programmes Addressing Malnutrition

Improving the linkages between community-based growth monitoring, and therapeutic and supplementary feeding programmes to reduce malnutrition among children under five.

- Establishing Nutrition surveillance system in order to monitor and respond to nutrition problems in hot spots;
- Mapping of areas of high risks will be done in order to assist the MoH to better understand, plan and coordinate interventions;
- Improving management of severe malnutrition at hospital level in order to reduce mortality rates; and
- Strengthening the linkages between community-based growth monitoring, and therapeutic and supplementary feeding programmes to reduce malnutrition among children under five years.

Reducing the Impact of Malaria

UNICEF, WHO and partners are supporting the Government of the Republic of Zambia in its national Roll Back Malaria Strategy, by supporting three life-saving activities:

- delivery of ITNS and re-treatment kits to pregnant women and children under five. The main priority is to provide mass protection by ensuring that more than 60% of pregnant women and children are sleeping under an ITN by 2005;
- provision of Interruptive Preventive Treatment to pregnant women. By the end of 2005, all pregnant women should receive three preventive malaria treatments of Sulfadoxin-Pyrimethamin (SP) in their second and third trimesters;
- provision of prompt and effective treatment for malaria: to improve correct diagnosis and referral for malaria cases and ensure prompt and effective malaria treatment.

Programmes have also been developed to enhance the livelihood opportunities amongst families vulnerable to HIV/AIDS. Focus is also on addressing HIV/AIDS issues amongst professional groups such as teachers, defence personnel, miners and agriculture extension workers.

Coordination

Over the last 12 months, coordination has proved key to the management of the humanitarian situation. The network of Agency implementing partners through whom most programmes were carried out over the year has helped build capacity in local community groups and NGOs. Consolidation of the acquired skills through existing sectoral mechanisms will be a priority of the Humanitarian Unit of the Office of the Resident Coordinator. The Unit, as indicated earlier, has been further enhanced by the deployment in May 2003 of an advisor from the UN Office for the Coordination of Humanitarian Affairs (OCHA) through the assistance of DFID. The advisor will be available for a five-month period and will lead the Humanitarian Unit.

The Unit, comprising of a National Officer and a UNV Nutritionist with support from UNDP's Bureau for crisis and recovery, will further focus on consolidating the HWG, the Emergencies and Recovery Strategic Group, providing updates on the CAP activities in Zambia and other humanitarian related developments.

Government leadership in overall coordination is being further capacitated through the World Bank support to the Disaster Management and Mitigation Unit. Key actions would focus on building capacity of District Disaster monitoring and Management Units and building capacity in early warning institution such as the Meteorological department, the Early Warning unit at the Agricultural ministry and the Central Statistics Office.

4. Complementarity with Other Partners

The Role of the Government

The Zambian Government ably coordinated and facilitated the management of the humanitarian emergency. It provided food relief through the Disaster Management and Mitigation Unit system and collaborated with other humanitarian actors in other sectors such as health, water and sanitation and education. The Government also provided inputs at subsidised prices to smallholder farmers, encouraged conservation farming and initiated winter maize projects across the country.

The Role of the NGOs

Over the last 12 months, NGOs proved to be key partners in the implementation of UN agency emergency programmes and the management of the humanitarian crisis. Food aid and seed distributions, and nutritional surveys, were some of the activities carried out through NGOs at grassroots level. NGOs also participated in regular high level planning discussions and provided updates to the UN system.

As has been customary, NGOs are expected to continue the critical role of being implementing partners of the UN. In this regard, complementarity and synergies with the UN agency activities will be the order of the day. For example, the WFP will continue collaborating with its implementing partners in distributing Food-for-Work (FFW) or Food-for-Assets (FFA).

As such, NGO project proposals have been incorporated as an Annex in this Appeal to the extent that they are complimentary to Agency submissions.

The UN system in Zambia recognises the need for a gradual transition from emergency to recovery and through to a “normal” long-term development phase. This phase will focus on bridging gaps not fully addressed in the last CAP and facilitate synergy into longer-term development activities.

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**UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - ZAMBIA**

Summary of Requirements
By Appealing Organisation
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

| Appealing Organisation | Original Requirements |
|------------------------|-----------------------|
| ADRA | 2'400'000 |
| Africare | 1'800'000 |
| CRS | 1'139'843 |
| C-SAFE | 400'000 |
| EF Zambia | 330'000 |
| FAO | 8'200'000 |
| SCC | 400'000 |
| UNDP | 770'000 |
| UNFPA | 184'705 |
| UNICEF | 6'000'000 |
| WFP | 0 |
| WHO | 3'094'400 |
| WV Zambia | 5'082'858 |
| Grand Total | 29'801'806 |

**UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - ZAMBIA**

Summary of Requirements - by Sector
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

| Sector Name | Original requirements |
|-------------------------------------|-----------------------|
| AGRICULTURE | 17,690,843 |
| COORDINATION AND SUPPORT SERVICES | 270,000 |
| EDUCATION | 560,000 |
| FOOD | 0 |
| HEALTH | 8,130,963 |
| PROTECTION/HUMAN RIGHTS/RULE OF LAW | 915,000 |
| WATER AND SANITATION | 2,235,000 |
| Grand Total | 29,801,806 |

Project Summaries can be found on <http://www.reliefweb.int/>

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

Table II: UN Consolidated Inter-Agency Appeal for Southern Africa
July 2003 – June 2004
ZAMBIA

Listing of Project activities- By Appealing Agency

| Appealing Organisation | Project Code | Sector | Project Title | Requirements (US\$) |
|---|------------------|-----------------------------------|--|---------------------|
| ADRA | ZAM-03/A20 | Agriculture | Multiplication of Seeds | 400,000 |
| ADRA | ZAM-03/A18 | Agriculture | Procurement and distribution of seeds and fertiliser in the Southern and Eastern provinces | 500,000 |
| ADRA | ZAM-03/A19 | Agriculture | Procurement and distribution of seeds and fertiliser in the Southern and Eastern provinces | 300,000 |
| ADRA | ZAM-03/A17 | Agriculture | Training vulnerable farmers in conservation farming methods in Southern and Eastern Provinces | 700,000 |
| ADRA | ZAM-03/H10 | Health | Coordination, monitoring and evaluation of the distribution of food to HIV/AIDS patients | 200,000 |
| ADRA | ZAM-03/H11 | Health | Provision of clean water and establishment of market gardens | 300,000 |
| Sub total for ADRA | | | | 2,400,000 |
| Africare | ZAM-03/A22 | Agriculture | Integrated, community-based aquaculture and irrigation at existing small dams and water bodies | 1,250,000 |
| Africare | ZAM-03/A21 | Agriculture | Multiplication and dissemination of cassava as a staple food alternative | 550,000 |
| Sub total for Africare | | | | 1,800,000 |
| CRS | ZAM-03/A11 | Agriculture | Agricultural recovery through seed vouchers and fairs | 150,000 |
| CRS | ZAM-03/A10 | Agriculture | Agricultural Seed Project in Shangombo and Sesheke Districts, Western Province | 300,000 |
| CRS | ZAM-03/A12 | Agriculture | High Energy Protein Supplements Production for vulnerable households (HEPS) | 170,000 |
| CRS | ZAM-03/A13 | Agriculture | Vulnerable Households Irrigation Pilot Project (VHIP) | 169,843 |
| CRS | ZAM-03/H07 | Health | Diocese of Mongu Home Based Care (HBC) | 150,000 |
| CRS | ZAM-03/P/HR/RL02 | Protection | Community HIV/AIDS Mitigation Project for Orphans and Vulnerable Children (CHAMP-OVC) | 200,000 |
| Sub total for CRS | | | | 1,139,843 |
| C-SAFE | ZAM-03/H08 | Health | Non-GMO Vegetable Oil for Supplementary Feeding | 400,000 |
| Sub total for C-SAFE | | | | 400,000 |
| EFZ | ZAM-03/A16 | Agriculture | Food security initiative for families with under five children | 330,000 |
| Sub total for EFZ | | | | 330,000 |
| FAO | ZAM-03/A01 | Agriculture | Coordination, monitoring and evaluation of agriculture interventions | 150,000 |
| FAO | ZAM-03/A05 | Agriculture | Development of school gardens for nutrition enhancement and skills for life | 300,000 |
| FAO | ZAM-03/A08 | Agriculture | Emergency control of CBPP in the cattle-rearing areas of Western Province | 1,500,000 |
| FAO | ZAM-03/A07 | Agriculture | Household asset protection through livestock-based interventions | 700,000 |
| FAO | ZAM-03/A04 | Agriculture | Increased household agricultural production as an alternative to illegal poaching | 520,000 |
| FAO | ZAM-03/A06 | Agriculture | Integrated, community-based aquaculture and irrigation | 350,000 |
| FAO | ZAM-03/A03 | Agriculture | Multiplication and dissemination of cassava as a staple food alternative | 380,000 |
| FAO | ZAM-03/A02 | Agriculture | Stabilisation of agricultural production with labour efficiencies in vulnerable households | 4,300,000 |
| Sub total for FAO | | | | 8,200,000 |
| SCC | ZAM-03/A14 | Agriculture | Improvement in quality of basic planting material for sweet potato and cassava for small holder farmers seed producers | 400,000 |
| Sub total for Swedish Cooperation Centre | | | | 400,000 |
| UNDP | ZAM-03/A09 | Agriculture | Enhancement of livelihood opportunities amongst families vulnerable to HIV/AIDS in southern province | 500,000 |
| UNDP | ZAM-03/CSS02 | Coordination and support services | Increasing the understanding of linkages between food security and HIV/AIDS | 200,000 |
| UNDP | ZAM-03/CSS01 | Coordination and support services | Mapping of HIV/AIDS-related activities | 70,000 |
| Sub total for UNDP | | | | 770,000 |

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| | | | | |
|--|-------------------|----------------------|--|----------------------------------|
| UNFPA | ZAM-03/H06 | Health | HIV/AIDS prevention and mitigation in north western province | 184,705 |
| Sub total for UNFPA | | | | 184,705 |
| UNICEF | ZAM-03/E01 | Education | Support for education and school feeding for vulnerable children | 560,000 |
| UNICEF | ZAM-03/H02 | HIV/AIDS | HIV/AIDS Prevention | 690,000 |
| UNICEF | ZAM-03/H03A | Health | Mitigating the impact of malaria among vulnerable populations in drought-prone areas | 1,000,000 |
| UNICEF | ZAM-03/H01A | Health | Nutrition surveillance and control of malnutrition | 800,000 |
| UNICEF | ZAM-03/PH/HR/RL01 | Protection | Protection of children's rights | 715,000 |
| UNICEF | ZAM-03/WS01 | Water and Sanitation | Water, sanitation and hygiene education | 2,235,000 |
| Sub total for UNICEF | | | | 6,000,000 |
| WFP | ZAM-03/F01 | Food | EMOP 10290.0 - Targeted relief to vulnerable households in southern Africa | Incorporated in Regional Project |
| Sub total for WFP | | | | |
| WHO | ZAM-03/H04 | Health | Community home-based care in Southern Province | 891,800 |
| WHO | ZAM-03/H05 | Health | Expansion of women's project to Southern Province | 464,200 |
| WHO | ZAM-03/H03B | Health | Mitigating the impact of malaria among vulnerable populations in drought-prone areas | 339,200 |
| WHO | ZAM-03/H01B | Health | Nutrition surveillance and control of malnutrition | 1,399,200 |
| Sub total for WHO | | | | 3,094,400 |
| WV Zambia | ZAM-03/A15 | Agriculture | Integrated household food security programme | 3,771,000 |
| WV Zambia | ZAM-03/H09 | Health | HIV/AIDS and infant feeding | 1,311,858 |
| Sub total for World Vision Zambia | | | | 5,082,858 |
| Sub total for UN Agencies | | | | 18,249,105 |
| Sub total for NGOs | | | | 11,552,701 |
| Grand total | | | | 29,801,806 |

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

**Table III : UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - ZAMBIA**

Listing of Project Activities - By Sector
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Page 1 of 4

| Project Code | Appealing Agency | Sector/Activity | Original Requirements |
|--------------------|------------------|--|-----------------------|
| AGRICULTURE | | | |
| ZAM-03/A11 | CRS | Agricultural recovery through seed vouchers and fairs | 150,000 |
| ZAM-03/A10 | CRS | Agricultural seed project in Shangombo and Sesheke Districts, western province | 300,000 |
| ZAM-03/A01 | FAO | Coordination, monitoring and evaluation of agricultural interventions | 150,000 |
| ZAM-03/A05 | FAO | Development of school gardens for nutrition enhancement and skills for life | 300,000 |
| ZAM-03/A08 | FAO | Emergency control of CBPP in the cattle rearing areas of western province | 1,500,000 |
| ZAM-03/A09 | UNDP | Enhancement of livelihood opportunities amongst families vulnerable to HIV/AIDS in southern province | 500,000 |
| ZAM-03/A16 | EF Zambia | Food security initiative for families with under five children | 330,000 |
| ZAM-03/A12 | CRS | High energy protein supplements production for vulnerable households (HEPS) | 170,000 |
| ZAM-03/A07 | FAO | Household asset protection through livestock-based interventions | 700,000 |
| ZAM-03/A14 | SCC | Improvement in quality of basic planting material for sweet potato and cassava for small holder farmers seed producers | 400,000 |
| ZAM-03/A04 | FAO | Increased household agricultural production as an alternative to illegal poaching | 520,000 |
| ZAM-03/A15 | WV Zambia | Integrated household food security programme | 3,771,000 |
| ZAM-03/A06 | FAO | Integrated, community-based aquaculture and irrigation | 350,000 |
| ZAM-03/A22 | Africare | Integrated, community-based aquaculture and irrigation at existing small dams and water bodies | 1,250,000 |
| ZAM-03/A03 | FAO | Multiplication and dissemination of cassava as a staple food alternative | 380,000 |
| ZAM-03/A21 | Africare | Multiplication and dissemination of cassava as a staple food alternative | 550,000 |
| ZAM-03/A20 | ADRA | Multiplication of seeds | 400,000 |
| ZAM-03/A18 | ADRA | Procurement and distribution of seeds and fertiliser in the southern and eastern provinces | 500,000 |
| ZAM-03/A19 | ADRA | Procurement and distribution of seeds and fertiliser in the southern and eastern provinces | 300,000 |
| ZAM-03/A02 | FAO | Stabilisation of agricultural production with labour efficiencies in vulnerable households | 4,300,000 |
| ZAM-03/A17 | ADRA | Training vulnerable farmers in conservation farming methods in southern and eastern provinces | 700,000 |
| ZAM-03/A13 | CRS | Vulnerable households irrigation pilot project (VHIP) | 169,843 |

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

**Table III : UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - ZAMBIA**
Listing of Project Activities - By Sector
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

