

WHO country team in Harare will support the ongoing collection of information related to epidemic prone diseases and will support any necessary response. WHO and UNICEF will collaborate to ensure ongoing nutritional surveillance in order to monitor the impact relief assistance. UNICEF will continue to assess current and projected needs in education, HIV/AIDS, nutrition and protection in affected communities throughout the region.

4.1.4 Development of a Sustainable Recovery Framework:

Factors contributing to the current crisis are numerous and vary from country. They include drought, floods, disruptions to commercial farming, depletion of strategic grain reserves, poor economic performance, foreign exchange shortages, delays in the timely importation of maize and the high, poor quality and coverage of basic social services and the high prevalence of HIV/AIDS. The Bureau for Crisis Prevention and Recovery (BCPR) of UNDP will assist UN Resident Coordinators in the region to strengthen their capacity to address the underlying factors contributing to the current crisis. Existing Country Programmes of UN Agencies in the region will be reviewed over the coming months to ensure they address these underlying trends. This will entail deeper analysis of the factors that have led to the high levels of poverty and vulnerability in each country of the region and to help identify measures to address these factors. Through this analysis it is intended that a regional sustainable recovery framework be developed which would be used to sharpen the focus of programmes designed to address poverty.

SUMMARY TABLE OF FUNDING REQUIREMENTS FOR REGIONAL ACTIVITIES

Sector/Activity	OCHA	WFP	UNDP	WHO	UNICEF	Total
Coordination	550,000	3,445,153	180,000	300,000	500,000	4,975,153
Drugs and vaccines				1,000,000		1,000,000
Information Management	430,000			100,000		530,000
Assessments				250,000		250,000
Total	980,000	3,445,153	180,000	1,650,000	500,000	6,755,153

5. COUNTRY SUMMARIES

5.1 LESOTHO

Close to half a million people out of Lesotho's total population of 2.2 million are facing a severe humanitarian crisis that require the immediate assistance of the international community.

It is estimated that some 444,800 people - 32.4% of the rural population or 21% of the total national population - will require targeted food aid in 2002/03. Of these, 62,500 are children under five. A total of 315,000 including those in the hardest hit districts of Qacha's Nek, Quthing and Mphahle's Hoek will require assistance within the coming three months after which the number rises to 444,800. Moreover, it is estimated that an additional 85,000 children under five are in need of emergency supplementary feeding and an additional 30,000 children are expected to need therapeutic feeding over the next 12 months. It is further estimated that 4,000 households and 40 schools are in urgent need of support to sanitary facilities and 2,000 households and 20 schools need support to water supplies, to stem the risk of outbreaks of water and sanitation related disease, which are already being experienced in districts like Mphahle's Hoek, Quthing, Berea, Mafeteng and Thaba Tseka.

Lesotho is one of the poorest countries in the world. With a per capita income in 1999 of US\$ 415 the country is grouped among the 49 Least Developed Countries and is ranked 120 out of 162 countries on the UNDP Human Development Index. The country continues to struggle with low levels of economic growth and an estimated 58% of the population is trapped below the income poverty line. Progress made in human development and poverty over the past decades is being rapidly reversed by one of the most severe HIV/AIDS pandemics in the world. National prevalence rates are estimated at 31% 23% and over 40% in the capital district of Maseru. The pandemic threatens to undermine the productive sectors of the economy, delivery of social services and indeed the entire social fabric.

The extreme vulnerability of the majority of the Basotho people have in recent years been characterised and exacerbated by a decline in agricultural production on which 80% of the population depend for their livelihoods. Agricultural output in 2002 is estimated at 60% below that of normal years and marks the second harvest season of significantly reduced output. Compounding the food crisis is the increase consumer prices for bread and cereal groups, which rose by more than 14% between January and February 2002 and the price of an 80 kg bag of sifted and un-sifted maize, which has almost doubled since June 2001.

The immediate causes of the humanitarian emergency are thus the combined effects of reduced agricultural output due to adverse weather conditions since November 2001 and the steep increases in prices for staple foods that have excluded vulnerable households from bridging the food gap through market channels by weakening their purchasing power. The underlying causes of the current crisis are a reflection of the country's extreme vulnerability to absorb shocks compounded by a weak economy, falling levels of human development and the severe HIV/AIDS pandemic.

The response from the Government of Lesotho to the emergency situation has been rapid; on 19 April, the Prime Minister of Lesotho declared the country to be in a state of famine and rolled out the initial steps of a Famine Relief Programme targeting the most vulnerable households. On 22 May the Government made an official appeal to the international community for assistance with both food and non-food items until June 2003.

