

## **2. THE HUMANITARIAN CONTEXT**

### **2.1 SCOPE OF HUMANITARIAN NEED**

During the last quarter of 2001, Governments and assistance actors in the region began noticing the signs of a worsening food security situation. These signals were accompanied by a sharp deterioration in health and nutrition indicators. In early March the threats were clear and as a consequence the humanitarian agencies of the UN with NGO and SADC partners, began to mobilise efforts to determine the gravity of the problem, both in terms of food shortages and related humanitarian requirements. Multi-sector assessments in the areas of food-security, nutrition, health and social protection, were launched during April and May in conjunction with Food and Agriculture Organizations-World Food Programme (FAO-WFP's) Crop and Food Supply assessments. Multi-sectoral needs assessments were undertaken in Lesotho, Malawi, Mozambique, Swaziland, Zambia, and Zimbabwe where nutrition surveys and health assessments revealed increased rates of total and severe malnutrition. These factors multiply occurrences of widespread epidemics (mainly cholera), due to body weaknesses, with a corollary amplified mortality and morbidity rate in the most affected areas, further aggravating the dimension of the humanitarian crisis.

These assessments revealed a number of findings relating to causes of the crisis. One immediate conclusion was that the drought conditions in the region were not the only cause for the widespread food shortages. While erratic rainfall has contributed to low production during the 2001/2 cropping season, drought conditions have not devastated the region in the same way as they did in 1992. Indeed, the crisis facing Southern Africa is due to a complex mixture of factors. Although prevailing drought can be identified as one principal cause, it is clear that this has been exacerbated by serious problems of governance, the HIV/AIDS pandemic, a challenged, under-funded social sector, a poorly functioning private sector, and in general, poor macro-economic performance in a number of key countries the region.

The food and crop assessments did confirm that the shortfall in food production and food availability in the region is severe. Cereals production for the six countries assessed indicate a deficit of 4,071,300 metric tonnes (MTs) in the region. Taking estimated commercial imports and government programmes into account, the corresponding cereals requirement for the region until March 2003 is 1.2 million MTs, for an estimated 12.8 million people. Most severely affected are the countries considered by this appeal – Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe. However, this does not discount the affects on vulnerable people in other countries in the region.

Finally, the impact of the crisis in the region is compounding an already desperate situation for many in Angola. Since the humanitarian requirements of millions of Angolans are of such a dimension, they are addressed separately through a forthcoming revision of the 2002 Consolidated Appeal (CA).

### **2.2 REGIONAL DIMENSIONS OF THE CRISIS**

While the situation from country to country varies greatly, there are also common elements to the crisis. These include endemic poverty, the impact of high rates of HIV prevalence, lack of financial resources for Government social services and chronic nutritional problems. The high degree of economic integration within the region has meant that the downward trend in production and economic opportunities have had ripple effects throughout. It is this complex mix of influences that has highlighted the importance of a multi-sectoral response.

## 2.2.1 Poverty

The fight against poverty is at the core of most assistance activities in the region. For a variety of reasons the region has slipped back in terms of political, economic and social development all of which has increased the numbers of people living below the poverty line. (See table below)

	Population Living below the poverty line	
	1996*	2001 $\psi$
<b>Lesotho</b>	49%	49%
<b>Malawi</b>	60%	65%
<b>Mozambique</b>	69%	69%
<b>Swaziland</b>	48%	66%
<b>Zambia</b>	69%	86%
<b>Zimbabwe</b>	61%	75%**

\* Figures from UNDP Poverty Report 2000  $\psi$  Figures from UNDP Human Development Report

\*\* From UN Common Country Assessment

These figures refer to the condition of extreme poverty, which is defined as a lack of income necessary to satisfy basic food needs. Given the high levels of poverty, families have little money available to access health and education services. Not surprisingly, the figures coincide with the large percentage of the region's population requiring emergency food aid.

