



## **Humanitarian Aid Decision**

23 02 01

Title: Assistance to Vulnerable Groups in Lesotho and Swaziland

Location of operation: SOUTHERN AFRICA

Amount of decision: 2,000,000 euro

Decision reference number: ECHO/-SF/BUD/2004/01000

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### **Explanatory Memorandum**

#### **1 - Rationale, needs and target population:**

##### **1.1. - Rationale:**

Swaziland and Lesotho are in a profound and worsening humanitarian crisis. The cumulative effects of severe drought, inefficient agricultural policies, and the poor state of these economies are at the origin of this crisis. This situation is compounded by the effects of the HIV/AIDS pandemic and the failure to recognise its dramatic social and economical impact.

Swaziland and Lesotho suffer from the cumulative effects of severe drought over the last few years, leading both governments to declaring a state of emergency in February of 2004. Prognoses indicate that the 2004 harvests will be far below the normal yields. For Lesotho, the government assumes that, despite the ongoing support from the World Food Programme (WFP) and other international Non-Governmental Organisations (NGOs), there will be a shortfall of 56,000 Metric Tonnes (MT) of maize (19,000 MT according to WFP). This means that until the harvest in 2005, at the earliest, 600,000 people in Lesotho will be affected by the drought and the consequent food insecurity.

The rising unemployment rates in South Africa mean that more and more of the population of both Swaziland and Lesotho are coming to depend on subsistence farming to produce their food needs. For example, in Lesotho, it is estimated that up to 80% of the population depends to some degree, on self-producing their own food, with 46% wholly dependent on subsistence farming. All this, in a country [Lesotho] where only 12% of the land is suitable for cultivation, where farming practices are detrimental to sustainable agriculture (top soil erosion, heavy reliance on maize, lack of crop diversification, lack of irrigation, etc). Thus, the additional stress factor of the drought has a major impact.

Aggravating the situation are the poverty levels of both countries and the lack of the means just to purchase food on the market, however low the price. Due to expected poor crops in South Africa as well, food prices throughout the region are rising.

Economic indicators for Lesotho and Swaziland are deceptive, particularly the per capita Gross National Income (GNI) of respectively US\$470 (Lesotho) and US\$1,180 (Swaziland). Taking into account other social indicators, the Human Development ranking for these countries was 139 (Lesotho) and 133 (Swaziland) for 2003, roughly on par with the ranking for Sudan, a country plagued by violent armed conflict during the last two decades.<sup>1</sup>

Intensifying this already precarious situation in both countries is the scope of the HIV/AIDS pandemic. In Swaziland and Lesotho, nearly 40% of the respective populations are affected by HIV and AIDS. The pandemic is exacerbated by, and in turn exacerbates, the deep poverty, the worsening food security situation, the rapidly growing unemployment,<sup>2</sup> and the dramatic reduction in life expectancy. Life expectancy at birth was 44 years for Swaziland and 43 years for Lesotho in 2002, down from about 65 years in 1990.<sup>3</sup>

UNAIDS' data put the national average HIV prevalence in Lesotho at 32% (2002). A preliminary report of a surveillance study in 2003, however, places the figure closer to 36%. Infection rates are particularly high among people in the reproductive age group of 20-30 years, who form a large proportion of the economically active population. For Swaziland, the 2002 HIV prevalence level for the 20-24 age group was 45% and 48% for the 25-29 age group.<sup>4</sup>

In addition to its humanitarian and social consequences, HIV/AIDS has severe economic costs, as it constrains output growth, eliminates work skills and knowledge, shrinks the tax base, raises health-related costs, diminishes disposable income and increases financial imbalance in the public pension funds. With an ever-rising curve of infection rates, with a vast demographic trough amongst the most productive part of the population, with, consequently, a disproportionate number of orphans, the situation can only be described as catastrophic.

The humanitarian condition facing these two countries, with a combined population of just over 3 million persons,<sup>5</sup> is among the worst in the world, but it receives little coverage. As described in the recent Southern African Humanitarian Appeal: '*...The silent disaster of HIV/AIDS and continuing high vulnerability to HIV/AIDS infection carry on unabated in Swaziland and Lesotho. Deaths occur out of sight, behind the façade of home based care, leaving new orphans everyday, and increasing the numbers of child-headed households...*'

For ECHO therefore, the humanitarian state of affairs in these countries, qualifies them as "forgotten crises", in accordance with ECHO definition and strategy on this type of crisis<sup>6</sup>. While humanitarian interventions are needed, it is essential that relief interventions continue to complement ongoing development assistance and future long-term sector support (e.g. multi-annual support to HIV/AIDS programme from the Global Fund) provided by other bilateral and multilateral donors.