The objective of this UN Inter-Agency Appeal is therefore to support the Government in addressing the humanitarian needs of the population most severely affected by the emergency situation. The appeal builds on the covers the needs for immediate emergency food relief and addresses critical humanitarian problems in the sectors of health and nutrition, agriculture, water and sanitation. Humanitarian assistance will be provided on the basis of priority of human need alone and without conditionality. Special consideration is given to the most vulnerable and socially excluded groups, including the elderly, female-headed households and children.

The appeal is based on the Famine Relief Programme prepared by the Famine Steering Committee, which comprises a special Cabinet Sub-committee and a Task Force of Senior Government Officials. Subsequent to the Famine Relief Programme a comprehensive Assessment of the crisis situation was carried out by the UNCT under the auspices of the UN Disaster Management Team (UNDMT), which comprises FAO, UNDP, UNICEF, WFP and WHO, under the leadership of the Office of the UN Resident Coordinator. The Government of Lesotho remains committed to guaranteeing the free and unimpeded access to deliver and monitor the end use of the humanitarian assistance. Under the overall coordination of the Lesotho Council of NGOs, the extensive reach of civil society and community-based organisations will be utilised to ensure that the emergency relief reaches those most needy.

SUMMARY OF FINANCIAL REQUIREMENTS

Sector/Activity	UNICEF	WHO	FAO	WFP	UNDP	Total
Health and nutrition	2,800,000	816,200				3,616,200
Education	245,000					245,000
Water and sanitation		455,800				455,800
Food				33,184,065		33,184,065
Agriculture			3,288,600			3,288,600
Coordination					243,800	243,800
Total (US\$)	3,045,000	1,272,000	3,288,600	33,184,065	243,800	41,033,465

5.2 MALAWI

The current humanitarian crisis in Malawi has two broad but interrelated dimensions. The first and triggering one is the food security crisis. The second, which include the direct effects of the food crisis along with the other compounding elements, are the life threatening nutritional, health situations and other non-food insecurities. For these reasons, the UN will pursue a multi-sectoral approach and its partners in support to the Government's own emergency plans.

The crisis results from a number of conditions such as chronic poverty, reliance on a single crop, unfavourable weather conditions, and a high prevalence of HIV/AIDS. For the majority of the rural population this crisis is as profound as any to be seen in the countries of southern Africa, in recent decades. For the most affected municipalities, the dimension of the humanitarian crisis was illustrated by crude mortality rates significantly above emergency levels. A cholera epidemic earlier this year accounted for 980 deaths and was described as the worst the country has ever faced

A poor 2001 harvest, mismanagement of the country's Strategic Grain Reserve and delayed grain imports led to critical shortages of food in markets late last year. This year's harvest is estimated to be 10% less than last year's poor harvest, leading to a total cereal deficit of 485,000 MTs. Poor households, of which a large proportion are headed by women, have been eating an abnormally-high percentage of immature (green) maize in order to survive during the previous months of February-April. Although the immediate food shortages have now been temporarily relieved by the harvest, the food stocks for many households, which typically last up to December, will run out by September/October.

Record-high maize prices last year surpassed the average family's daily purchasing power by over three times. This year similar market trends are expected and will compound poor households' ability to meet their basic food needs. Due to the food crisis, the increase in the number of people searching for casual labour has led to a decline in opportunities and daily wage rates. Women and the elderly are directly affected as they are not as competitive in the casual labour market. In addition, school attendance has dropped by 50% in some affected districts.

It is expected that the numbers of people in need of relief aid will grow as the year progresses. As a consequence, the provision of food aid will follow a phased approach leading up to a cumulative total by December of just under 3.2 million beneficiaries more than half of which are children.

Recent assessments of health facilities concluded that there was an acute shortage of staff and basic equipment in most health facilities, maternal mortality was increasing significantly and existing epidemiological surveillance system was incapable of providing timely information to national and international stakeholders on epidemics, disease burden and mortality. Complementary projects on epidemiological surveillance, disease control, health coordination, reproductive health, maintaining immunisation services and cholera control are therefore considered essential. To address the problem of acute malnutrition support will be given to the Nutrition Rehabilitation Units (NRUs) and supplementary feeding/MCH centres.

Inputs for the 2002/2003 cropping season will be provided to reduce the number of food-insecure households in the coming months. Support will be given to strengthen the coordination role of the UNCT in order to enhance short-term national capacities for the coming relief response and ongoing assessment. An Emergency Response Unit under the UN Resident Coordinator is being created to facilitate information sharing and coordination among the UNCT on one hand, and between them and the Government and its other development partners, on the other.