Page 2 of 4

| Project Code | Appealing Agency | Sector/Activity | Original Requirements |
|--|------------------|---|-----------------------|
| Sub total for AGRICULTURE | | | 17,690,843 |
| COORDINATION AND SUPPORT SERVICES | | | |
| ZAM-03/CSS02 | UNDP | Increasing the understanding of linkages between food security and HIV/AIDS | 200,000 |
| ZAM-03/CSS01 | UNDP | Mapping of HIV/AIDS-related activities | 70,000 |
| Sub total for COORDINATION AND SUPPORT SERVICES | | | 270,000 |
| EDUCATION | | | |
| ZAM-03/E01 | UNICEF | Support for education and school feeding for vulnerable children | 560,000 |
| Sub total for EDUCATION | | | 560,000 |
| FOOD | | | |
| ZAM-03/F01 | WFP | EMOP 10290.0 targeted relief to vulnerable households in Southern Africa (incorporated in the Regional Project) | 0 |
| Sub total for FOOD | | | 0 |

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

**Table III : UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - ZAMBIA**
Listing of Project Activities - By Sector
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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| Project Code | Appealing Agency | Sector/Activity | Original Requirements |
|--|------------------|--|-----------------------|
| HEALTH | | | |
| ZAM-03/H04 | WHO | Community home-based care in southern province | 891,800 |
| ZAM-03/H10 | ADRA | Coordination, monitoring and evaluation of the distribution of food to HIV/AIDS patients | 200,000 |
| ZAM-03/H07 | CRS | Diocese of Mongu Home Based Care (HBC) | 150,000 |
| ZAM-03/H05 | WHO | Expansion of women's project to southern province | 464,200 |
| ZAM-03/H09 | WV Zambia | HIV/AIDS and infant feeding | 1,311,858 |
| ZAM-03/H02 | UNICEF | HIV/AIDS prevention | 690,000 |
| ZAM-03/H06 | UNFPA | HIV/AIDS prevention and mitigation in north western province | 184,705 |
| ZAM-03/H03A | UNICEF | Mitigating the impact of malaria among vulnerable populations in drought-prone areas | 1,000,000 |
| ZAM-03/H03B | WHO | Mitigating the impact of malaria among vulnerable populations in drought-prone areas | 339,200 |
| ZAM-03/H08 | C-SAFE | Non-GMO vegetable oil for supplementary feeding | 400,000 |
| ZAM-03/H01A | UNICEF | Nutritional surveillance and control of malnutrition | 800,000 |
| ZAM-03/H01B | WHO | Nutritional surveillance and control of malnutrition | 1,399,200 |
| ZAM-03/H11 | ADRA | Provision of clean water and establishment of market gardens | 300,000 |
| Sub total for HEALTH | | | 8,130,963 |
| PROTECTION/HUMAN RIGHTS/RULE OF LAW | | | |
| ZAM-03/P/HR/RL02 | CRS | Community HIV/AIDS mitigation project for orphans and vulnerable children (CHAMP-OVC) | 200,000 |
| ZAM-03/P/HR/RL01 | UNICEF | Protection of children's rights | 715,000 |
| Sub total for PROTECTION/HUMAN RIGHTS/RULE OF LAW | | | 915,000 |
| WATER AND SANITATION | | | |
| ZAM-03/WS01 | UNICEF | Water, sanitation and hygiene education | 2,235,000 |
| Sub total for WATER AND SANITATION | | | 2,235,000 |

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

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Listing of Project Activities - By Sector
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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| Project Code | Appealing Agency | Sector/Activity | Original Requirements |
|---------------------|-------------------------|------------------------|------------------------------|
| Grand Total | | | 29,801,806 |

ZIMBABWE

1. Changes Affecting the Humanitarian Situation

The main causes of the humanitarian crisis identified in the 2002/2003 CA were policy constraints, socio-economic conditions and environmental factors (drought and Cyclone Eline), all of which aggravated the impact of the HIV/AIDS pandemic. These factors remain valid into the coming year. However, the strength and role of each in generating the crisis has altered. Despite erratic rainfall, a more favourable climate has allowed agricultural production to improve over the past year, though yields remain well below average. While the extent to which the environment as a cause of the crisis has eased, policy factors (land ownership, marketing monopoly, price controls) would have to be reformed in order to generate a sustained recovery in agricultural production, access to food and the economy.

The policy environment remains constrained and trends in the economy and HIV/AIDS pandemic point to continued deterioration, impeding opportunities to reduce vulnerability, rebuild livelihoods and move toward social and economic recovery.

State control of prices, currency exchange rates and a monopoly on the import and marketing of maize and wheat are characteristics of an economic framework within which the economy has contracted by one third in four years. Real GDP in 2002 was -13% ⁴ and the trend is forecast to continue in 2003. All key sectors declined in 2002, with the agricultural sector down by 24.6%, manufacturing by almost 20%, mining by 7.1% and tourism by 48%. Structural unemployment is estimated at over 70% and rising as the major sectors generating employment and foreign exchange continue to contract.

Officially recorded annual inflation reached 364% by the end of June 2003 and is forecast to reach 500% by the end of the year. The exchange rate on the informal market ranges from Z\$ 2,000 to Z\$ 2,300 per US\$ 1, as compared with the official rate of Z\$ 824. Scarce foreign exchange translates into shortages of essential imports for both consumption and production including food, drugs, energy and fuel, agricultural inputs, spare parts and equipment. National economic policy has failed to attract international credit institutions, donors or foreign direct investment. Zimbabwe's external debt stood at US\$ 4.5 billion including arrears of over US\$ 1.4 billion by the end February 2003. The International Monetary Fund (IMF) suspended Zimbabwe's voting rights in June 2003.

Approximately 34% of the adult Zimbabwean population is HIV positive, of whom some 2,500⁵ die each week. Death and sickness has crippled society to the point where recovery to previous standards on the human development index (HDI) may take a decade or more of sustained development. The current crude mortality rate is 0.65/10,000 per day⁶, of which two thirds is attributed to HIV/AIDS. Women are at greater risk of infection than men.

Current infection rates for girls are recognised to be approximately double those of boys. In Zimbabwe a 15-year-old girl has a one-in three chance of surviving to her mid-thirties. Agriculture is a particularly important sector economically and in terms of household food security. Profound changes in land ownership, price controls, shortages and non-affordability of crucial inputs, all affected agricultural production, partially offsetting the better weather patterns. National production for the 2002/2003 agricultural seasons is well below total cereal requirements of 2,382,000 MTs for the coming year⁷. Residual stocks of 115,000 MTs plus an estimated harvest of 980,000 MTs of all cereals would provide enough food for approximately five months. Of the 1,287,000 MTs deficit, commercial/Grains Marketing Board (GMB) cereal imports are assumed at 677,000 MTs⁸, with a residual cereal gap of 610,000 MTs to be met by food aid. 140,000 MTs are currently in the pipeline, leaving uncovered food aid requirements for the 2003/2004 marketing year at 470,000 MTs of cereals.

⁴ Source (all statistics in this paragraph): UNDP

⁵ Source: UNAIDS

⁶ Source: UNICEF

* (The Zimbabwe CAP will be a "stand alone" appeal and is only included in the regional CAP in order to complete the regional overview for southern Africa).

⁷ FAO/WFP Food and Crop Supply Assessment report June 2003

⁸ This assumption is fragile, as there is concern that GMB will not have sufficient resources, to import these quantities. The planned response to food aid requirements is described under the following section of this document: Strategic Objective 1: Preventing loss of life.

The Zimbabwe Government's own maize supply analysis has been stated as:

- opening maize stocks - 284,008 MTs;
- national production - 900,000 MTs;
- available maize stocks - 1,184,008 MTs;
- national requirements – 1,895,843 MTs;
- possible deficit – 711,835 MTs

The livestock sector, including both cattle and small species, has also been severely affected by macro-economic conditions, two consecutive drier-than-normal seasons and consequent water and grazing shortages, weakened veterinary services, disease burden, including a spreading Foot-and-Mouth disease epidemic. Small livestock species constitute an important component of many household economies.

2. Progress Made Toward Goals and Objectives

During the period, the international community invested approximately US\$ 409,219,500 toward relieving suffering in Zimbabwe, of which US\$ 220,067,500, equivalent to 53.8%, was programmed through the CA. Operationally, the intervention has been relatively successful in meeting short-term humanitarian goals. However, less progress has been made on the strategic aim of moving beyond relief assistance toward recovery.

Mass starvation and high rates of malnutrition were avoided as donors and the GMB gave strong support to food sector programmes, which constituted the major component of the response plan (80% of total CA budget), and also funded large-scale nutrition interventions (mostly external to the CA). In contrast, donor response to priorities in the basic social service sectors (Health, Education and Water and Sanitation) was low at US\$ 7,755,368 through the CA. This may be partly because the relevant goals and proposed programmes were not sufficiently focused on relief objectives, and partly due to a donor preference for direct interventions through NGOs rather than engaging with Government institutions. The quality of social services has declined further during the period to the point where delivery of minimal essential services is threatened or already inadequate. The goals and sector plans in the new CA include a commitment to maintaining minimum standards in delivery of lifesaving and essential services.

Funding to agriculture was limited and late for seasonal inputs, but significant financing outside the CA allowed substantial progress toward sectoral goals including preserving food security and coping mechanisms at household level. Though there was no funding at all to HIV/AIDS as a CA sector, large-scale programmes aiming to address the issue were implemented outside the CA.

The role of Government has been the critical determinant in meeting the goals and objectives set out in the CA 2002/3. Despite consistent efforts on the part of the UN Humanitarian Coordinator and agencies throughout the year, coordination and cooperation between the Government and the humanitarian agencies could be much improved. For example, needs assessments are the cornerstone of planning an effective response. However, the assessment and monitoring process has frequently been difficult and delayed with negotiations sometimes taking several months.

Government also strongly influences the operational environment, including issues such as respect for human rights and humanitarian principles, and NGO operations. NGOs are integral to humanitarian planning and implementation capacity, so that restrictions or delays in building their capacity and constraining their operations impact directly on the speed and volume of aid delivery to beneficiaries. At the policy level, Government commitment is a precondition to the strategic aim of moving toward recovery and developing an agenda. Fostering stronger linkages between the Government and the humanitarian agencies, based on a shared commitment to humanitarian principles, remains an essential priority into 2003/4. The UN will continue to play a key role in improving the level of engagement between the Government and the humanitarian community.

After a substantial policy dialogue with the UN Humanitarian Coordinator and the UN Country Team, the Government of Zimbabwe decided on the 15th of July 2003 that it would request the UN to launch an international appeal for humanitarian assistance from the international community.

3. Strategic Goals and Priority Actions to June 2004

Humanitarian Impact of the Crisis

The causal factors described in the first section above raise humanitarian risk generally through the population, but they also affect different groups specifically, generating fragmented vulnerabilities. The macro economic crisis has eroded incomes and purchasing power at household level, leaving families increasingly vulnerable to poverty and food insecurity. Basic food items such as bread, milk, sugar and maize-meal, are usually unavailable on the official market and unaffordable to the most vulnerable in the informal market. A significant humanitarian effort has limited malnutrition rates to 5% nationally. However, the prevalence of under weight-for-age at 17% and stunting at 26% point to a high level of vulnerability. Severe malnutrition is at 1.4% nationally, and at 2% in 15 of 58 districts.

The scale of the HIV/AIDS pandemic is such that all Zimbabweans are affected. HIV/AIDS increases the prevalence of sickness, undercutting household productivity and absorbing scarce resources. The economic and HIV/AIDS factors reinforce each other with devastating effect on people's lives and livelihoods. This vicious circle is illustrated by a reported increase in transactional sex ('sex-for-food'), a dangerous survival strategy of last resort in the face of eroded household income and resources. The illness or death of an adult female threatens food security, often leading to the dissolution of the family⁹.

The crisis at household level translates into escalated community and societal needs. However, the delivery of health and social welfare services is increasingly inadequate as lack of finance and the loss of human resources to emigration and HIV/AIDS undermine institutional capacity. Education and public utilities (water, sanitation and power facilities) are similarly affected, generating systemic humanitarian risk among the population. The self-perpetuating effect of the combined economic and HIV/AIDS crises is demonstrated at institutional level by the rise in malaria, tuberculosis and cholera as public utilities and preventative health systems break down, with particularly effect on HIV positive persons whose immunity systems are fragile. The net result is earlier sickness and shorter lives.

The land reform programme has provided access to land for some of the landless, but has adversely affected commercial farm workers, 300,000 of whom have lost their livelihoods according to a number of sources. Over 85,000 former mine workers and others retrenched in a declining industrial sector also struggle to make a living. Together with their families this group amounts to approximately 2 million people. Food security is seriously threatened and social services, particularly health clinics and schools, are either absent or not functioning in many former commercial farming areas. However, humanitarian access to assess and respond to the needs of these populations has been difficult to negotiate and remains severely limited. Newly settled farmers and their families are also identified as potentially vulnerable.

Population mobility often reflects and heightens vulnerability, including to HIV/AIDS. Rural to urban movement and migration to neighbouring countries is on the increase. The emigration of large numbers of professional, management and technical personnel further diminishes institutional capacity across the public and private sectors including social services, business and community organisations.

Human rights and humanitarian principles are also affected. The neutrality of humanitarian organisations, impartial needs-only-based delivery of assistance, and access to populations of humanitarian concern are vital issues. The fundamental rights and dignity of beneficiary populations require active protection by Government and other humanitarian stakeholders, all of whom engaged in workshops to review humanitarian principles and their practice and the gender dimensions of humanitarian work in April 2003 and May 2003, respectively.

Approximately half the population of Zimbabwe is under 18 years of age. Almost 800,000 children have already been orphaned by the pandemic, making them extremely vulnerable in terms of food security, protection of human rights, education and HIV/AIDS. Wasting and stunting rates among orphans are particularly high. The school environment is key to helping children not only in acquiring formal education but also in developing life skills, awareness raising, providing a protective environment, and acting as a hub for delivering assistance such as food and vaccines. Full vaccination coverage stands at 76% of

⁹ A survey carried out in two Zimbabwean districts in 2000 revealed that two-thirds of households that had lost a key adult female had disintegrated and dispersed.

children nationally, compared with a minimum standard of 95%¹⁰. This highlights the importance of monitoring and responding to school dropout rates.

As the crisis extends into a fifth year, vulnerability among urban populations appears to be on the rise. This increase is attributed to the continued deterioration in economic activity and employment as coping strategies and resources reach exhaustion point in many households. It is reflected in the prevalence of "hot spots" in wasting and stunting among the most vulnerable children¹¹. The pattern of family coping strategies, which previously involved a flow of support from urban to rural areas, now flow increasingly in the opposite direction. Urban populations are also particularly vulnerable to breakdowns in the public health, water and sanitation services.

Strategic Goals and Priorities

Humanitarian goals are limited to meeting the basic needs of the most vulnerable. In contrast with other countries in the region, the policies and resources, which would create opportunities to link with development objectives, are not currently present in Zimbabwe. Two primary causal factors of the crisis – HIV/AIDS and economic collapse – are expected to deteriorate further in the coming period, while Zimbabweans and their social support structures are increasingly less able to cope. The humanitarian community recognises the crucial linkages between food security and HIV as well as the need for multi-sectoral interventions in dealing with the impact of AIDS.