Concurrent with the humanitarian interventions, an enhanced dialogue with development actors will be maintained in order to reinforce a development strategy that addresses the long-term issues such as HIV/AIDS, poverty, and appropriate agricultural policies (including water).

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<sup>1</sup> World Bank, World Development Indicators (data for 2002); UNDP, Human Development Report, 2003.

<sup>2</sup> Unemployment is especially affected after the lay-offs in the mining sector of South Africa, from which so much of the population in both countries derive remittances, and on which they depend.

<sup>3</sup> World Bank, World Development Indicators.

<sup>4</sup> Alan Whiteside et al, "What is driving the HIV/AIDS epidemic in Swaziland and what more can we do about it? April 2003.

<sup>5</sup> Lesotho: 2,086,700; Swaziland: 1,088,180. World Bank, World Development Indicators.

<sup>6</sup> See ECHO Aid strategy 2004

## 1.2. - Identified needs:

Identified needs, in this context, are some of the needs that ECHO may be able to address in the short term, rather than the complex mosaic of enduring needs brought about by this chronic situation, and which will be better addressed by agencies that have longer-term instruments and a continuing presence. In this situation, where the HIV/AIDS pandemic comes into direct collision with drought, and with a vulnerable population that is ill equipped or is running out of coping mechanisms, direct inputs are required, over the short-term, or until such a time as there is an adequate harvest. Needs include:

### 1.2.1. Targeted food distributions:

The most important assistance that ECHO can provide funding for as direct inputs is food. The situation in both Swaziland and Lesotho is such that certain sections of the population have not only been affected by the drought and are left with no food produced by them, but do not have the means to purchase food on the market. There is a need for both geographically and socially targeted food distributions in Swaziland and Lesotho, until such a time as more benevolent harvests can provide adequate amounts of food to those most in need. These needs are best fulfilled, within ECHO's mandate through supplementary feeding of vulnerable groups that have already been identified by ECHO partners.

- **Supplementary feeding:** Both supplementary food distributions and school feeding are needed in order to provide food for the most vulnerable groups. Supplementary food distributions are needed by certain parts of the rural population most affected by the drought, and those vulnerable groups who have no coping mechanisms left. Finnish Red Cross, for example, has identified many of those who live in the drought affected province of Hhohho (Swaziland) as being particularly vulnerable. Together with the assistance of local Red Cross, they have compiled a list of the most affected people. Supplementary food is distributed to these groups every month, until such a time as they are capable of producing or buying their own food. It should be noted that self-sufficiency and food for work projects are implemented parallel to the supplementary feeding.

In addition to this, there is a need to provide additional food and care for people/families living with HIV/AIDS in drought affected areas that are particularly vulnerable now due to the added stress factor of the drought. The situation of such families is such that they have to stretch their resources, often impossibly, to feed a family member who is incapable of feeding him/herself, and at the same time have one less family member who is productive. The programme that ECHO is funding currently in Lesotho with the German Red Cross provides family parcels for families affected by HIV/AIDS. These family parcels mostly consist of food, although the German Red Cross may provide other items in these parcels both to ease the suffering of the victims, and to reduce the risk of spreading the disease for those who regularly come into contact with the victim.

- **School feeding:** The main aim of school feeding is to ensure that children obtain at least one proper meal a day – especially children who are orphans and who are therefore, potentially more deprived. Both the school feeding programmes and the support to the Neighbourhood Care Points (NCPs; see below for more detail) provide additional and important benefits beyond the vital need to provide this one meal per day. It has been shown in Swaziland, that 70% of children who do not attend school are sexually active, whereas 70% of children who do attend school regularly are not sexually active. At the same time, surveys have shown that school feeding can increase attendance at school by as much as 25%. There is, therefore, a direct correlation between school feeding programmes and a reduction in the risk of exposure to the transmission of HIV/AIDS.