The aim of the UNCT is to deliver humanitarian assistance in a timely manner to those who need it most, and to prevent further hunger, destitution and permanent loss of livelihoods and the well being of Malawi's poorest households.

The overall estimated budget is summarised below:

SUMMARY OF FINANCIAL REQUIREMENTS

Sector/Activity	UNICEF	WHO	FAO	WFP	UNDP	Total
Health and nutrition	2,720,900	2,931,123				5,652,043
Water and Sanitation	735,000					735,000
Education / Child Protection	84,000					84,000
Food				135,045,868		135,045,868
Agriculture			1,594,600			1,594,600
Coordination					1,229,600	1,229,600
Total (US\$)	3,539,900	2,931,123	1,594,600	135,045,868	1,229,600	144,341,111

5.3 MOZAMBIQUE

Mozambique is one of the poorest countries in the world with more than 69.4% living below the poverty line. Large areas of Mozambique were severely affected by floods in 2000 and 2001 with crop losses, damage to infrastructure, displacement and many related problems within agriculture, health, education and nutrition as a result. The accumulated impact of several natural disasters has resulted in a number of highly vulnerable districts. The worst affected areas have experienced the cumulative effect of three to four consecutive crop losses. A continuous monitoring of the situation is thus required to assess the deterioration of the situation for the most vulnerable groups. Particular attention is given to monitoring how HIV/AIDS-affected households are impacted by the drought situation with regard to food supply, nutrition, health and protection.

Based on the lessons learned from the floods, the Government of Mozambique elaborated a 2001/2002 Contingency Plan outlining three likely disaster scenarios for 2002: flood, cyclone and drought. The Government has worked in close collaboration with the UN and other cooperating partners to implement the Contingency Plan by pre-positioning contingency stocks in strategic locations throughout the country. This strategy, along with the Action Plan launched in March 2002, has helped mitigate the immediate effects of the current drought situation. The Government will facilitate access for the transport of food to the "hinterland" countries.

While Mozambique is not facing a humanitarian crisis as yet, there are issues which justify on-going monitoring of the evolving situation in order to adjust and implement strategic plans of action. Of special note are: Potential strategic areas of intervention inside the borders of Mozambique, which are envisaged as developmental in nature to reduce vulnerability to emergencies. Some degree of immediate assistance to the most vulnerable must, however, be considered. It is noteworthy that half of those affected are children. The regional dimension of the Southern African humanitarian crisis adds to the overall vulnerability as some of the traditional coping strategies may not be applicable this year, such as migration of hired labour and the resulting decline in remittances. Regional strategic issues, which have a direct impact on Mozambique include:

- Regional rise in food prices;
- The high prevalence of HIV/AIDS;
- Pressure on Mozambique's transport infrastructure, logistics, and transport corridors for assistance to inland countries needing delivery of goods and services;
- Regional coordination of response mechanisms including water resources will be essential.

The FAO/WFP Crop and Food Supply Assessment Mission estimated that approximately 515,000 people in 43 districts in the southern and central regions are facing severe food insecurity due to drought devastated agricultural production and exhaustion of local coping mechanisms over the last four years. Of these, 355,000 require immediate food aid. In total 515,000 people will require 70,050 MTs of food assistance through March 2003.

Multi-sectoral assessments included (a) access to health care, water supplies and education at the village level; (b) hygiene practices, incidences of diarrhoea, coping mechanisms, vulnerable groups and nutrition status of children under five at the household level; and (c) coverage levels for immunisation and availability of medical supplies at the district level. The results will be available in mid-July.

The following interventions are suggested to mitigate the immediate impacts of the drought:

Emergency Food Assistance Programme. The Mozambican part of the WFP regional emergency operation foresees the provision of 54,145 MTs of food at a total WFP cost of US\$ 27,247,038. Altogether 350,000 people in 38 districts in the southern region and parts of the central region of the country will receive food aid in July and August 2002. This number is going to increase to 440,000 by September 2002, when many poor households are expected to run out of food stocks from the last harvest. Government, WFP, FAO, FEWS and other partners continue to monitor the situation with particular attention to the winter harvest, which is of marked importance for the southern part of Mozambique. In

accordance with Government policy and to the extent possible, food distributions will be carried out in the form of Food-for-Work (FFW), and implemented by NGO partners and Government.