The obstacles to recovery are significant. Nevertheless the humanitarian community will seek to identify and develop opportunities, which improve prospects for moving toward a development agenda. This will involve advocacy and technical support toward the formulation and implementation of recovery policies at national level as well as a range of programmes promoting self-reliance at household level.

Consolidated Appeal Goal

The overall goal of the humanitarian effort is to save lives, protect household livelihoods, mitigate the impact of the HIV/AIDS pandemic, and where feasible, initiate recovery processes. Within this overarching goal, the humanitarian community in Zimbabwe has three strategic objectives.

Strategic Objective One: Preventing loss of life

It is estimated that 5.5 million people will require food assistance at the peak of the requirements; 4.4 million in rural areas and 1.1 million in peri-urban areas. The primary responsibility for providing the food needs of the population rests with the Government of Zimbabwe. However, recognising current foreign exchange shortages, the previously stated assumption of 677,000 MTs Government funded imports is unlikely to be met. In addition, while the private sector should be allowed to contribute to reducing the gap, many of the most vulnerable may not have the necessary purchasing capacity to pay full market prices.

Therefore food security will be extremely precarious during the year and the humanitarian community should prepare for a potential increase in food aid requirements beyond the above estimate in the early part of next year. The core objective would be to reach those in greatest need through basic food rations, supplementary food for the under five years and therapeutic food for the severely malnourished under five. The proposed approach seeks to avoid undermining the market and creating dependency by including subsidised market interventions (monetisation of basic foodstuffs) where an ability to pay exists.

Strategic Objective Two: Mitigate the impact of the crisis on vulnerable groups

The aim of this objective is to avoid a large-scale escalation of the humanitarian catastrophe by maintaining self-reliance systems and resources at household level, supported by minimum standards of basic services. Within this objective, the following three priorities are identified for action:

(a) Supporting household livelihoods

Proposed programmes focus on reviving and sustaining the household economy through a variety of interventions to stimulate crop and livestock production, including:

- providing a safety net for the most vulnerable. Food aid (mentioned above) will allow households to maintain rather than consume or sell off residual productive resources, assets and livestock;

¹⁰ The Sphere Minimum Standards in Disaster Response

¹¹ Source: UNICEF

- regenerating agricultural production at household level through input provision, seed diversification, livestock and disease control, agricultural extension and training;
- maintaining family health (see lifesaving social services below);
- protecting the rights of highly vulnerable groups including children, ex-farm-workers, internally displaced persons;
- FFW initiatives.

(b) Arresting the decline in lifesaving social services

Gender and age disaggregated assessment of needs and capacities lead to specific areas of focus (e.g. maternal and child health, reproductive health) as well as general services. Proposed programmes include:

- assistance in meeting operating costs for delivery of vital services and supplies;
- assistance to service delivery staff;
- essential structural support, e.g. medical and school supplies, water and sanitation facilities, and surveillance systems;
- essential logistics capacity e.g. transport/fuel, vaccine cold chain.

(c) Addressing HIV/AIDS

Preserving the health of the HIV positive population is a key goal in itself. It is also a mitigation strategy in that it allows the one third of Zimbabwe's parents, farmers, teachers, health workers, managers etc. who are HIV positive to contribute to society as long as possible. Saving lives by halting the spread of the disease is also both a clear humanitarian imperative and a mitigation strategy in preserving capacity among the population.

Supporting household livelihoods and arresting the decline in lifesaving social services form a major part of the objective to address the HIV/AIDS pandemic. Effectively addressing HIV/AIDS necessitates policy work on poverty and other socio-economic issues, collective engagement through the public, private and civil society sectors, plus a focus at household and community level, and particularly on the distinct capacities and vulnerabilities of women and men. The proposed approach includes prevention, care and support, coordination and advocacy, and monitoring and evaluation (including adaptive learning). Specific interventions will include the following, some of which will be delivered along existing food distribution mechanisms:

- home-based care and support;
- food and nutrition (basic, supplementary, therapeutic, micronutrients);
- drugs and antibiotics to combat opportunistic infections;
- enhance protection for women and girls;
- awareness raising and other programmes to promote reduction in infection rates;
- advocate family planning interventions and condom distribution;
- support the national capacity in coordinating HIV/AIDS response, particularly at provincial and district levels;
- monitor vulnerability trends.

Strategic Objective Three: To further develop a productive dialogue among humanitarian stakeholders, including the Government of Zimbabwe

Within this objective, priorities include:

- ensuring a more effective humanitarian response through stronger coordination, including sharing information on assessments, activity plans, programmes and resources and engagement in the planning process;
- developing a shared understanding of the main humanitarian challenges;
- protecting humanitarian principles and the human rights of all citizens, including following up on the recommendations of the workshop held in April 2003;
- promoting policies and a dialogue to improve the prospects of initiating recovery;
- acknowledging the gender dimension in humanitarian work, including the implementation of the recommendations made at the UNIFEM workshop in May 2003;
- establishing a more effective field monitoring system to ensure that the most vulnerable communities and households receive humanitarian aid.

4. Complementary With Other Actors

As previously mentioned, opportunities to link the humanitarian operation with development objectives are limited. Maximising complementarity with the plans and programmes of the Government of Zimbabwe is a key goal/objective. The Government has been invited to engage at each stage of the present planning process.

Humanitarian organisations in Zimbabwe, including NGOs, the Red Cross, donors and UN agencies coordinate actively to ensure complementarity at strategic and operational levels. All of these groups participated fully in this CAP, resulting in a high degree of consensus on the strategy. Operational coordination is also improving. Several humanitarian agencies are actively engaged in joint planning and programming in the following areas:

- coordinating the various components of food assistance both within the CA and with externally funded programmes (e.g. free basic food distribution with subsidised market interventions; UN, bilateral and Government activity plans);
- using food aid where appropriate as a method to achieve goals in other sectors (e.g.; seed protection, FFW);
- integrating HIV/AIDS in beneficiary targeting (e.g. vulnerability analysis), and project design across the sectors (e.g. labour-saving agricultural interventions) and coordinating strategy with agencies implementing programmes external to the CA;
- joint assessments, including non-UN partners such as donors, NGOs, Government.

NGOs have played a major role in responding to the current crisis. For example, UN food programmes distributed by NGOs amounted to US\$ 286 million. NGOs also implement the vast majority of relief programmes funded outside the CA. The UN and donors recognise the importance of supporting NGOs to ensure they have adequate capacity for the effective design and delivery of programmes in line with humanitarian principles. Tangible support will include NGO access to UN fuel facilities.

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

UN Consolidated Inter-Agency Appeal for
 Humanitarian Crisis in Southern Africa 2003 - ZIMBABWE
 Summary of Requirements
 By Appealing Organisations
 as of 18 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

| Appealing Organisation | Original Requirements |
|-------------------------------------|-----------------------|
| AIC | 133'000 |
| ANPPCAN Zimbabwe Chapter | 60'359 |
| CARE | 1338'417 |
| Childline - Zimbabwe | 24'077 |
| Christian Care | 98'733 |
| City of Harare - Community Services | 95'000 |
| CPC | 100'000 |
| CRS | 2'416'964 |
| FAO | 20'891'000 |
| FCTZ | 2'005'736 |
| FOST | 175'330 |
| FST | 20'000 |
| GAPWUZ | 138'483 |
| German Agro Action | 19'10'000 |
| GOAL Zimbabwe | 39'68'182 |
| ILO | 175'000 |
| IDM | 500'000 |
| IPA | 90'000 |
| LHH | 148'000 |
| MCI | 440'000 |
| MEDAIR | 1'671'143 |
| Muzemazi Trust | 338'000 |
| OXFAM GB | 7'50'000 |
| PSZ | 102'266 |
| SAFIRE | 40'000 |
| SAHRIT | 30'000 |
| SC UK | 6'303'607 |
| SCN | 4'096'859 |
| SSYP | 48'000 |
| TFZ | 65'000 |
| THH | 324'480 |
| UNAIDS | 4'19'000 |
| UNDP | 46'968'230 |
| UNDP/RRU | 644'062 |
| UNFPA | 10'39'640 |
| UNICEF | 9'587'039 |
| UNIFEM | 150'000 |
| WFP | 0 |
| WHO | 3'472'210 |
| WVZ | 797'050 |
| ZAPSO | 105'000 |
| ZCDT | 643'000 |
| ZFAYA | 97'000 |
| ZIMRIGHTS | 60'000 |
| ZUWA | 200'000 |
| ZNCWC | 45'000 |
| ZNFP | 1'114'000 |
| Grand Total | 113'828'857 |

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

**UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - ZIMBABWE**
Summary of Requirements - by Sector
as of 18 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

| Sector Name | Original requirements |
|--------------------------------------|-----------------------|
| AGRICULTURE | 23,030,473 |
| COORDINATION AND SUPPORT SERVICES | 3,314,232 |
| ECONOMIC RECOVERY AND INFRASTRUCTURE | 42,785,736 |
| EDUCATION | 3,669,121 |
| FAMILY SHELTER AND NON-FOOD ITEMS | 290,000 |
| FOOD | 6,148,467 |
| HEALTH | 25,228,063 |
| PROTECTION/HUMAN RIGHTS/RULE OF LAW | 2,918,655 |
| WATER AND SANITATION | 6,444,110 |
| Grand Total | 113,828,857 |

Project Summaries can be found on <http://www.reliefweb.int/>

SOUTHERN AFRICA
REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

**Table II : UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - ZIMBABWE**
Listing of Project Activities - By Appealing Organisation
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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| Project code | Sector Name | Sector/activity | Original requirements |
|--|-------------------------------------|---|-----------------------|
| ALC | | | |
| ZIM-03/E02 | EDUCATION | Increased educational welfare, and health care support | 133,000 |
| Sub total for ALC | | | 133,000 |
| ANPPCAN Zimbabwe Chapter | | | |
| ZIM-03/P/HR/RL03 | PROTECTION/HUMAN RIGHTS/RULE OF LAW | Legal aid and child protection programme | 60,359 |
| Sub total for ANPPCAN Zimbabwe Chapter | | | 60,359 |
| CARE | | | |
| ZIM-03/E05 | EDUCATION | Project for the advancement of the school sector (PASS) | 389,917 |
| ZIM-03/H26 | HEALTH | Improving access and quality of care among pregnant women to reduce maternal and infant mortality | 448,500 |
| ZIM-03/WS03 | WATER AND SANITATION | Emergent water and sanitation in Masvingo Province | 500,000 |
| Sub total for CARE | | | 1,338,417 |
| Childline - Zimbabwe | | | |
| ZIM-03/P/HR/RL08 | PROTECTION/HUMAN RIGHTS/RULE OF LAW | Sensitisation workshops to be held at District level | 24,077 |
| Sub total for Childline - Zimbabwe | | | 24,077 |
| Christian Care | | | |
| ZIM-03/A04 | AGRICULTURE | Provision of 30 nutrition gardens along the Save Valley in Chipinge District of Manicaland | 98,733 |
| Sub total for Christian Care | | | 98,733 |
| City of Harare - Community Services | | | |
| ZIM-03/P/HR/RL12 | PROTECTION/HUMAN RIGHTS/RULE OF LAW | Harare City resource centre for the destitute children | 95,000 |
| Sub total for City of Harare - Community Services | | | 95,000 |

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| Project code | Sector Name | Sector/activity | Original requirements |
|---------------------------|--------------------------------------|--|-----------------------|
| CPC | | | |
| ZIM-03/E06 | EDUCATION | Tsigirai Mhuri Skills Training Centre | 100,000 |
| Sub total for CPC | | | 100,000 |
| CRS | | | |
| ZIM-03/E03 | EDUCATION | Project for the advancement of the school sector (PASS) | 1,011,954 |
| ZIM-03/H13 | HEALTH | Community home-based care project | 580,000 |
| ZIM-03/H21 | HEALTH | Distribution of essential medical supplies initiative | 825,000 |
| Sub total for CRS | | | 2,416,954 |
| FAO | | | |
| ZIM-03/A02 | AGRICULTURE | Asset protection in vulnerable communal households | 4,900,000 |
| ZIM-03/A03 | AGRICULTURE | Control of foot-and-mouth disease in Zimbabwe | 7,255,000 |
| ZIM-03/A01 | AGRICULTURE | Increased agricultural production of small-scale vulnerable households | 8,736,000 |
| Sub total for FAO | | | 20,891,000 |
| FCTZ | | | |
| ZIM-03/ER/102 | ECONOMIC RECOVERY AND INFRASTRUCTURE | Farm workers relief (humanitarian aid), recovery and empowerment programme | 2,005,736 |
| Sub total for FCTZ | | | 2,005,736 |

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|---|-------------------------------------|---|-----------------------|
| FOST | | | |
| ZIM-03/H06 | HEALTH | Home based care and social support for farm worker communities | 88,348 |
| ZIM-03/H12 | HEALTH | Life skills for households affected by HIV/AIDS in commercial farm worker communities | 30,264 |
| ZIM-03/P/HR/RL07 | PROTECTION/HUMAN RIGHTS/RULE OF LAW | Protection and psycho-social support for orphans and vulnerable children in farm worker communities | 17,250 |
| ZIM-03/P/HR/RL15 | PROTECTION/HUMAN RIGHTS/RULE OF LAW | Protection and psycho-social support for orphans and vulnerable children in farm worker communities | 39,468 |
| Sub total for FOST | | | 175,330 |
| FST | | | |
| ZIM-03/P/HR/RL10 | PROTECTION/HUMAN RIGHTS/RULE OF LAW | Community awareness and support of sexually abused children | 20,000 |
| Sub total for FST | | | 20,000 |
| GAPWUZ | | | |
| ZIM-03/P/HR/RL19 | PROTECTION/HUMAN RIGHTS/RULE OF LAW | Gender protection and HIV/AIDS awareness in the agriculture communities of Zimbabwe | 138,483 |
| Sub total for GAPWUZ | | | 138,483 |
| German Agro Action | | | |
| ZIM-03/F02 | FOOD | Food for work in Manicaland and Matabeleland-South Province | 800,000 |
| ZIM-03/WS07 | WATER AND SANITATION | Rehabilitation of rural water points in Zimbabwe | 1,110,000 |
| Sub total for German Agro Action | | | 1,910,000 |

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| GOAL Zimbabwe | | | |
| ZIM-03/A08 | AGRICULTURE | Agricultural recovery for vulnerable farming households in Hurungwe and Makoni Districts | 1,741,740 |
| ZIM-03/H15 | HEALTH | HIV/AIDS intervention programme | 1,430,242 |
| ZIM-03/H04 | HEALTH | Nutritional support to all pre-school (under-fives) in two districts | 786,200 |
| Sub total for GOAL Zimbabwe | | | 3,958,182 |
| ILO | | | |
| ZIM-03/H16 | HEALTH | HIV/AIDS crisis response in workplace | 175,000 |
| Sub total for ILO | | | 175,000 |
| IOM | | | |
| ZIM-03/CSS01 | COORDINATION AND SUPPORT SERVICES | Emergency assistance to mobile and vulnerable populations in Zimbabwe | 500,000 |
| Sub total for IOM | | | 500,000 |
| IPA | | | |
| ZIM-03/H03 | HEALTH | Child supplementary feeding | 50,000 |
| ZIM-03/WS05 | WATER AND SANITATION | An initiative to combat the imminent outbreak of water and sanitation related diseases in peri-urban informal settlement (Porta Farm, Dzivarasekwa Extension and Hatcliffe Extension) | 40,000 |
| Sub total for IPA | | | 90,000 |
| LHH | | | |
| ZIM-03/P/HR/RL11 | PROTECTION/HUMAN RIGHTS/RULE OF LAW | Community orphan care and support | 148,000 |
| Sub total for LHH | | | 148,000 |