### 1.2.2. Support to Orphans.

Many orphans lack basic support structures and therefore need such items as food, care, education and counselling just to survive. This is particularly the case in Swaziland where the school system only allows for children that can pay to go to school, and therefore where extra support is required for those most vulnerable children who cannot afford to go to school. In Swaziland, this system is being set up through so-called Neighbourhood Care Points, supported by UNICEF and already being funded by ECHO.

### 1.2.3. HIV/AIDS awareness, combined with the above programmes.

As well as dealing with the immediate effects of the pandemic, most donors see the need to mitigate the consequences of HIV/AIDS, and to increase awareness of the risks of HIV and AIDS. There is therefore a serious requirement for action to raise HIV/AIDS awareness levels in the rural populations. Although this should involve a major campaign, possibly to be supported through the Global Fund, it is also a need that should be met in all ECHO funded projects. There is a need for raising awareness, by effectively passing on information, be it through such actions as drama group performances, or through the distribution of literature.

### 1.3. - Target population and regions concerned:

The target population is potentially huge with much of the population food insecure, high unemployment and up to 40% of the populations of Lesotho and Swaziland affected by the HIV/AIDS pandemic. Nevertheless, ECHO has to target the most vulnerable groups, who can be assisted in the short term and this will be done both socially and geographically .

Province	Target Population	Needs
<b><u>Swaziland:</u></b>		
1. Countrywide support of NCPs, but mainly <i>Lubombo, Chiselweni, Hhohho, Manzini.</i>	<b><u>Orphans</u></b> – an estimated total of 32,500, in 650 NCPs.	Health, nutrition, care, counselling and basic education. Also HIV/AIDS awareness
2. <i>Lubombo, Chiselweni, Hhohho, Manzini</i>	<b><u>School children</u></b> , but as a way to target orphan children – up to 30,000 in approximately 100 schools.	Nutrition, HIV/AIDS awareness.
3. South-West. Swaziland and Lowveldt, <i>Chiselweni, Manzini, and Hhohho</i>	<b><u>Up to 20,000 beneficiaries</u></b> from the most vulnerable parts of the population in rural areas of aforementioned provinces.	Nutrition, HIV/AIDS awareness.
<b><u>Lesotho:</u></b>		
1. <i>Berea</i> province	<b><u>Up to 2,000 households</u></b> , (12,000 people) vulnerable groups, chronically sick people, people and families living with HIV/AIDS.	Family parcels, which include foodstuffs and other items to alleviate the final effects of HIV/AIDS
2. Other drought affected provinces with high HIV/AIDS prevalence such as <i>Mokhotlong, Leribe</i> and <i>Thaba Tseka &amp; Quachas Nek</i>	<b><u>Affected households</u></b> , chronically sick, people and families living with HIV/AIDS	Food, and as above.

#### 1.4. - Risk assessment and possible constraints:

The short-term interventions proposed here can only be punctual. Considering the chronic and even structural nature of food security and HIV/AIDS problems, proper response to address the root causes will have to be provided in the framework of long-term social and economic development programmes. These in turn, will only attain the stated development goals, if there is genuine and sustained Government commitment to social, economic and education progress. In this context, educational policies are crucial: if one is to preserve the future population of a country such as Swaziland from the ravages of HIV/AIDS, then the children have to be protected. In particular, with a growing number of orphans, attention has to be paid to them, by providing certain basic needs – food, education, and health. In the long run, free primary education and appropriate school-based social and health counselling are crucial for these countries.

### 2- Objectives and components of the humanitarian intervention proposed:

#### 2.1. – Objectives:

Principal objective : **To provide basic assistance to vulnerable population in Lesotho and Swaziland**

Specific objective: **To distribute food aid and basic related support to targeted vulnerable groups.**

#### 2.2. - Components:

- **Supplementary feeding** for those households most affected by the drought – a carefully targeted feeding programme for the most vulnerable households in the worst affected areas. People/families living with HIV/AIDS will be eligible for the provision of a family parcels containing basic items.
- **School feeding** – as a way of targeting the most disadvantaged children, especially orphans where school meals maybe their only source of nutrition, and as a risk reduction factor in the spread of HIV/AIDS. Orphans and other vulnerable children not enrolled in school will also benefit from food distribution through support of organisations such as Neighbourhood Care Points.
- **HIV/AIDS awareness raising** – where possible grants will include a budget for HIV/AIDS awareness raising, through drama groups, literature, information at schools, and possibly distribution of condoms.