Agricultural Emergency Rehabilitation Programme. The Government with the technical assistance of FAO has prepared a programme based on short-term measures. These include: organisation of Voucher Input Trade Fairs to distribute seeds and inputs; distribution of drought resistant crop inputs like cassava, sweet potato and fruit trees; distribution of small animals; and the rehabilitation of small irrigation schemes. Finally, a short-term programme for maintaining a reserve of local seeds. It follows an action aimed at increasing water conservation capacities.

Health and Nutrition. Establishment of sentinel sites to monitor the weight for height of children under five. In support of Governments efforts, UNICEF plans supplementary feeding activities for under fives, and other highly vulnerable people in the worst affected communities in collaboration with WFP, Government and NGOs. WHO will participate in the surveys of consumption patterns with the aim to promote appropriate practices through information, education and communication (IEC) activities. Health interventions are foreseen to protect children and women from vaccine preventable diseases, to prevent and treat diarrhoeal diseases, including cholera and dysentery, anaemia and bubonic plague and to provide Basic Health Care. UNICEF will support the active detection and treatment of micronutrient deficiencies in health facilities, including vitamin A supplement.

HIV/STI/AIDS preventive and care activities will be pursued.

Education interventions are focusing on ensuring continued education for the most vulnerable children and avoid school absenteeism because of food insecurity.

Improvement of Water and Sanitation will be critical to ensure hygienic environment and health conditions. Activities will focus on rehabilitation and development of water facilities, reducing time and energy for the collection of water, and improving hygiene practices, especially for women.

SUMMARY OF FINANCIAL REQUIREMENTS

SECTOR/ACTIVITY	FAO	UNDP	UNICEF	WFP	WHO	TOTAL
Health and Nutrition			1,559,250		1,300,000	2,859,250
Water and Sanitation			2,404,500			2,404,500
Education / Protection			2,458,450			2,458,450
Food				27,247,038		27,247,038
Agriculture	6,000,000					6,000,000
Disaster Preparedness		672,462				672,462
HIV/AIDS		1,700,000				1,700,000
Coordination		100,000	231,000			331,000
Total US (\$)	6,000,000	2,472,462	6,653,200	27,247,038	1,300,000	43,672,700

5.4 SWAZILAND

The food crisis in Swaziland has progressively worsened over the past two farming seasons, and humanitarian agencies estimate that 21% of the Swazi population needs assistance. At least 144,000 persons have been severely affected by the food crisis and are in immediate need of food aid. A further 87,000 have been moderately affected and will need assistance by December.

People have been made even more vulnerable by external factors. Household food security has been jeopardised by a confluence of difficult circumstances. While the Ministry of Agriculture and Cooperatives (MoAC) reports that maize production for the current season is 42% lower than average, the price of maize has increased by 61%. There has been a traditional over reliance on maize as the staple crop and a lack of diversification of crops to include drought resistant varieties. Rains have been erratic, causing drought conditions in the eastern lowveld and poor harvests. When rains did come, they caused flooding in the lowveld and hail in the highveld, destroying crops.

Compounding the crisis is the general macro-economic slowdown in Swaziland resulting in the falling GDP growth rate. In the past decade, 20,000 Swazi men were employed in South African mines, remittances from their wages supported many rural families. The mines retrenchment has decreased employment by almost 50%, to 11,000. The combination of the reduction in labour opportunities and increase in prices has magnified the problem of the cereal shortfall, resulting in increased food insecurity.

Populations made vulnerable by drought have diminished coping mechanisms. Many families are already affected by the HIV/AIDS epidemic, losing their primary breadwinners to the disease.

Worse still, the food security situation is compounding problems in other sectors: An estimated 150,000 lack clean drinking water, exposing them to water borne infections. Approximately 8,000 children under the age of five are suffering from malnutrition. AIDS-related illnesses and deaths leave families with diminished resources to cope with the crisis.

The Appeal to address the Crisis in Swaziland has been elaborated to meet priority emergency needs as a result of the poor harvests. To complement food aid, **additional assistance is needed to reduce vulnerability**. Identified priorities include: establishing community-based monitoring and assistance systems to track the most vulnerable and facilitate delivery of support and services to them; health strategies to reduce the risk of disease; nutritional support for vulnerable groups, especially children and those weakened by HIV/AIDS (HIV/AIDS has left 10% of the households in the country headed by children); addressing school “drop outs”; agricultural assistance to provide seeds and tools and to promote the diversification of crops; and building of national capacity for disaster prevention, response, and management.