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|---------------------------------------|----------------------|--|-----------------------|
| MCI | | | |
| ZIM-03/H17 | HEALTH | Improving health, nutrition and food self reliance for individuals and communities affected by HIV/AIDS in Masvingo Province | 440,000 |
| Sub total for MCI | | | 440,000 |
| MEDAIR | | | |
| ZIM-03/H02 | HEALTH | Emergency nutritional relief for primary schools programme in Mudzi and Gokwe North Districts, Zimbabwe | 1,671,143 |
| Sub total for MEDAIR | | | 1,671,143 |
| Mvuramanzi Trust | | | |
| ZIM-03/WS04 | WATER AND SANITATION | Emergency safe water supply, health and hygiene promotion, sanitation and nutrition gardens | 338,000 |
| Sub total for Mvuramanzi Trust | | | 338,000 |
| OXFAM GB | | | |
| ZIM-03/WS08 | WATER AND SANITATION | Emergency water, sanitation and hygiene promotion programme in Midlands Province, Zimbabwe | 750,000 |
| Sub total for OXFAM GB | | | 750,000 |
| PSZ | | | |
| ZIM-03/H23 | HEALTH | Extending family planning and reproductive healthcare services to newly resettled communities of Zimbabwe | 102,266 |
| Sub total for PSZ | | | 102,266 |
| SAFIRE | | | |
| ZIM-03/A05 | AGRICULTURE | Promotion of traditional crops, open pollinated variety seed multiplication and production in Manicaland | 40,000 |
| Sub total for SAFIRE | | | 40,000 |

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| SAHRIT | | | |
| ZIM-03/P/HR/RL13 | PROTECTION/HUMAN RIGHTS/RULE OF LAW | Promoting the observance of human rights and humanitarian principles in humanitarian interventions | 30,000 |
| Sub total for SAHRIT | | | 30,000 |
| SC UK | | | |
| ZIM-03/F03 | FOOD | Zambezi valley food aid | 5,348,467 |
| ZIM-03/H22 | HEALTH | Zambezi Valley and Zvimba health support | 891,602 |
| ZIM-03/P/HR/RL04 | PROTECTION/HUMAN RIGHTS/RULE OF LAW | Community-based training in child protection in emergencies | 63,538 |
| Sub total for SC UK | | | 6,303,607 |
| SCN | | | |
| ZIM-03/H05 | HEALTH | Prevention of malnutrition among vulnerable children in drought prone areas of the country | 4,096,859 |
| Sub total for SCN | | | 4,096,859 |
| SSYP | | | |
| ZIM-03/P/HR/RL05 | PROTECTION/HUMAN RIGHTS/RULE OF LAW | Street youth programme | 48,000 |
| Sub total for SSYP | | | 48,000 |
| TFZ | | | |
| ZIM-03/P/HR/RL18 | PROTECTION/HUMAN RIGHTS/RULE OF LAW | Commoners act for peace in Zimbabwe | 65,000 |
| Sub total for TFZ | | | 65,000 |
| THH | | | |
| ZIM-03/P/HR/RL09 | PROTECTION/HUMAN RIGHTS/RULE OF LAW | Tariro house of hope for orphans and abandoned children | 324,480 |
| Sub total for THH | | | 324,480 |

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| Project code | Sector Name | Sector/activity | Original requirements |
|-------------------------------|--------------------------------------|---|-----------------------|
| UNAIDS | | | |
| ZIM-03/H09 | HEALTH | Coordination and advocacy for effective integration of HIV/AIDS and humanitarian responses | 202,000 |
| ZIM-03/H08 | HEALTH | Strengthen monitoring and evaluation system for HIV/AIDS and humanitarian responses | 217,000 |
| Sub total for UNAIDS | | | 419,000 |
| UNDP | | | |
| ZIM-03/A07 | AGRICULTURE | Agricultural marketing and pricing policy review | 20,000 |
| ZIM-03/CSS04 | COORDINATION AND SUPPORT SERVICES | Relief and recovery unit | 2,170,170 |
| ZIM-03/ER/103 | ECONOMIC RECOVERY AND INFRASTRUCTURE | Agricultural / rural livelihood recovery | 500,000 |
| ZIM-03/ER/104 | ECONOMIC RECOVERY AND INFRASTRUCTURE | Critical boreholes repair for the Tichadya school community, Chiredzi District | 80,000 |
| ZIM-03/ER/105 | ECONOMIC RECOVERY AND INFRASTRUCTURE | Emergency rehabilitation of rural community productive infrastructures in the Masvingo and Manicaland Provinces | 200,000 |
| ZIM-03/ER/101 | ECONOMIC RECOVERY AND INFRASTRUCTURE | Food importation facility | 40,000,000 |
| ZIM-03/H10 | HEALTH | Public sector capacity replenishment in the face of HIV/AIDS | 1,850,000 |
| ZIM-03/WS09 | WATER AND SANITATION | Procurement of water treatment chemicals | 800,000 |
| ZIM-03/WS02 | WATER AND SANITATION | Provision of emergency water treatment chemicals for safe water supply to urban populations in Zimbabwe | 1,348,060 |
| Sub total for UNDP | | | 46,968,230 |
| UNDP/RRU | | | |
| ZIM-03/CSS03 | COORDINATION AND SUPPORT SERVICES | Fuel facility | 179,062 |
| ZIM-03/CSS02 | COORDINATION AND SUPPORT SERVICES | NGO capacity building | 465,000 |
| Sub total for UNDP/RRU | | | 644,062 |

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| Project code | Sector Name | Sector/activity | Original requirements |
|-----------------------------|-------------------------------------|--|-----------------------|
| UNFPA | | | |
| ZIM-03/H11 | HEALTH | Scaling up mHIV/AIDS prevention initiatives in the food distribution system and at food distribution sites | 420,000 |
| ZIM-03/H32 | HEALTH | To contribute towards the reduction of maternal and neonatal morbidity | 619,640 |
| Sub total for UNFPA | | | 1,039,640 |
| UNICEF | | | |
| ZIM-03/E01 | EDUCATION | Crucial interventions to complement school feeding in primary schools in Zimbabwe | 871,250 |
| ZIM-03/E04 | EDUCATION | Project for the advancement of the school sector (PASS) | 1,163,000 |
| ZIM-03/H27A | HEALTH | Reaching the vulnerable under-ones and mothers with vaccine to prevent EPI target disease outbreaks | 2,952,789 |
| ZIM-03/H01 | HEALTH | Treatment of malnutrition and nutritional surveillance | 2,300,000 |
| ZIM-03/P/HR/RL01 | PROTECTION/HUMAN RIGHTS/RULE OF LAW | Child protection: community based care and support to orphans and other vulnerable children | 1,300,000 |
| ZIM-03/WS01 | WATER AND SANITATION | Provision of emergency safe water supply and sanitation to targeted vulnerable populations in Zimbabwe | 1,000,000 |
| Sub total for UNICEF | | | 9,587,039 |
| UNIFEM | | | |
| ZIM-03/P/HR/RL14 | PROTECTION/HUMAN RIGHTS/RULE OF LAW | Mainstreaming gender in the Zimbabwean humanitarian response | 150,000 |
| Sub total for UNIFEM | | | 150,000 |
| WFP | | | |
| ZIM-03/F01 | FOOD | Targeted relief to vulnerable populations in Southern Africa (EMOP 10290.0) (incorporated in the Regional Project) | 0 |
| Sub total for WFP | | | 0 |

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| WHO | | | |
| ZIM-03/H29 | HEALTH | Mitigate the impact of malaria in specific vulnerable groups such as people living with AIDS (PLWA), children under-5, malnourished children requiring supplementary feeding in drought affected areas, and pregnant women in response to the Zimbabwe crisis | 565,510 |
| ZIM-03/H28 | HEALTH | Procurement of vital drugs and medical supplies | 565,510 |
| ZIM-03/H27B | HEALTH | Reaching the vulnerable under-ones and mothers with vaccine to prevent EPI target disease outbreaks | 50,000 |
| ZIM-03/H30 | HEALTH | Reducing maternal deaths and morbidity in resettled areas through capacity building and establishing community support groups | 437,250 |
| ZIM-03/H31 | HEALTH | Reducing morbidity and mortality, due to the humanitarian crisis, of under-fives | 431,420 |
| ZIM-03/H18 | HEALTH | Support to prevention of mother to child transmission (PMTCT) in growth points, border and former commercial farming areas | 1,422,520 |
| Sub total for WHO | | | 3,472,210 |
| WVZ | | | |
| ZIM-03/A06 | AGRICULTURE | Emergency livestock nutrition and health support | 239,000 |
| ZIM-03/WS06 | WATER AND SANITATION | Emergency water and sanitation | 558,050 |
| Sub total for WVZ | | | 797,050 |
| ZAPSO | | | |
| ZIM-03/H19 | HEALTH | To mitigate the impact of HIV/AIDS, which has been worsened by the two-year drought situation resulting in a lot of child headed families, particularly the girl-child headed household | 105,000 |
| Sub total for ZAPSO | | | 105,000 |

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| ZCDT | | | |
| ZIM-03/S/NF01 | FAMILY SHELTER AND NON-FOOD ITEMS | Feeding and accomodation of internally displaced persons | 290,000 |
| ZIM-03/H07 | HEALTH | Internally displaced persons HIV/AIDS project | 263,000 |
| ZIM-03/P/HR/RL16 | PROTECTION/HUMAN RIGHTS/RULE OF LAW | Advocacy, research and information on internally displaced people | 90,000 |
| Sub total for ZCDT | | | 643,000 |
| ZiFAYA | | | |
| ZIM-03/H20 | HEALTH | Stop the virus - break the silence in private colleges | 97,000 |
| Sub total for ZiFAYA | | | 97,000 |
| ZIMRIGHTS | | | |
| ZIM-03/P/HR/RL06 | PROTECTION/HUMAN RIGHTS/RULE OF LAW | Economic and social rights programme | 60,000 |
| Sub total for ZIMRIGHTS | | | 60,000 |
| ZLWVA | | | |
| ZIM-03/P/HR/RL17 | PROTECTION/HUMAN RIGHTS/RULE OF LAW | Integration of Zimbabwean war veterans into civil society | 200,000 |
| Sub total for ZLWVA | | | 200,000 |
| ZNCWC | | | |
| ZIM-03/P/HR/RL02 | PROTECTION/HUMAN RIGHTS/RULE OF LAW | Psycho social support networks | 45,000 |
| Sub total for ZNCWC | | | 45,000 |

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| ZNFP | | | |
| ZIM-03/H24 | HEALTH | Expansion of adolescent sexual and reproductive health to youths in newly resettled areas, mining centres and growth points | 650,000 |
| ZIM-03/H14 | HEALTH | Holistic response to reproductive health, HIV/AIDS and poverty among out of school youth in Zimbabwe | 69,000 |
| ZIM-03/H25 | HEALTH | Increasing access to family planning reproductive health information, diagnosis and treatment of sexually transmitted infections for women in peri-urban areas | 395,000 |
| Sub total for ZNFP | | | 1,114,000 |
| Grand Total: | | | 113,828,857 |

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|---|------------------|---|-----------------------|
| AGRICULTURE | | | |
| ZIM-03/A07 | UNDP | Agricultural marketing and pricing policy review | 20,000 |
| ZIM-03/A08 | GOAL Zimbabwe | Agricultural recovery for vulnerable farming households in Hurungwe and Makoni Districts | 1,741,740 |
| ZIM-03/A02 | FAO | Asset protection in vulnerable communal households | 4,900,000 |
| ZIM-03/A03 | FAO | Control of foot-and-mouth disease in Zimbabwe | 7,255,000 |
| ZIM-03/A06 | WVZ | Emergency livestock nutrition and health support | 239,000 |
| ZIM-03/A01 | FAO | Increased agricultural production of small-scale vulnerable households | 8,736,000 |
| ZIM-03/A05 | SAFIRE | Promotion of traditional crops, open pollinated variety seed multiplication and production in Manicaland | 40,000 |
| ZIM-03/A04 | Christian Care | Provision of 30 nutrition gardens along the Save Valley in Chipinge District of Manicaland | 98,733 |
| Sub total for AGRICULTURE | | | 23,030,473 |
| COORDINATION AND SUPPORT SERVICES | | | |
| ZIM-03/CSS01 | IOM | Emergency assistance to mobile and vulnerable populations in Zimbabwe | 500,000 |
| ZIM-03/CSS03 | UNDP/RRU | Fuel facility | 179,062 |
| ZIM-03/CSS02 | UNDP/RRU | NGO capacity building | 465,000 |
| ZIM-03/CSS04 | UNDP | Relief and recovery unit | 2,170,170 |
| Sub total for COORDINATION AND SUPPORT SERVICES | | | 3,314,232 |
| ECONOMIC RECOVERY AND INFRASTRUCTURE | | | |
| ZIM-03/ER/I03 | UNDP | Agricultural / rural livelihood recovery | 500,000 |
| ZIM-03/ER/I04 | UNDP | Critical boreholes repair for the Tichadya school community, Chiredzi District | 80,000 |
| ZIM-03/ER/I05 | UNDP | Emergency rehabilitation of rural community productive infrastructures in the Masvingo and Manicaland Provinces | 200,000 |
| ZIM-03/ER/I02 | FCTZ | Farm workers relief (humanitarian aid), recovery and empowerment programme | 2,005,736 |
| ZIM-03/ER/I01 | UNDP | Food importation facility | 40,000,000 |
| Sub total for ECONOMIC RECOVERY AND INFRASTRUCTURE | | | 42,785,736 |

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| EDUCATION | | | |
| ZIM-03/E01 | UNICEF | Crucial interventions to complement school feeding in primary schools in Zimbabwe | 871,250 |
| ZIM-03/E02 | ALC | Increased educational welfare, and health care support | 133,000 |
| ZIM-03/E03 | CRS | Project for the advancement of the school sector (PASS | 1,011,954 |
| ZIM-03/E04 | UNICEF | Project for the advancement of the school sector (PASS | 1,163,000 |
| ZIM-03/E05 | CARE | Project for the advancement of the school sector (PASS | 389,917 |
| ZIM-03/E06 | CPC | Tsigirai Mhuri Skills Training Centre | 100,000 |
| Sub total for EDUCATION | | | 3,669,121 |
| FAMILY SHELTER AND NON-FOOD ITEMS | | | |
| ZIM-03/S/NF01 | ZCDT | Feeding and accomodation of internally displaced persons | 290,000 |
| Sub total for FAMILY SHELTER AND NON-FOOD ITEMS | | | 290,000 |
| FOOD | | | |
| ZIM-03/F02 | German Agro Action | Food for work in Manicaland and Matabeleland-South Province | 800,000 |
| ZIM-03/F01 | WFP | Targeted relief to vulnerable populations in Southern Africa (EMOP 10290.0) (incorporated in the Regional Project) | 0 |
| ZIM-03/F03 | SC UK | Zambezi valley food aid | 5,348,467 |
| Sub total for FOOD | | | 6,148,467 |