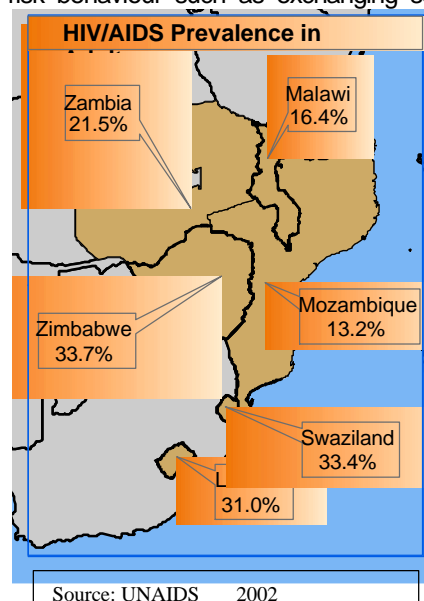
The figures point to the assertion that good governance is at source of economic growth and poverty reduction. The assistance provided through this appeal is mindful of this, and while proposed interventions will look to address the life saving needs of people in the region, it will only be through effective implementation of responsible fiscal, economic and social policies at the macro level that the underlying causes of peoples vulnerability will be addressed. This situation points to the need for the international assistance community to collectively review their policies and strategies used to tackle poverty in the region. In doing so, one should be mindful of the crucial importance of the social safety nets, including health care and education services that are likely to suffer when poverty conditions aggravate, thus challenging the capacity to survive extreme conditions.

## 2.2.2 HIV Prevalence

HIV/AIDS is recognised as one of the greatest threats to the Southern Africa region. The prevalence rates in the six countries of the appeal average at around 24.9%, ranging from 16.4% in Malawi to 33.7% in Zimbabwe.

There is a direct relationship between HIV/AIDS and food insecurity. As people become increasingly desperate for food and other resources, they may engage in high-risk behaviour such as exchanging sex for food or cash. In Southern Africa, a number of such coping mechanisms facilitate the spread of HIV, putting young people, especially girls, at high risk of infection. For some HIV positive people the only way to support themselves and their families may be to sell sex, thereby furthering transmission. HIV/AIDS continues to strain communities in Southern Africa, by killing some of the most productive members of society, including civil servants, teachers, farmers, and parents.

For people living with HIV/AIDS, food shortages bring a host of problems such as secondary infections as their resistance declines due to poor nutrition. The resulting increased costs of care giving and loss of productive labour has an asset-stripping effect on households as well as on their purchasing power, and implies a dire lack of cash for school attendance or clothing. As a result, the HIV epidemic has led to more households headed by women, children, or the elderly. Families fostering orphans have greater demands on their scant resources. The impact of the drought on these families is particularly severe.



This reality leaves people acutely vulnerable to economic and physical shocks. Floods, droughts, price rises, the additional burden of care for HIV/AIDS carriers, easily undermine fragile coping mechanisms. This situation demands further detailed analysis and understanding of vulnerability in the region in order to ensure assistance strategies take full account of the impact of HIV/AIDS on the prospects for survival and recovery.

Southern Africa's food security crisis has a myriad of implications far beyond the direct consequences of malnutrition. The presence of so many HIV/AIDS affected families and orphans creates enormous challenges for those assessing needs, distributing food and providing nutritional support to ensure that their special needs and vulnerabilities are identified and given requisite attention. Issues of stigma and discrimination will need to be addressed.

United Nations Children's Fund (UNICEF) and partner agencies will ensure that families directly affected by HIV/AIDS (including child-headed households and those caring for children who have lost a parent to AIDS) are identified and provided with the necessary support. Humanitarian agencies will accelerate on-going social mobilisation activities and efforts to reduce the vulnerability of the uninfected, such as by keeping girls in school. In addition, the humanitarian community will work together to seek to eliminate any possibility of sexual abuse or exploitation of beneficiaries or others in need, by humanitarian workers or support staff. Agencies will work with truck drivers, relief distribution teams, and military and civil authorities to promote the new IASC approved core principles of sexual conduct to promote zero tolerance of sexual abuse and exploitation and to ensure that condoms and effective HIV risk avoidance messages are being distributed.

### **2.2.3 Economic and Political Factors**

In spite of modest economic growth rates and a general trend in democratisation, the major challenge facing the region continues to be the achievement and maintenance of rates of growth that are high enough to increase per capita incomes, raise standards of living and thereby reducing poverty and decreasing vulnerability. This lack of sufficient and sustainable growth and poverty reduction have been constrained by many factors such as low output levels, low savings and domestic and international investment rates, inconsistent and unsustainable macro-economic frameworks, ineffectual fiscal policies and external debt burdens. This is in the face of virtually non-existent welfare and social security systems. In addition to which, the seriousness of the HIV/AIDS epidemic exacerbates the challenges faced by the health systems of the countries in question, through a shortage of qualified and trained human resources as well as medical supplies.

The complex interplay between emergent governance systems and economic development performance, and the consequent long-term vulnerability means that the humanitarian response has to reinforce rather than undermine current efforts at economic development, good governance and institutional capacity development. The value added from regional integration in both the reduction of vulnerability and the response to crises is a developmental challenge that the UN system will also address in the longer-term context of this response.