The strategy for the common humanitarian response is to alleviate the suffering directly related to the food crisis. However, an integrated approach includes prevention, mitigation, and capacity building for affected communities. Recurrent drought and food crises in Swaziland have illustrated the need for strategies that will help mitigate the humanitarian impact. Repeated recourse to food aid is not a satisfactory solution for the thousands of vulnerable populations.

Strategic Goals:

- Ensure that adequate food is available to those who are vulnerable. Target food and assistance to the most vulnerable, including people living with HIV/AIDS, and child-headed households.
- Reduce dependency on external food aid by strengthening coping mechanisms and contributing to the development and implementation of a national plan for food security.
- Reduce vulnerabilities and prevent outbreak of diseases with appropriate health strategies, immunisation, water and sanitation, nutrition, shelter for child-headed households, and measures to take into account the effects of the HIV and AIDS epidemic.
- Expand access to educational services through provision of supplies and school feeding
- Promote contingency planning and preparedness by strengthening coordination, monitoring, and analysis capacity at national and regional levels.

- Ensure full engagement and commitment of community leaders and youth, and build their capacities for continuing support to vulnerable populations after the conclusion of food aid.

SUMMARY OF FINANCIAL REQUIREMENTS

Sector/Activity	UNICEF	WHO	UNFPA	FAO	WFP	UNDP	Total
Health		543,939	42,000				585,939
Nutrition	1,394,000					360,000	1,754,000
Education / Child Protection	600,000						600,000
Food					13,598,996		13,598,996
Agriculture				1,418,525			1,418,525
Shelter						900,000	900,000
Coordination						171,300	171,300
Total (US\$)	1,994,000	543,939	42,000	1,418,525	13,598,996	1,431,300	19,028,760

5.5 ZAMBIA

Sharply reduced crop yields and cereal harvest due to prolonged dry spells have affected over half of the provinces of Zambia. As a result, some 2.3 million people are estimated to be in need of emergency food aid and water.

Over the past year the situation in Zambia, one of the world's poorest countries, has become critical. A complex mix of climatic, economic and social issues has left millions of people without adequate food and water. Among these one million people are in vulnerable groups who were already coping with a number of adversities that place them at even greater risk during periods of food shortage. In this regard, the Zambian Government recently launched public appeal for support.

The most vulnerable groups located in southern and western provinces include the elderly, child and female-headed households, as well as households containing the disabled, the sick and widows not supported by other households. Significant numbers of these households contain orphans and other vulnerable children affected by the HIV/AIDS pandemic.

The United Nations, in collaboration with its partners, will support the Government to provide life saving assistance to Zambia's most vulnerable populations affected by the present food shortages and multi-sectoral crisis. Priority actions will include the provision of adequate food relief, access to water, the delivery of essential services in environmental sanitation, health and nutrition, agricultural, education and support for special protection of children and young people. During times of stress children are particularly vulnerable to abuse and exploitation. Special attention will be paid to maintaining schools and assuring safe places for children and prevent the erosion of hard-won gains in education. School feeding and the provision of educational supplies will be expanded. Assistance will be provided within the context of basic humanitarian principles with special attention to the most vulnerable groups.

The overall management of the emergency response remains the responsibility of the Government's Disaster Management and Mitigation Unit (DMMU) under the office of the Vice President. The UN agencies involved in the emergency response include FAO, UNDP, UNICEF, WFP and UNFPA under the leadership of the UN Resident Coordinator. In addition, a number of national and international NGOs are key partners in this area.

This Appeal will link relief to development actions by building on successful programmes being implemented by Government with support from its UN, bilateral and multilateral partners, civil society and the private sector. Specifically, this is reflected in submissions in this Appeal for seeds and implements and other tools that will provide support for next year's production needs; for innovative conservation farming technologies that have already shown positive results among farmers in the Southern parts of the country; safeguarding education and protection for the children.

At the same time, the efforts by Government, through the recent Memorandum of Understanding (MoU) signed with the private sector for maize importation on 3 July, augurs well for more meaningful involvement of the private sector in responding to the emergency. The UN System plans to engage more with the private sector and involve them in their efforts with Government to put in efforts for more sustained responses.