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| HEALTH | | | |
| ZIM-03/H03 | IPA | Child supplementary feeding | 50,000 |
| ZIM-03/H13 | CRS | Community home-based care project | 580,000 |
| ZIM-03/H09 | UNAIDS | Coordination and advocacy for effective integration of HIV/AIDS and humanitarian responses | 202,000 |
| ZIM-03/H21 | CRS | Distribution of essential medical supplies initiative | 825,000 |
| ZIM-03/H02 | MEDAIR | Emergency nutritional relief for primary schools programme in Mudzi and Gokwe North Districts, Zimbabwe | 1,671,143 |
| ZIM-03/H24 | ZNFP | Expansion of adolescent sexual and reproductive health to youths in newly resettled areas, mining centres and growth points | 650,000 |
| ZIM-03/H23 | PSZ | Extending family planning and reproductive healthcare services to newly resettled communities of Zimbabwe | 102,266 |
| ZIM-03/H16 | ILO | HIV/AIDS crisis response in workplace | 175,000 |
| ZIM-03/H15 | GOAL Zimbabwe | HIV/AIDS intervention programme | 1,430,242 |
| ZIM-03/H14 | ZNFP | Holistic response to reproductive health, HIV/AIDS and poverty among out of school youth in Zimbabwe | 69,000 |
| ZIM-03/H06 | FOST | Home based care and social support for farm worker communities | 88,348 |
| ZIM-03/H26 | CARE | Improving access and quality of care among pregnant women to reduce maternal and infant mortality | 448,500 |
| ZIM-03/H17 | MCI | Improving health, nutrition and food self reliance for individuals and communities affected by HIV/AIDS in Masvingo Province | 440,000 |
| ZIM-03/H25 | ZNFP | Increasing access to family planning reproductive health information, diagnosis and treatment of sexually transmitted infections for women in peri-urban areas | 395,000 |
| ZIM-03/H07 | ZCDT | Internally displaced persons HIV/AIDS project | 263,000 |
| ZIM-03/H12 | FOST | Life skills for households affected by HIV/AIDS in commercial farm worker communities | 30,264 |
| ZIM-03/H29 | WHO | Mitigate the impact of malaria in specific vulnerable groups such as people living with AIDS (PLWA), children under-5, malnourished children requiring supplementary feeding in drought affected areas, and pregnant women in response to the Zimbabwe crisis | 565,510 |
| ZIM-03/H04 | GOAL Zimbabwe | Nutritional support to all pre-school (under-fives) in two districts | 786,200 |
| ZIM-03/H05 | SCN | Prevention of malnutrition among vulnerable children in drought prone areas of the country | 4,096,859 |
| ZIM-03/H28 | WHO | Procurement of vital drugs and medical supplies | 565,510 |

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| HEALTH | | | |
| ZIM-03/H10 | UNDP | Public sector capacity replenishment in the face of HIV/AIDS | 1,850,000 |
| ZIM-03/H27A | UNICEF | Reaching the vulnerable under-ones and mothers with vaccine to prevent EPI target disease outbreaks | 2,952,789 |
| ZIM-03/H27B | WHO | Reaching the vulnerable under-ones and mothers with vaccine to prevent EPI target disease outbreaks | 50,000 |
| ZIM-03/H30 | WHO | Reducing maternal deaths and morbidity in resettled areas through capacity building and establishing community support groups | 437,250 |
| ZIM-03/H31 | WHO | Reducing morbidity and mortality, due to the humanitarian crisis, of under-fives | 431,420 |
| ZIM-03/H11 | UNFPA | Scaling up mHIV/AIDS prevention initiatives in the food distribution system and at food distribution sites | 420,000 |
| ZIM-03/H20 | ZiFAYA | Stop the virus - break the silence in private colleges | 97,000 |
| ZIM-03/H08 | UNAIDS | Strengthen monitoring and evaluation system for HIV/AIDS and humanitarian responses | 217,000 |
| ZIM-03/H18 | WHO | Support to prevention of mother to child transmission (PMTCT) in growth points, border and former commercial farming areas | 1,422,520 |
| ZIM-03/H32 | UNFPA | To contribute towards the reduction of maternal and neonatal morbidity | 619,640 |
| ZIM-03/H19 | ZAPSO | To mitigate the impact of HIV/AIDS, which has been worsened by the two-year drought situation resulting in a lot of child headed families, particularly the girl-child headed household | 105,000 |
| ZIM-03/H01 | UNICEF | Treatment of malnutrition and nutritional surveillance | 2,300,000 |
| ZIM-03/H22 | SC UK | Zambezi Valley and Zvimba health support | 891,602 |
| Sub total for HEALTH | | | 25,228,063 |

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REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

**Table III : UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - ZIMBABWE**
Listing of Project Activities - By Sector
as of 17 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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| Project Code | Appealing Agency | Sector/Activity | Original Requirements |
|--|--|---|-----------------------|
| PROTECTION/HUMAN RIGHTS/RULE OF LAW | | | |
| ZIM-03/P/HR/RL16 | ZCDT | Advocacy, research and information on internally displaced people | 90,000 |
| ZIM-03/P/HR/RL01 | UNICEF | Child protection: community based care and support to orphans and other vulnerable children | 1,300,000 |
| ZIM-03/P/HR/RL18 | TFZ | Commoners act for peace in Zimbabwe | 65,000 |
| ZIM-03/P/HR/RL10 | FST | Community awareness and support of sexually abused children | 20,000 |
| ZIM-03/P/HR/RL11 | LHH | Community orphan care and support | 148,000 |
| ZIM-03/P/HR/RL04 | SC UK | Community-based training in child protection in emergencies | 63,538 |
| ZIM-03/P/HR/RL06 | ZIMRIGHTS | Economic and social rights programme | 60,000 |
| ZIM-03/P/HR/RL19 | GAPWUZ | Gender protection and HIV/AIDS awareness in the agriculture communities of Zimbabwe | 138,483 |
| ZIM-03/P/HR/RL12 | City of Harare - Community Services | Harare City resource centre for the destitute children | 95,000 |
| ZIM-03/P/HR/RL17 | ZLWVA | Integration of Zimbabwean war veterans into civil society | 200,000 |
| ZIM-03/P/HR/RL03 | ANPPCAN Zimbabwe Chapter | Legal aid and child protection programme | 60,359 |
| ZIM-03/P/HR/RL14 | UNIFEM | Mainstreaming gender in the Zimbabwean humanitarian response | 150,000 |
| ZIM-03/P/HR/RL13 | SAHRIT | Promoting the observance of human rights and humanitarian principles in humanitarian interventions | 30,000 |
| ZIM-03/P/HR/RL07 | FOST | Protection and psycho-social support for orphans and vulnerable children in farm worker communities | 17,250 |
| ZIM-03/P/HR/RL15 | FOST | Protection and psycho-social support for orphans and vulnerable children in farm worker communities | 39,468 |
| ZIM-03/P/HR/RL02 | ZNCWC | Psycho social support networks | 45,000 |
| ZIM-03/P/HR/RL08 | Childline - Zimbabwe | Sensitisation workshops to be held at District level | 24,077 |
| ZIM-03/P/HR/RL05 | SSYP | Street youth programme | 48,000 |
| ZIM-03/P/HR/RL09 | THH | Tariro house of hope for orphans and abandoned children | 324,480 |
| Sub total for PROTECTION/HUMAN RIGHTS/RULE OF LAW | | | 2,918,655 |

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REGIONAL CONSOLIDATED INTER-AGENCY APPEAL
JUNE 2003 – JULY 2004

**Table III : UN Consolidated Inter-Agency Appeal for
Humanitarian Crisis in Southern Africa 2003 - ZIMBABWE**
Listing of Project Activities - By Sector
as of 18 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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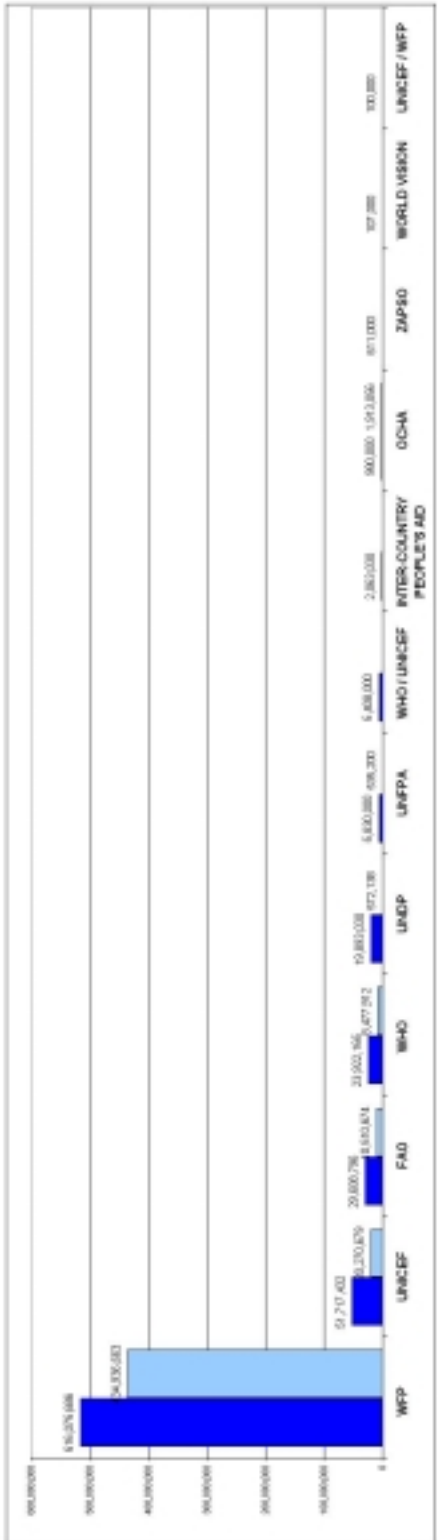
| Project Code | Appealing Agency | Sector/Activity | Original Requirements |
|---|--------------------|---|-----------------------|
| WATER AND SANITATION | | | |
| ZIM-03/WS05 | IPA | An initiative to combat the imminent outbreak of water and sanitation related diseases in peri-urban informal settlement (Porta Farm, Dzivarasekwa Extension and Hatcliffe Extension) | 40,000 |
| ZIM-03/WS04 | Mvuramanzi Trust | Emergency safe water supply, health and hygiene promotion, sanitation and nutrition gardens | 338,000 |
| ZIM-03/WS06 | WVZ | Emergency water and sanitation | 558,050 |
| ZIM-03/WS08 | OXFAM GB | Emergency water, sanitation and hygiene promotion programme in Midlands Province, Zimbabwe | 750,000 |
| ZIM-03/WS03 | CARE | Emergent water and sanitation in Masvingo Province | 500,000 |
| ZIM-03/WS09 | UNDP | Procurement of water treatment chemicals | 800,000 |
| ZIM-03/WS01 | UNICEF | Provision of emergency safe water supply and sanitation to targeted vulnerable populations in Zimbabwe | 1,000,000 |
| ZIM-03/WS02 | UNDP | Provision of emergency water treatment chemicals for safe water supply to urban populations in Zimbabwe | 1,348,060 |
| ZIM-03/WS07 | German Agro Action | Rehabilitation of rural water points in Zimbabwe | 1,110,000 |
| Sub total for WATER AND SANITATION | | | 6,444,110 |
| Grand Total | | | 113,828,857 |

ANNEX I. DONOR RESPONSE

Total Funding Requirements for the UN Consolidated Inter-Agency Appeal in Response to the Humanitarian Crisis in Southern Africa 2002 - 2003
By Country and Appealing Organisation
July 2002 - June 2003
as of 16 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisations.

| APPEALING ORGANISATION | LESOTHO | | MALAWI | | SWAZILAND | | ZAMBIA | | ZIMBABWE | | REGION | | TOTAL | |
|---|------------------|------------------|-------------------|-------------------|-------------------|------------------|-------------------|------------------|-------------------|-------------------|--------------------|--------------------|--------------------|--------------------|
| | Requirements | Income | Requirements | Income | Requirements | Income | Requirements | Income | Requirements | Income | Requirements | Income | Requirements | Income |
| FAO | 3,627,000 | 680,100 | 2,666,800 | 1,278,700 | 3,108,100 | 686,700 | 6,629,100 | 5,748,100 | 30,889,900 | 2,720,800 | — | — | 29,600,700 | 58,319,600 |
| OCHA | — | — | — | — | — | — | — | — | 800,000 | 1,813,000 | — | — | 800,000 | 3,626,000 |
| UNICEF | 1,362,000 | 822,200 | 8,300,200 | 6,678,600 | 4,629,200 | 1,104,200 | 18,229,200 | 2,728,600 | 12,846,120 | 5,725,800 | — | — | 37,404,320 | 29,278,600 |
| WFP | 140,000 | — | 1,229,800 | 292,200 | 1,401,300 | 72,000 | 340,000 | — | 3,780,200 | 207,200 | — | — | 10,865,000 | 572,000 |
| UNFPA | — | — | — | — | 42,000 | 97,000 | 300,000 | 78,200 | 5,885,000 | 300,000 | — | — | 6,560,000 | 525,200 |
| UNICEF / WFP | 108,000 | — | — | — | — | — | — | — | — | — | — | — | 100,000 | — |
| WFP * | 1,398,000 | — | 3,442,200 | 4,713,000 | — | — | 1,997,200 | — | 13,689,900 | 1,023,800 | — | — | 28,527,900 | 43,046,600 |
| WFP / UNICEF | — | — | — | — | 2,440,000 | — | — | — | 2,368,000 | — | — | — | 2,368,000 | 5,400,000 |
| INTER-COUNTRY PEOPLE'S REP | — | — | — | — | — | — | — | — | — | — | — | — | — | — |
| WORLD VISION ZIMBABWE | — | — | — | — | — | — | — | — | 2,383,000 | — | — | — | 2,383,000 | — |
| ZIMBABWE AGRICULTURE PROMOTION & SUPPORT ORGANISATION | — | — | — | — | — | — | — | — | 187,000 | — | — | — | 187,000 | — |
| TOTAL | 8,820,000 | 5,130,300 | 18,588,000 | 11,818,000 | 11,260,600 | 1,888,900 | 24,028,600 | 8,227,181 | 50,946,600 | 18,885,251 | 828,585,800 | 680,634,862 | 658,216,128 | 677,216,222 |