### 3 - Duration foreseen for actions within the framework of the proposed decision:

The duration for the implementation of this decision will be **12** months.

Humanitarian operations funded by this decision must be implemented within this period.

Expenditure under this Decision shall be eligible from **01/06/2004**

Start Date : **01/06/2004**

If the implementation of the actions envisaged in this decision is suspended due to *force majeure* or any comparable circumstance, the period of suspension will not be taken into account for the calculation of the duration of the decision.

Depending on the evolution of the situation in the field, the Commission reserves the right to terminate the agreements signed with the implementing humanitarian organisations where the suspension of activities is for a period of more than one third of the total planned duration of the action. The procedure established in the Framework Partnership Agreement in this respect will be applied.

#### 4 –Previous interventions/decisions of the Commission within the context of the crisis concerned herewith

Both Lesotho and Swaziland have benefited in 2002 and 2003 from regional Financing Decisions adopted by ECHO to support programmes throughout the Southern African region. These include the Decision ECHO/TPS/210/2002/16000 for €30 million adopted in September of 2002 (out of which €1,425M were allocated to Swaziland) and Decision ECHO/TPS/210/2003/12000 for € 25 million, adopted in August of 2003 (out of which €2,785M were allocated to Swaziland and €0.740M to Lesotho).

#### 5 - Other donors and donor co-ordination mechanisms

Major donors active in both countries include the United States of America, the United Kingdom, Ireland and the European Commission.

Donors in <b>LESOTHO/SWAZILAND</b> the last 12 months					
1. EU Members States (*)		2. European Commission		3. Others	
	EUR		EUR		EUR
Austria	0	ECHO	0		
Belgium	0	Other services			
Denmark	0				
Finland	0				
France	329831				
Germany	907764				
Greece	0				
Ireland	0				
Italy	0				
Luxembourg	0				
Netherlands	0				
Portugal	0				
Spain	0				
Sweden	0				
United Kingdom	0				
Subtotal	1237595	Subtotal	0	Subtotal	0
		Grand total	0		

Dated : 07/05/2004

(\*) Source : ECHO 14 Points reporting for Members States. <https://hac.cec.eu.int>  
Empty cells means either no information is available or no contribution.

**6 –Amount of decision and distribution by specific objectives:**

6.1. - BUDGET IMPACT article 23 02 01

	CE (in Euro)
Initial Available Appropriations for 2004	472 000 000
Supplementary Budgets	-
Transfers	-
<b>Total Available Credits</b>	<b>472 000 000</b>
Total executed to date (by 07/05/2004)	316.580.368
Available remaining	155.419.632
<b>Total amount of the Decision</b>	<b>2 000 000</b>

6.2. - Budget breakdown by specific objectives:

<b>Principal objective:</b> <i>To provide basic assistance to vulnerable population in Lesotho and Swaziland</i>				
<b>Specific objectives</b>	<b>Allocated amount by specific objective (Euro)</b>	<b>Possible geographical area of operation</b>	<b>Activities</b>	<b>Potential partners<sup>7</sup></b>
Specific objective: To distribute food aid and related basic support to targeted vulnerable groups.	2,000,000	Swaziland, Lesotho	Supplementary feeding, provision of family parcels, school feeding, HIV/AIDS awareness.	- CARE - UK - CROIX-ROUGE - FICR-IFCR - UN - FAO-I - UN - UNICEF - BEL - WORLD VISION - UK
<b>TOTAL</b>	<b>2,000,000</b>			

<sup>7</sup> CARE INTERNATIONAL UK , FEDERATION INTERNATIONALE DES SOCIETES DE LA CROIX-ROUGE ET DU CROISSANT ROUGE, UNICEF, UNITED NATIONS - FOOD AND AGRICULTURE ORGANIZATION, WORLD VISION - UK



## **7. EVALUATION**

Under article 18 of the Regulation the Commission is required to "regularly assess humanitarian aid operations financed by the Community in order to establish whether they have achieved their objectives and to produce guidelines for improving the effectiveness of subsequent operations." These evaluations are structured and organised in overarching and cross cutting issues forming part of ECHO's Annual Strategy such as child-related issues, the security of relief workers, respect for human rights, gender. Each year, an indicative Evaluation Programme is established after a consultative process. This programme is flexible and can be adapted to include evaluations not foreseen in the initial programme, in response to particular events or changing circumstances. More information can be obtained at: [http://europa.eu.int/comm/echo/evaluation/index\\_en.htm](http://europa.eu.int/comm/echo/evaluation/index_en.htm).