SUMMARY OF FINANCIAL REQUIREMENTS

Sector/Activity	UNICEF	WHO	FAO	WFP	UNFPA	UNDP	Total
Health and nutrition	900,000	1,805,000			1,530,000		4,235,000
Water / San	800,000						800,000
Food				61,662,209			61,662,209
Agriculture			2,604,000			175,000	2,779,000
HIV/AIDS						165,000	165,000
Protection / Education	1,755,000						1,755,000
Total (US\$)	3,455,000	1,805,000	2,604,000	61,662,209	1,530,000	340,000	71,396,209

5.6 ZIMBABWE

Over six million Zimbabweans – half the population - are at risk due to the worsening food shortage in the country, a shortage estimated at 1.8 million MTs. 2.2 million people - 25% of the adult population - are living with HIV/AIDS and the disease has orphaned 600,000 children. 150,000 children are in desperate need of protection services and 600,000 require targeted nutrition initiatives. Health services are becoming increasingly difficult to access and basic drugs are in short supply, school dropout rates are accelerating. This is the difficult situation in which Zimbabwe currently finds itself. However, this is not a traditional complex emergency. The causes are multifaceted and interconnected, primarily the result of:

- Policy choices and economic conditions;
- Natural phenomenon – drought, cyclone Eline;
- HIV/AIDS pandemic.

All of these factors compound each other, with the worsening food crisis acting as a multiplier effect on previously existing problems such as chronic malnutrition and HIV/AIDS. There are significant policy issues affecting the crisis. Macro-economic instability is one of the fundamental root causes of the current crisis due to inappropriate macroeconomic policy, for example, price and foreign exchange controls.

The fast track land resettlement programme has seriously affected one of the most productive sectors and is a leading cause of the decline of the economy. The current Grain Marketing Board (GMB) monopoly for grain and maize meal trading is worsening the situation. There is no incentive to producers in this sector of the economy because they must sell their products to the GMB at a predetermined price. That price is far below the appropriate market price. The Ministry of Industry and International Trade controls the retail price of maize.

While drought is a normal part of the cycle in Zimbabwean agriculture and poverty is now the norm for the majority of Zimbabweans, this year is different from a normal drought, like the one in 1992. The combined effects of the general economic difficulties, the strain in the relations with the donor group and the prevalence of HIV/AIDS, with the drought are all different. The Government lacks the capacity to deal with the problem.

In the past, those with money could simply go to the market to buy maize meal when their stocks ran out, or for complementary items. That is no longer possible. Primarily because of policies hindering private sector involvement there is very little maize meal on the market to satisfy the demand, and the price of other food commodities, such as rice, have become too expensive.

In 2002 an exhaustion of the traditional coping mechanisms and an increasing reliance on dangerous or damaging survival strategies are being seen. These strategies, – including poaching, prostitution and theft - if allowed to form the basis for survival for vulnerable populations will have severe medium-term effects on the population, the natural resource base, and the environment. Additionally, it is clear that even these desperate measures will not be enough to ensure the survival of affected Zimbabweans.

The short-term goals identified by the UNCT and its partners focus on alleviating the effects of the current crisis and are consistent with the overall and sectoral strategies and priorities identified in the Appeal. Programmes and projects included in the appeal are thus designed to:

- Ensure that the urgent humanitarian needs of the most vulnerable populations in Zimbabwe are met;
- Assist in preventing marginal populations from falling into the category of destitution that will necessitate the provision of long-term humanitarian assistance for their survival;
- Lay the foundations for recovery programming in food security, education, health services and the economy at large;
- Prevent, contain and address the outbreak of disease, including HIV/AIDS;
- Assist vulnerable populations to improve their coping mechanisms to make them more resistant to economic and natural shocks;
- Influence the policy debate on issues which could improve food security, economic revival and service provision, including the role of the private sector;

- Ensure that there is an adequate and timely provision of inputs for the next planting season.

The total amount requested through the Appeal is **US\$ 285,112,870**.

SUMMARY OF FINANCIAL REQUIREMENTS

Sector / Activity	FAO	IPA	UNDP	UNFPA	UNICEF	WFP	WHO	WHO/ UNICEF	WVZ	ZAPSO	TOTAL
Agriculture	16,110,000										16,110,000
Coordination and Support Services			1,262,330								1,262,330
Economic Recovery and Infrastructure			1,949,000								1,949,000
Education					700,000						700,000
Food						236,534,915					236,534,915
Health		2,063,030		5,000,000	5,794,200		10,156,395	2,968,000	107,000	611,000	26,699,625
Multi-sector			557,000								557,000
Protection, Human Rights, Rule of Law					500,000						500,000
Water and Sanitation					800,000						800,000
TOTAL	16,110,000	2,063,030	3,768,330	5,000,000	7,794,200	236,534,915	10,156,395	2,968,000	107,000	611,000	285,112,870