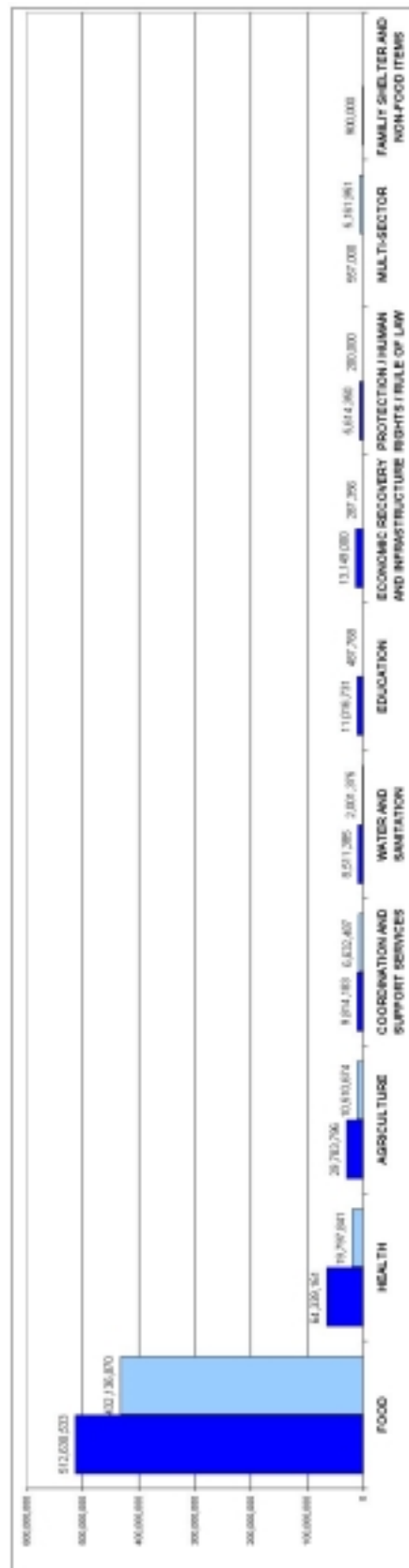
* As WFP does not report contributions by country specific, the requirements are reflected in the Region.
** This represents WFP's revised food budget for EMUP 16200 E

SOUTHERN AFRICA
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Total Funding Requirements for the UN Consolidated Inter-Agency Appeal in Response to the Humanitarian Crisis in Southern Africa 2002 - 2003
By Sector and Country
 July 2002 - June 2003
 as of 16 July 2003

Compiled by OCHA on the basis of information provided by the respective appealing organisations.

| SECTOR/ACTIVITY | LESOTHO | | MALAWI | | MOZAMBIQUE | | SWAZILAND | | ZAMBIA | | ZIMBABWE | | REGION | | TOTAL | |
|---|------------------|------------------|-------------------|-------------------|-------------------|------------------|-------------------|------------------|-------------------|------------------|-------------------|-------------------|--------------------|--------------------|--------------|--------|
| | Requirements | Income | Requirements | Income | Requirements | Income | Requirements | Income | Requirements | Income | Requirements | Income | Requirements | Income | Requirements | Income |
| AGRICULTURE | 2,027,890 | 890,100 | 2,098,000 | 1,276,746 | 6,800,000 | 695,704 | 2,000,179 | 695,704 | 5,054,133 | 8,176,335 | 10,800,000 | 2,720,803 | 29,800,796 | 10,818,674 | | |
| COORDINATION AND SUPPORT SERVICES | 140,880 | | 1,229,000 | 212,702 | 1,252,000 | 89,287 | 171,300 | 72,800 | | | 1,262,308 | | 5,755,153 | 8,247,700 | | |
| ECONOMIC RECOVERY AND INFRASTRUCTURE | 380,000 | | 1,628,000 | | 2,471,739 | 191,217 | 2,800,000 | 196,810 | 2,098,000 | 111,241 | 1,849,000 | | 11,208,080 | 287,266 | | |
| EDUCATION | | | | | | | | | | | 1,100,000 | | 11,816,171 | 487,188 | | |
| FAMILY SHELTER AND NON-FOOD ITEMS | | | | | | | 900,000 | | | | | | 900,000 | | | |
| FOOD** | 1,071,680 | 441,471 | 8,081,284 | 6,889,813 | 6,468,863 | 686,726 | 3,366,688 | 686,726 | 11,488,746 | 611,864 | 10,277,146 | 6,240,911 | 512,028,533 | 432,136,878 | | |
| HEALTH | | | 377,800 | 766,715 | | | | | 1,774,819 | | 897,000 | 2,244,422 | 861,208,181 | 19,787,881 | | |
| MULTI-SECTOR | | | | | | | | | | | 1,900,000 | | 897,000 | 5,163,991 | | |
| PROTECTION / HUMAN RIGHTS / RULE OF LAW | 180,000 | | 1,173,280 | | 131,250 | 280,000 | 2,029,208 | | 688,000 | | 1,900,000 | | 5,816,258 | 298,088 | | |
| WATER AND SANITATION | 689,382 | | 1,267,203 | 1,822,766 | 1,827,000 | 147,674 | | 3,328,000 | | | 1,900,000 | 386,036 | 6,515,365 | 2,687,375 | | |
| TOTAL | 6,532,850 | 1,130,282 | 16,586,918 | 11,816,630 | 17,216,444 | 3,128,866 | 11,282,619 | 1,868,340 | 24,035,873 | 9,027,451 | 50,965,459 | 19,465,351 | 656,316,139 | 477,218,322 | | |



* As UNFPA does not report contributions by country specific, the requirements are reflected in the Region.
 ** This represents WFP's revised food budget for EMOCP 02000.0

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Contributions to UN Consolidated Inter-Agency Appeal in Response to the Humanitarian Crisis in Southern Africa 2002
 By Agency and Donor
 as of 16 July 2004

| DONORS | Compiled by OCHA on the basis of information provided by the respective appealing organisations. | | | | | | | | | | TOTAL (US\$) | | |
|----------------------|--|---------------|----------------|----------------|-----------------|------------------|----------------------|---------------|---------------|----------------------|-----------------|---------------|-----------------|
| | FAO (US\$) | IPA (US\$) | OCHA (US\$) | UNDP (US\$) | UNFPA (US\$) | UNICEF (US\$) | UNICEF/FAO (US\$) | WFP (US\$) | WHO (US\$) | WHO/UNICEF (US\$) | | WVZ (US\$) | ZAPSO (US\$) |
| Algeria | | | | | | | | | | | | | 4,767,000 |
| Andorra | | | | | | | 4,767,000 | | | | | | 48,924 |
| Australia | | | | | | | 7,422,456 | | | | | | 7,422,456 |
| Austria | | | | | | | 7,422,456 | | | | | | 7,422,456 |
| Bahrain | | | | | | | 5,178,786 | | | | | | 5,178,786 |
| Belgium | | | | | | | 11,102,949 | | | | | | 11,102,949 |
| Canada | | | | | | | 3,418 | | 320,000 | | | | 323,418 |
| Chad | | | | | | | 1,887,741 | | 526,218 | | | | 2,413,959 |
| Denmark | | | | | | | 78,744,745 | | | | | | 78,744,745 |
| EC-HO | 1,000,000 | | | | | | 3,243,767 | | 303,180 | | | | 4,246,947 |
| Finland | | | | | | | 6,933,964 | | | | | | 6,933,964 |
| France | | | | | | | 12,011,674 | | | | | | 12,011,674 |
| Germany | | | | | | | 183,851 | | | | | | 183,851 |
| Greece | | | | | | | 1,281,619 | | | | | | 1,281,619 |
| Ireland | | | | | | | 2,948,843 | | | | | | 2,948,843 |
| Italy | | | | | | | 21,181,118 | | | | | | 21,181,118 |
| Japan | | | | | | | 50,000 | | | | | | 50,000 |
| Republic of Korea | | | 87,114 | | | | | | | | | | 87,114 |
| Lebanon | | | | | | | 593,175 | | | | | | 593,175 |
| Luxembourg | | | | | | | 70,000 | | | | | | 70,000 |
| Malaysia | | | | | | | 6,292,148 | | | | | | 6,292,148 |
| Malta | | | | | | | 100,000 | | | | | | 100,000 |
| Netherlands | | | | | | | 1,083,888 | | | | | | 1,083,888 |
| Netherlands | | | | | | | 287,368 | | | | | | 287,368 |
| New Zealand | | | | | | | 84,100 | | | | | | 84,100 |
| Norway | | | | | | | 138,371 | | | | | | 138,371 |
| Oman | | | | | | | 2,000,000 | | | | | | 2,000,000 |
| San Marino | | | | | | | 2,000,000 | | | | | | 2,000,000 |
| Singapore | | | | | | | 18,875,000 | | | | | | 18,875,000 |
| South Africa | | | | | | | 2,000,000 | | | | | | 2,000,000 |
| Spain | | | | | | | 18,875,000 | | | | | | 18,875,000 |
| Sweden | | | | | | | 2,000,000 | | | | | | 2,000,000 |
| Switzerland | | | | | | | 2,000,000 | | | | | | 2,000,000 |
| Switzerland | | | | | | | 2,000,000 | | | | | | 2,000,000 |
| United Kingdom | | | | | | | 1,083,888 | | | | | | 1,083,888 |
| United Kingdom | | | | | | | 2,000,000 | | | | | | 2,000,000 |
| USA | | | | | | | 17,578,373 | | | | | | 17,578,373 |
| USA | | | | | | | 3,000,000 | | | | | | 3,000,000 |
| FAO/ICP | 1,177,000 | | | | | | 485,503 | | | | | | 1,662,503 |
| Multi-lateral | | | | | | | 8,200,000 | | | | | | 8,200,000 |
| UNEP | | | | | | | 200,882 | | | | | | 200,882 |
| UNEP Regular Funds | | | | | | | 431,800 | | | | | | 431,800 |
| UNEP Voluntary Funds | | | | | | | 183,000 | | | | | | 183,000 |
| UNEP Voluntary Funds | | | | | | | 25,877 | | | | | | 25,877 |
| UNEP | | | | | | | 31,250 | | | | | | 31,250 |
| WHO | | | | | | | 150,000 | | | | | | 150,000 |
| WHO | | | | | | | 150,000 | | | | | | 150,000 |
| WHO Director-General | | | | | | | 81,259 | | | | | | 81,259 |
| WHO | | | | | | | 73,385 | | | | | | 73,385 |
| WHO | | | | | | | 349,424 | | | | | | 349,424 |
| Belgium | | | | | | | 133,230 | | | | | | 133,230 |
| Canada | | | | | | | 98,622 | | | | | | 98,622 |
| Denmark | | | | | | | 981,546 | | | | | | 981,546 |
| France | | | | | | | 262,052 | | | | | | 262,052 |
| Germany | | | | | | | 41,711 | | | | | | 41,711 |
| Ireland | | | | | | | 81,630 | | | | | | 81,630 |
| Netherlands | | | | | | | 181,117 | | | | | | 181,117 |
| New Zealand | | | | | | | 142,077 | | | | | | 142,077 |
| Norway | | | | | | | 215,450 | | | | | | 215,450 |
| Portugal | | | | | | | 1,154,856 | | | | | | 1,154,856 |
| Sweden | | | | | | | 1,154,856 | | | | | | 1,154,856 |
| Spain | | | | | | | 1,154,856 | | | | | | 1,154,856 |
| USA | | | | | | | 1,154,856 | | | | | | 1,154,856 |
| United Kingdom | | | | | | | 1,154,856 | | | | | | 1,154,856 |
| TOTAL | 90,510,574 | 0 | 1,943,866 | 572,138 | 636,200 | 26,270,579 | 0 | 424,536,563 | 8,477,512 | 0 | 0 | 0 | 477,216,322 |

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Additional Assistance to Humanitarian Crisis in Southern Africa 2002-2003
 Outside of the framework of the UN Consolidated Inter-Agency Appeal

as of 16 July 2003

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Note that this table is comprehensive to the extent that decisions have been reported to OCHA

| Date | Donor | Channel | Description | Value US\$ |
|----------------|----------------|----------------------------|--|------------------|
| LESOTHO | | | | |
| 08/10/02 | Germany | CARE | Procurement of food for approximately 5,000 affected families (approx. 20,000 persons) for a period of 4 months | 140,532 |
| 08/11/02 | Germany | RC, Germany | To meet basic nutritional needs of approximately 2,500 families | 439,153 |
| | | | Sub-total | 679,686 |
| 1/23/02 | Norway | Norwegian Church Aid | Hunger stricken population | 69,027 |
| 1/11/02 | Sweden | Save the Children - Sweden | Support to WFP's food distribution programme through management support to WFP and partners, eg training on protection of children and HIV/AIDS prevention | 23,666 |
| 0/09/02 | United Kingdom | Lesotho MoA and SAGE | Livelihood recovery through agriculture programme | 1,631,462 |
| 1/09/02 | USA | Peace Corps | To support programme costs related to the proposed agricultural crisis response programme | 20,000 |
| 10/15/02 | RC/American | FRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 25,000 |
| 0/11/02 | RC/Ireland | FRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 619,383 |
| | | | Sub-total | 644,383 |
| 10/06/03 | UNFPA Regular | UNFPA | In response to the humanitarian crisis in Lesotho | 86,000 |
| | | | Sub-total | 2,969,213 |
| MALAWI | | | | |
| 08/04/03 | Canada | UNICEF | Cash for humanitarian assistance | 319,736 |
| 08/19/02 | Canada | World Vision Canada | For agriculture | 320,513 |
| 08/19/02 | Canada | World Vision Canada | For agriculture | 319,471 |
| | | | Sub-total | 959,719 |
| 08/10/02 | Denmark | FRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 177,625 |
| 0/30/02 | Germany | GIZ | To meet basic nutritional needs of vulnerable people | 187,044 |
| 08/18/02 | Germany | Kinderhilfe e.V | Provision of supplementary food to 3,200 needy families and 2,000 malnourished children | 190,944 |
| 08/20/02 | Germany | Plan International | Provision of 360 MTs Likuni Phala for supplementary feeding of approximately 36,000 children for a period of 6 months | 480,640 |
| 08/15/02 | Germany | RC, Germany | Procurement of supplementary food | 249,466 |
| 1/20/02 | Germany | WV | Therapeutic feeding of 17,300 malnourished children | 1,306,718 |
| | | | Sub-total | 480,677 |
| 10/07/02 | Ireland | Concern | Emergency relief | 284,406 |
| 10/07/02 | Ireland | Concern Universal | Food/health and medical | 141,316 |
| 08/10/02 | Ireland | GOAL | General food ration support | 263,542 |
| 05/24/02 | Ireland | GOAL | Food shortage for affected vulnerable groups | 480,677 |
| 05/24/02 | Ireland | FRC | Provision of supplementary food | 221,119 |
| 05/24/02 | Ireland | TeaFund | Provision of health care and food security programme | 1,931,726 |
| | | | Sub-total | 37,000 |
| 10/05/03 | Netherlands | UNFPA | In kind - RH kits | 200,000 |
| 0/17/02 | Norway | Norwegian Church Aid | Emergency aid to victims of drought | 200,000 |
| 0/11/02 | Norway | Norwegian Church Aid | Food crisis in Southern Africa | 478,190 |
| 1/23/02 | Norway | Norwegian Church Aid | Food distribution, seeds, health and schools | 272,108 |
| 12/31/02 | Norway | Plan Norway | Emergency food aid | 224,220 |
| 08/04/03 | Norway | UNICEF | Cash for humanitarian assistance | 1,372,519 |
| | | | Sub-total | 85,068 |
| 0/01/02 | Switzerland | WFP | In kind - secondment to WFP - Malawi | 84,000 |
| 05/07/02 | Switzerland | WFP | In kind - secondment to WFP - Malawi | 39,088 |
| | | | Sub-total | 142,087 |
| 0/05/02 | United Kingdom | Concern Universal | Emergency feeding | 357,143 |
| 0/05/02 | United Kingdom | Concern Universal | Emergency feeding | 357,143 |
| 0/04/02 | United Kingdom | EC | For production of Likuni Phala (support to supplementary feeding) | 357,143 |
| 02/02/02 | United Kingdom | Emmanuel International | Supplementary feeding | 357,143 |
| 0/10/02 | United Kingdom | Government of Malawi | Inputs for winter agricultural production | 1,714,286 |
| 0/10/02 | United Kingdom | Government of Malawi | Targeted inputs programme | 9,714,286 |