## COMMISSION DECISION

of

**on the financing of humanitarian operations from the general budget of the European Union in**

**SOUTHERN AFRICA (Lesotho and Swaziland)**

### THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,  
Having regard to Council Regulation (EC) No 1257/96 of 20 June 1996 concerning humanitarian aid<sup>8</sup>, and in particular Article 14 thereof,

Whereas:

- (1) These countries are currently affected by drought and rising food prices throughout the Southern African region and consequently wide-spread food insecurity.
- (2) Lesotho and Swaziland are among the countries with the highest HIV/AIDS levels in the world;
- (3) The already fragile economies and deeply engrained poverty levels are being further affected by starkly reduced employment opportunities in South Africa.
- (4) The humanitarian condition in both countries, measured by the Human Development Report, places these countries in a comparable situation as Sudan, affected by violent armed conflict during the last two decades;
- (5) An assessment of the humanitarian situation leads to the conclusion that humanitarian aid operations should be financed by the Community for a period of 12 months.
- (6) It is estimated that an amount of 2,000,000 euro from budget line 23 02 01 of the 2004 general budget of the European Union is necessary to provide humanitarian assistance to over 50,000 vulnerable persons taking into account the available budget, other donors' interventions and other factors.

HAS DECIDED AS FOLLOWS:

#### *Article 1*

1. In accordance with the objectives and general principles of humanitarian aid, the Commission hereby approves a total amount of 2,000,000 euro for humanitarian aid operations **Assistance to Vulnerable Groups in Lesotho and Swaziland** by using line 23 02 01 of the 2004 general budget of the European Union.
2. In accordance with Article 2 of Regulation (EC) No 1257/96, the humanitarian operations shall be implemented in the pursuance of the following specific objective:

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<sup>8</sup> OJ L 163, 2.7.1996, p. 1-6

- To distribute food aid and basic related support to targeted vulnerable groups.

The amount allocated to this objective is listed in the annex to this decision.

*Article 2*

1. The duration for the implementation of this decision shall be for a maximum period of 12 months, starting on 01/06/2004. Expenditure under this Decision shall be eligible from that date.
2. If the operations envisaged in this Decision are suspended owing to *force majeure* or comparable circumstances, the period of suspension shall not be taken into account for the calculation of the duration of the implementation of this Decision

Done at Brussels,

*For the Commission*

*Member of the Commission*

## Annex: Breakdown of allocations by specific objectives:

<b>Principal objective :To provide basic assistance to vulnerable population in Lesotho and Swaziland</b>	
<b>Specific objectives</b>	<b>Amount per specific objective (Euro)</b>
To distribute food aid and related basic support to targeted vulnerable groups.	2,000,000
TOTAL	2,000,000

Grants for the implementation of humanitarian aid within the meaning of Regulation No.1257/96 are awarded in accordance with the Financial Regulation, in particular Article110 thereof, and its Implementing Rules in particular Article168 thereof.<sup>9</sup>

Rate of financing: In accordance with Article169 of the Financial Regulation, grants for the implementation of this Decision may finance 100% of the costs of an action.

Humanitarian aid operations funded by the Commission are implemented by NGOs and the Red Cross organisations on the basis of Framework Partnership Agreements (FPA) (in conformity with Article 163 of the Implementing Rules of the Financial Regulation) and by United Nations agencies based on the Financial and Administrative Framework Agreement (FAFA). The standards and criteria established in Echo's standard Framework Partnership Agreement to which NGO's and International organisations have to adhere and the procedures and criteria needed to become a partner may be found at

[http://europa.eu.int/comm/echo/partners/index\\_en.htm](http://europa.eu.int/comm/echo/partners/index_en.htm)

<sup>9</sup> Council Regulation (EC, Euratom) No 1605/2002 of 25 June 2002, , OJ L248, 16/09/2002 and No 2342/2002 of 23 December 2002, OJ L 357 pF 31/12/2002.