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Additional Assistance to Humanitarian Crisis in Southern Africa 2002-2003
 Outside of the framework of the UN Consolidated Inter-Agency Appeal

as of 16 July 2003

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Note that this table is comprehensive to the extent that decisions have been reported to OCHA

| Date | Donor | Channel | Description | Value US\$ |
|-----------------------------|---------------------|------------------------|---|-------------------|
| MALAWI (continued) | | | | |
| 01/02/02 | United Kingdom | Save the Children UK | Food rations and emergency feeding | 1,571,429 |
| 01/04/02 | United Kingdom | Save the Children UK | Food rations and emergency feeding | 3,571,429 |
| Sub-total | | | | 47,786,716 |
| 08/23/02 | USA | CARE | Agricultural project | 772,552 |
| 08/23/02 | USA | CRS | Agricultural project | 845,172 |
| 10/28/02 | USA | MSF/Greece | Health care programme for refugees in Dzaleka camp | 20,000 |
| 07/28/02 | USA | RC Malawi | Health | 100,000 |
| 07/28/02 | USA | USAID/Ulongwei | Supplementary feeding | 25,000 |
| 08/23/02 | USA | World Vision | Agricultural project | 1,172,600 |
| Sub-total | | | | 2,736,324 |
| 08/04/03 | NO/Germany | UNICEF | Cash for humanitarian assistance | 87,489 |
| 07/08/02 | RC/Turkish | IFRC | Supporting starving population (Appeal No. 12/2002) | 4,889 |
| 01/11/02 | RC/United Kingdom | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 619,383 |
| Sub-total | | | | 624,071 |
| 10/06/03 | UNFPA Regular Funds | UNFPA | In response to the humanitarian crisis in Malawi | 37,000 |
| TOTAL FOR MALAWI | | | | 27,297,290 |
| MOZAMBIQUE | | | | |
| 07/30/02 | Germany | German Agro Action | To meet basic nutritional needs of vulnerable population in Inhambane province, Mozambique | 158,135 |
| 08/19/02 | Germany | WFP | Food aid | 0 |
| Sub-total | | | | 158,135 |
| 08/28/02 | Netherlands | Norwegian People's Aid | Demining | 617,241 |
| 08/08/02 | Sweden | Diakonia | Distribution of food and seeds | 107,527 |
| 04/10/02 | Switzerland | SAH | Emergency aid famine | 136,667 |
| 12/13/02 | Switzerland | Terre de Homme | Aid for AIDS orphans | 134,228 |
| Sub-total | | | | 270,895 |
| TOTAL FOR MOZAMBIQUE | | | | 1,053,798 |
| SWAZILAND | | | | |
| 08/30/02 | Germany | AORA | Provision of basic nutritional relief for approximately 1,220 households | 131,883 |
| 07/16/02 | Germany | RC Germany | Distribution of therapeutic food, emergency health kits and medication to the most vulnerable | 196,739 |
| Sub-total | | | | 328,622 |
| 10/07/02 | Ireland | VW | Emergency relief | 264,693 |
| 01/11/02 | RC/United Kingdom | IFRC | Food aid and humanitarian assistance (Appeal No. 01/2002) | 619,393 |
| TOTAL FOR SWAZILAND | | | | 1,232,398 |
| ZAMBIA | | | | |
| 10/10/02 | Australia | OCHA | To cover costs for OCHA in Zambia | 70,360 |
| 02/08/02 | Canada | CARE | For agriculture project | 318,471 |
| 08/14/02 | Canada | UNHCR | Multi-sectoral assistance | 159,236 |

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JUNE 2003 – JULY 2004

Additional Assistance to Humanitarian Crisis in Southern Africa 2002-2003

Outside of the framework of the UN Consolidated Inter-Agency Appeal
as of 16 July 2003

| page 3 of 6 | | | | |
|---|-------------------|----------------------------------|--|-------------------|
| Note that this table is comprehensive to the extent that decisions have been reported to OCHA | | | | |
| Date | Donor | Channel | Description | Value US\$ |
| ZAMBIA (continued) | | | | |
| 02/06/02 | Canada | World Vision | For agriculture project | 318,471 |
| Sub-total | | | | 796,178 |
| 07/26/02 | Germany | Nehemia Christenhilfsdienst e.V. | To meet basic nutritional needs of 1,500 most vulnerable (mainly children) for a period of seven months | 93,867 |
| 01/10/02 | Norway | Norwegian Church Aid | Food distribution and agriculture support | 66,867 |
| 12/31/02 | Norway | Norwegian Church Aid | Hunger stricken population | 138,054 |
| 01/10/02 | Norway | Caritas | Hunger catastrophe | 200,000 |
| Sub-total | | | | 402,721 |
| 12/09/02 | Sweden | Caritas Sweden | Emergency food | 195,876 |
| 07/26/02 | Sweden | SOC | Agricultural inputs, training in soil conservation methods, contacts with organisations for relief food | 488,739 |
| Sub-total | | | | 682,615 |
| 01/01/02 | Switzerland | UNHCR | Multi-sectoral assistance | 233,918 |
| 04/07/02 | Switzerland | WFP | In kind - secondment of personnel to WFP - Zambia | 64,000 |
| Sub-total | | | | 297,918 |
| 08/29/02 | United Kingdom | CARE | Agricultural recovery | 1,563,760 |
| 10/14/02 | United Kingdom | CRS | Agricultural recovery | 664,083 |
| 10/14/02 | United Kingdom | OXFAM | Agricultural recovery | 1,039,063 |
| Sub-total | | | | 3,296,876 |
| 08/19/02 | USA | Bilateral | Mission allowance toward the relief efforts associated with the food security crisis in Zambia | 50,000 |
| 08/29/02 | USA | CARE | Agricultural project | 611,308 |
| 10/29/02 | USA | CARE | To support education, community services, agriculture/forestry, and gender-based violence prevention programmes in Mwanze and Namweshi camps | 791,084 |
| 09/29/02 | USA | CLUSA | Agricultural project | 248,383 |
| 10/29/02 | USA | IFRC | To support health care and HIV/AIDS prevention in Mwanze camp | 234,000 |
| 01/29/02 | USA | LWF | To support education and agriculture/environment programmes in Mteheba, Makukweyela and Ukwini camps | 583,020 |
| 8/16/02 | USA | No channel specified | Personnel support, to serve as DOS on the SWAN Team | 15,300 |
| 10/29/02 | USA | Olympic Aid | To promote sports and play for refugee children in Mwanze and Kala camps | 162,280 |
| 10/09/02 | USA | UNHCR | Support for the Zambia initiative to address assistance and development needs of refugees and host communities in Western Zambia | 1,000,000 |
| 10/29/02 | USA | WFP | To purchase hammer mills for refugee camps | 20,000 |
| 09/29/02 | USA | World Vision | Agricultural project | 627,869 |
| Sub-total | | | | 4,344,234 |
| 01/11/02 | RC/United Kingdom | IFRC | Food aid and humanitarian assistance (Appeal No. 12(2)02) | 1,548,456 |
| TOTAL FOR ZAMBIA | | | | 11,533,275 |
| ZIMBABWE | | | | |
| 02/06/02 | Canada | CARE | For agriculture project | 318,471 |
| 02/06/02 | Canada | IFRC | For agriculture programme | 318,471 |
| 03/26/03 | Canada | IFRC | Multi-sectoral assistance | 134,228 |

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| Date | Donor | Channel | Description | Value US\$ |
|-----------------------------|---------------------|-----------------------|--|-------------------|
| ZIMBABWE (continued) | | | | |
| 02/08/02 | Canada | OXFAM | For agriculture project | 318,471 |
| 02/08/02 | Canada | World Vision - Canada | Health and medical | 636,943 |
| | | | Sub-total | 1,726,584 |
| 07/11/02 | European Commission | UN agencies and NGOs | To prevent malnutrition and starvation among groups most vulnerable to Zimbabwe's food security crisis | 1,877,934 |
| 07/18/02 | Germany | ADRA | Provision of basic food needs to 12,000 most vulnerable over a period of 6 months | 334,386 |
| 07/21/02 | Germany | HELP | To meet basic needs of displaced farm workers | 174,413 |
| | | | Sub-total | 668,809 |
| 10/07/02 | Ireland | CA | Emergency relief | 294,406 |
| 10/07/02 | Ireland | Concern | Emergency relief | 490,877 |
| 11/21/02 | Ireland | Concern | General food ration support | 174,580 |
| 11/21/02 | Ireland | GOAL | General food ration support | 349,488 |
| 10/07/02 | Ireland | OXFAM | Emergency relief | 245,339 |
| 10/07/02 | Ireland | Trocaine | Emergency relief | 382,542 |
| 11/21/02 | Ireland | Trocaine | General food ration support | 196,857 |
| | | | Sub-total | 2,143,879 |
| 01/17/02 | Norway | Norwegian Church Aid | Hunger disaster and seeds | 476,180 |
| 01/17/02 | Norway | Norwegian Peoples Aid | Supplementary feeding in schools | 476,180 |
| 01/17/02 | Norway | Save the Children | Emergency food aid | 64,000 |
| | | | Sub-total | 1,016,360 |
| 07/06/02 | Swedish Church | Swedish Church | Food and supplementary feeding etc. | 133,333 |
| 02/08/02 | Switzerland | HEKS | Famine emergency aid | 107,914 |
| 12/16/02 | Switzerland | MEDAIR | Famine emergency aid | 42,482 |
| 05/18/03 | Switzerland | Salvation Army | Swiss dairy products | 13,846 |
| 06/08/03 | Switzerland | SHA | HIV/AIDS workshop in Zimbabwe | 64,000 |
| 05/07/02 | Switzerland | WFP | In kind - secondment to WFP - Zimbabwe | 64,000 |
| | | | Sub-total | 361,575 |
| 06/09/02 | United Kingdom | CAFCO | Supplementary feeding | 5,230,789 |
| 06/09/02 | United Kingdom | Christian Aid | Supplementary child feeding | 5,230,789 |
| 09/20/02 | United Kingdom | CARE International | Agricultural recovery | 5,446,154 |
| 06/09/02 | United Kingdom | CARE Zimbabwe | Supplementary child feeding | 5,230,789 |
| 09/20/02 | United Kingdom | CRS | Agricultural recovery | 292,308 |
| 09/20/02 | United Kingdom | Farm Community Trust | Agricultural recovery | 76,823 |
| 06/09/02 | United Kingdom | Plan International | Supplementary feeding | 615,385 |
| 07/31/02 | United Kingdom | FRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 773,879 |
| 09/20/02 | United Kingdom | OXFAM GB | Agricultural recovery | 746,154 |
| 06/09/02 | United Kingdom | SCF UK | Agricultural recovery | 5,189,231 |
| 09/20/02 | United Kingdom | SCF UK | Agricultural recovery | 207,892 |
| 09/20/02 | United Kingdom | Various | Agricultural recovery | 694,615 |
| | | | Sub-total | 29,704,448 |

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| Date | Donor | Channel | Description | Value US\$ |
|-----------------------------|----------------|-----------------------|--|------------|
| ZIMBABWE (continued) | | | | |
| 09/23/02 | USA | CARE | Agricultural project | 945,242 |
| 09/23/02 | USA | GRS | Agriculture/nutrition | 1,089,822 |
| 12/18/02 | USA | Farm Community Trust | For support to survey the situation of commercial farms and farm workers nationwide | 100,000 |
| 12/18/02 | USA | Food Security Network | To implement the supplementary feeding of vulnerable children in commercial farm-worker communities in | 150,000 |
| 08/25/02 | USA | Mt channel specified | Multi-sectoral Private | 13,974 |
| 08/13/02 | USA | Mt channel specified | Field staff/technical assistance | 88,763 |
| 07/21/02 | USA | Mt channel specified | Funding for programme manager, field staff/technical assistance support | 100,000 |
| 08/23/02 | USA | OCHA | Operations support | 731,575 |
| 7/26/03 | USA | OCHA | IDP advisor | 960,000 |
| 01/07/02 | USA | PACTEC | HAC Unit (HACU) | 900,000 |
| 11/21/02 | USA | Pharm Inc | HIV/AIDS programme | 7,100,000 |
| 08/23/02 | USA | RFI | Funding for Pact Inc. | 100,000 |
| 08/23/02 | USA | World Vision | Field coordination | 549,077 |
| 07/28/02 | USA | WW | Agricultural project | 13,264,001 |
| | | | E1,480 Title II food assistance, 19,710 MT's | |
| | | | Sub-total | 18,371,854 |
| 07/23/02 | ECUAK | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 66,701,437 |
| TOTAL FOR ZIMBABWE | | | | |
| THE REGION | | | | |
| 08/09/02 | Australia | IFRC | Delegates (Appeal No. 12/2002) | 52,037 |
| 12/18/02 | Australia | MSCs | For feeding programmes targeting vulnerable groups, including children and those living with HIV/AIDS | 3,889,889 |
| | | | Sub-total | 1,440,926 |
| 05/12/02 | Canada | IFRC | Delegates (Appeal No. 12/2002) | 6,635 |
| 05/12/02 | Denmark | IFRC | Delegates (Appeal No. 12/2002) | 45,081 |
| 05/12/02 | Denmark | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 172,547 |
| | | | Sub-total | 87,658 |
| 08/09/02 | Finland | IFRC/IFRC | Food assistance | 890,089 |
| 12/08/02 | Finland | IFRC | Delegates (Appeal No. 12/2002) | 47,076 |
| | | | Sub-total | 1,037,175 |
| 09/17/02 | Germany | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 491,477 |
| 01/19/02 | Germany | IFRC | Delegates (Appeal No. 12/2002) | 28,473 |
| | | | Sub-total | 519,950 |
| 10/09/02 | Japan | IFRC | Delegates (Appeal No. 12/2002) | 37,588 |
| 05/12/02 | Japan | IFRC | Delegates (Appeal No. 12/2002) | 27,232 |
| 10/7/02 | Netherlands | FAO | Support to relief operations and ancillary interventions with affected vulnerable population | 156,917 |
| 12/09/02 | Netherlands | IFRC | Delegates (Appeal No. 12/2002) | 59,893 |
| | | | Sub-total | 216,900 |
| 12/23/02 | New Zealand | IFRC | Delegates (Appeal No. 12/2002) | 17,880 |
| 03/06/03 | New Zealand | No channel specified | Multi-sectoral assistance | 574,713 |
| | | | Sub-total | 892,673 |
| 10/09/02 | Norway | IFRC | Delegates (Appeal No. 12/2002) | 158,084 |
| 12/21/02 | Norway | Norwegian Church Aid | Norwegian Church Aid | 6,300,000 |
| 07/16/02 | Norway | RC Norway | Cash and in kind donation | 944,218 |
| 01/19/02 | Norway | Save the Children | Emergency aid | 400,000 |
| 08/30/02 | Norway | UNICEF | In kind - 108 MT's, BP5, compact food including logistical expenses | 7,807,063 |
| | | | Sub-total | 7,342,282 |
| 09/23/02 | Switzerland | SHA | Cereals and milling 2002 | 24,285 |
| 01/27/03 | Switzerland | SHA | Famine emergency aid | 36,667 |
| 07/16/02 | Switzerland | WFP | In kind - secondment | 48,575 |
| 09/19/02 | Switzerland | IFRC | Delegates (Appeal No. 12/2002) | 1,448,738 |
| | | | Sub-total | 1,518,565 |
| 08/09/02 | United Kingdom | IFRC | Delegates (Appeal No. 12/2002) | 105,948 |
| 09/19/02 | United Kingdom | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 154,819 |
| 08/28/02 | United Kingdom | SADC | Vulnerability assessments | 312,500 |

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| Date | Donor | Channel | Description | Value US\$ |
|-------------------------------|-------------------|-----------------------------------|--|--------------------|
| THE REGION (continued) | | | | |
| 11/15/02 | United Kingdom | SADC | Vulnerability assessments | 312,500 |
| | | | | Sub-total |
| 09/08/02 | USA | AORA | Food aid | 1,286,800 |
| 09/08/02 | USA | Africare, Inc | Food aid | 1,205,800 |
| 10/28/02 | USA | Blenvenu Refugee Shelter | For refugee women and children in Johannesburg | 6,186 |
| 09/08/02 | USA | CARE | Food aid | 2,844,200 |
| 09/08/02 | USA | PH | Food aid | 1,441,800 |
| 10/28/02 | USA | ICM | For its migration and development in Southern Africa (MDSA) project | 100,000 |
| 10/28/02 | USA | Misericordia International Center | For refugee children in Pretoria | 11,850 |
| 09/08/02 | USA | SC-US | Food aid | 1,310,400 |
| 10/28/02 | USA | World Relief | Assistance to refugees | 24,000 |
| 09/08/02 | USA | World Vision | Food aid | 5,373,700 |
| | | | | Sub-total |
| 12/07/02 | RC/Austria | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 48,063 |
| 07/31/02 | RC/Canada | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 64,087 |
| 09/23/02 | RC/Canada | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 321,081 |
| 05/23/02 | RC/Cyprus | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 3,055 |
| 06/28/02 | RC/Germany | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 234,712 |
| 06/28/02 | RC/Germany | IFRC | Relief delegate, local staff, volunteers (Appeal No. 12/2002) | 422,461 |
| 10/28/02 | RC/Hong Kong | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 1,548 |
| 10/15/02 | RC/Iceland | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 345,860 |
| 09/10/02 | RC/Iran | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 738 |
| 09/10/02 | RC/Iran | IFRC | In kind - soap, sugar, edible oil (Appeal No. 12/2002) | 14,750 |
| 12/11/02 | RC/Ireland | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 96,221 |
| 09/14/02 | RC/Japan | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 139,900 |
| 07/28/02 | RC/Kuwait | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 5,000 |
| 07/06/02 | RC/Libya | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 3,205 |
| 03/13/02 | RC/New Zealand | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 1,139 |
| 07/24/02 | RC/Norway | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 146,667 |
| 09/19/02 | RC/Norway | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 67,114 |
| 09/27/02 | RC/Norway | IFRC | In kind - soap, sugar, edible oil (Appeal No. 12/2002) | 1,115 |
| 10/01/02 | RC/Spain | IFRC | In kind (Appeal No. 12/2002) | 488,333 |
| 09/18/02 | RC/Sweden | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 288,519 |
| 09/25/02 | RC/Sweden | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 42,665 |
| 05/07/02 | RC/Switzerland | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 25,460 |
| 05/07/02 | RC/Switzerland | IFRC | In kind - 10,000 blankets, transport, insurance (Appeal No. 12/2002) | 43,333 |
| 09/10/02 | RC/Switzerland | IFRC | Relief delegate (Appeal No. 12/2002) | 20,667 |
| 01/08/02 | RC/United Kingdom | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 620,568 |
| 11/09/02 | RC/USA | IFRC | In kind (Appeal No. 12/2002) | 217,200 |
| | | | | Sub-total |
| 09/23/02 | Private | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 15,731 |
| 05/08/02 | Private | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 4,317 |
| 03/10/02 | Private - MRC | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 30,091 |
| 07/24/02 | Private - Spanish | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 2,847 |
| 06/23/02 | Private - Swiss | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 57,276 |
| | | | | Sub-total |
| 09/19/02 | WFP | IFRC | Food aid and humanitarian assistance (Appeal No. 12/2002) | 7,982,180 |
| TOTAL FOR THE REGION | | | | 39,121,906 |
| GRAND TOTAL | | | | 139,999,319 |

ANNEX II.

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Note: The Federation's activities in Southern Africa are covered within its Emergency Appeal N° 15/2003 "Southern Africa: Food Security and Integrated Community Care" launched on 28 May 2003. This Appeal seeks CHF 13.6 million (US\$ 10.3 million) to assist 47,000 beneficiaries for five months between August and December 2003. For details, please refer to the Federation's website <<http://www.ifrc.org>> or the SAHIMS website <<http://www.sahims.net>>.

The prevalence of HIV/AIDS is eroding the social fabric of Southern Africa, undermining the long-established coping strategies which previously allowed communities to recover from periods of hardship and stress. The situation is slowly overwhelming Southern Africa, and the longer-term projections are startling.

In places where the prevalence of HIV/AIDS among the population may be as high as 50%, coping strategies become inadequate and often involve unsafe behaviour. 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.

The policy of donors, governments and humanitarian agencies will soon lag behind the region's growing challenges. The combination of HIV/AIDS, weak health care, poverty and food insecurity has created an unprecedented disaster that conventional interventions cannot contain. The humanitarian world is deep in uncharted territory and the map from the past will not guide it through the future. These challenges cannot be dealt with without concerted effort. A new paradigm is needed based on partnership and cooperation.

The International Federation of Red Cross and Red Crescent Societies' appeal for CHF 13.6 million (US\$ 10.3 million) will be used to support the work of Red Cross national societies in Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. They will take over from the one-year southern Africa food security operation due to end in July 2003.

The appeal will allow the Federation to transform short-term emergency relief into integrated longer-term programmes with greater impact upon the root causes of a disaster that drive the most vulnerable into a downward spiral of poverty, chronic illness, lack of options and lack of hope. It will cover a five-month period beginning in August, through January 2004 when the Federation's annual appeal for the region will incorporate the strategy.

The complexity and magnitude of the situation present the Red Cross and Red Crescent with the obligation to pool resources and work closely together. The appeal will strengthen a Red Cross safety net for 347,000 extremely vulnerable people through food security and integrated community care. Programmes will cover essential food needs, health, water and sanitation, HIV/AIDS prevention and economic self-reliance.

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Budget Summary – Appeal N° 15/2003

Southern Africa – Food Security and Integrated Community Care

| Budget Item | CHF |
|---|-------------------|
| Shelter and Construction | 39,425 |
| Clothing and Textiles | 675,000 |
| Food | 6,286,100 |
| Seeds and Plants | 310,552 |
| Water and Sanitation | 860,100 |
| Medical and First Aid | 203,000 |
| Teaching Materials | 35,000 |
| Utensils and Tools | 63,800 |
| Other Relief Supplies | 209,000 |
| Total Relief Needs | 8,681,977 |
| Capital Equipment | 386,750 |
| Programme Support | 886,026 |
| Transport, Storage and Vehicle Costs | 1,445,047 |
| Personnel | 1,463,858 |
| Workshops and Training | 205,090 |
| Administrative and General Services | 562,428 |
| Total Operational Needs | 4,949,199 |
| Total Appeal (Cash, Kind and Services) | 13,631,176 |
| Less Available Resources (-) | 0 |
| Total | 13,631,176 |

ANNEX III.

ACRONYMS AND ABBREVIATIONS

| | |
|--------|--|
| ACAT | Africa Cooperative Action Trust |
| ADD | Agricultural Development Division |
| ADRA | Adventist Development and Relief Agency |
| AIDS | Acquired Immune Deficiency Syndrome |
| ARV | Antiretroviral |
| | |
| BMI | Body Mass Index |
| | |
| CA | Consolidated Appeal |
| CANGO | Coordinated Assembly of NGOs |
| CAP | Consolidated Appeals Process |
| CARE | Cooperation and Relief Everywhere |
| CBO | Community-Based Organisation |
| CBPP | Contagious Bovine Pleuro-Pneumonia |
| CCA | Common Country Assessment |
| CFR | Case-fatality rate |
| CFSAM | Crop and Food Supply Assessment Mission |
| CHAL | Christian Health Association of Lesotho |
| CHAMP | Community HIV/AIDS Mitigation Project |
| CLU | Commonwealth Liaison Unit |
| CMR | Crude Mortality Rate |
| COMESA | Common Market for Eastern and Southern Africa |
| CRIS | Country Response Information System |
| CRS | Catholic Relief Services |
| C-SAFE | Consortium for Southern Africa Food Security Emergency |
| CSB | Corn-Soya Blend |
| | |
| DFID | Department for International Development (UK) |
| DMA | Disaster Management Authority |
| DMTP | Disaster Management Training Programme |
| DRC | Democratic Republic of Congo |
| | |
| E | Lilangeni (Swaziland currency) |
| EFZ | Evangelical Fellowship of Zambia |
| EHA | Emergency Humanitarian Action |
| EMOP | Emergency Operation |
| EPI | Expanded Programme of Immunisation |
| ERU | Emergency Response Unit |
| ESAN | Food Security and Nutrition Strategy |
| EU | European Union |
| | |
| FANR | Food, Agriculture and Natural Resources – Development Unit |
| FAO | Food and Agriculture Organization |
| FASAZ | Farming Systems Association of Zambia |
| FEM | Field Emergency Monitor |
| FFA | Food-for-Assets |
| FFT | Food-for-Training |
| FFW | Food-for-Work |
| FPE | Free Primary Education |
| | |
| GDP | Gross Domestic Product |
| GMB | Grain Marketing Board |
| GMO | Genetically Modified Organism |
| GoM | Government of Malawi |

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| | |
|---------|--|
| HBC | Home Based Care |
| HEPS | High Energy Protein Supplement |
| HIV | Human Immune-deficiency Virus |
| HSA | Health Service Assistant |
| IASC | Inter-Agency Standing Committee |
| ICT/EHA | Inter-Country Team / Emergency Humanitarian Action (WHO) |
| IECD | Integrated Early Childhood Development |
| IFRC | International Federation of Red Cross and Red Crescent Societies |
| IMCI | Integrated Management of Childhood Illnesses |
| IMF | International Monetary Fund |
| ITF | Input trade fair |
| ITN | Insecticide Treated Net |
| Kg | Kilogramme |
| LDS | Lutheran Development Service |
| LVAC | Lesotho Vulnerability Assessment Committee |
| MCH | Mother Child Health |
| MDG | Millennium Development Goal |
| MINED | Ministry of Education (Mozambique) |
| MISAU | Ministry of Health (Mozambique) |
| MK | Malawian Kwacha |
| MMCAS | Ministry of Women and Coordination of Social Action (Mozambique) |
| MoA | Ministry of Agriculture |
| MoE | Ministry of Education |
| MoH | Ministry of Health |
| MoSW | Ministry of Social Welfare |
| MT | Metric Tonne |
| MUAC | Mid-Upper Arm Circumference |
| MYR | Mid-Year Review |
| NAC | National AIDS Council |
| NCP | Neighbourhood Care Point |
| NDS | National Development Strategy |
| NDTF | National Disaster Task Force |
| NEPAD | New Partnership for Africa's Development |
| NERCHA | National Emergency Response Council on HIV/AIDS |
| NGO | Non-Governmental Organisation |
| NIPSA | Nutrition Information Project for Southern Africa |
| NORAD | Norwegian Agency for International Development |
| NRU | Nutrition Rehabilitation Unit |
| NVAC | National Vulnerability Assessment Committee |
| OCHA | Office for the Coordination of Humanitarian Affairs |
| ORS | Oral Rehydration Salt |
| OVC | Orphans and Vulnerable Children |
| PARPA | Action Programme for the Reduction of Absolute Poverty |
| PASAN | Action Plan for Food Security and Nutrition |
| PHC | Primary Health Care |
| PLWA | People Living with AIDS |
| PLWHA | People Living with HIV/AIDS |
| PMTCT | Prevention of Mother-to-Child Transmission |
| PRRO | Protracted Relief and Recovery Operation |
| PRSP | Poverty Reduction Strategy Paper |

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| | |
|--------|---|
| RC | Resident Coordinator |
| RDP | Rural Development Programme |
| RIACSO | Regional Inter-Agency Coordination Support Office |
| RPU | Regional Programme Unit |
| RVAC | Regional Vulnerability Assessment Committee |
| | |
| SADC | Southern African Development Community |
| SAHIMS | Southern African Humanitarian Information Management System |
| SC-UK | Save the Children – United Kingdom |
| SE | Special Envoy |
| SFC | Supplementary Feeding Centre |
| SFDF | Swaziland Farmers Development Foundation |
| SFP | Supplementary Feeding Programme |
| SG | Secretary-General |
| SIDA | Swedish International Development Agency |
| SP | Sulfadoxin-Pyrimethamin |
| SPFS | Special Programme for Food Security |
| SRH | Sexual Reproductive Health |
| STD | Sexually Transmitted Disease |
| SYUAHA | Swaziland Youth United Against HIV/AIDS |
| | |
| TB | Tuberculosis |
| ToT | Training of Trainers |
| UK | United Kingdom |
| UN | United Nations |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNCT | United Nations Country Team |
| UNDAF | United Nations Development Assistance Framework |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| UNIFEM | United Nations Development Fund for Women |
| UNIMIX | UNICEF's Supplementary Feeding Food |
| UNV | United Nations Volunteers |
| USAID | United States Agency for International Development |
| US\$ | United States Dollar |
| | |
| VAC | Vulnerability Assessment Committee |
| VCT | Voluntary Counselling and Testing |
| VGf | Vulnerable Group Feeding |
| VHIP | Vulnerable Households Irrigation Pilot Project |
| | |
| WFP | World Food Programme |
| WHO | World Health Organization |
| WRC | Women's Relief Committee |
| WV | World Vision |
| | |
| Z\$ | Zimbabwean Dollar |

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