

**Summary Note of the Regional Consultation on
Humanitarian Assistance Needs in Southern Africa**

“Maintaining the Momentum”

**11-12 June 2003
Johannesburg, South Africa**

Introduction and Background

One year ago, the Inter-Agency Standing Committee initiated a response to the crisis that was escalating in southern Africa. At its peak, an estimated 15 million people were affected by food shortages and left in need of assistance. Reacting quickly, the United Nations and its partners have been generally successful in mounting a large-scale emergency response that helped to avert a full-scale disaster and save the lives of millions.

A complex mix of economic, environmental, health and socio-political factors is still affecting millions in southern Africa. Food insecurity and poverty are clearly fuelling the HIV epidemic, with hunger forcing people into increasingly high risk behavior at the same time as lowering resistance to infection and contributing to the earlier onset of AIDS. Capacities and productivity in key sectors are depleted as workers fall ill or migrate. With improved weather conditions in much of the region, the situation this year has indeed improved significantly, and the number of people estimated to be affected has dropped from over 15 million to around 6.5 million. However, underlying sources of vulnerability need to be addressed before the region can say that it is no longer facing a crisis.

The Johannesburg “Maintaining the Momentum” meeting for stakeholders involved with the southern Africa crisis response was called to review the results of multi-sectoral assessments in Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe. It provided a forum to ensure that a coherent approach is taken by the assistance community at a regional and country level to address emergency needs as well as to support key development objectives. It was also an opportunity to discuss the most recent report of the Special Envoy of the Secretary-General for Humanitarian Needs in Southern Africa, Mr. James Morris, which is entitled “Next Steps for Action in Southern Africa”. The “Next Steps” paper, which was endorsed by the Inter-Agency Standing Committee (IASC) during its April 2003 plenary meeting, called for the international community to acknowledge that there is a need for a different kind of approach in the southern Africa response. The UN and its partners need to do more to save people’s lives and their livelihoods in southern Africa before communities and households break down entirely.

The meeting was co-chaired by Ms. Judith Lewis, Regional Coordinator of the Secretary General’s Special Envoy for Humanitarian Needs in Southern Africa, and Dr. Prega Ramsamy, Executive Secretary of SADC. The Special Envoy was represented by Ms. Sheila Sisulu, Deputy Executive Director of WFP.

In his opening address, Dr. Prega Ramsamy acknowledged the critical and catalytic role played by the Special Envoy in avoiding catastrophe among 15 million people in the region. He expressed his conviction that southern Africa would never again face a similar humanitarian crisis. He stressed the need to link emergency to long-term development and to have balanced funding for food and non-food assistance.

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Key Objectives:

Specifically, the objectives of the stakeholders meeting were:

- 1) To discuss the preliminary results of the assessments undertaken by the SADC-FANR Vulnerability Assessment Committee in conjunction with the FAO/WFP Crop and Food Supply Assessments and other related assessments
- 2) To consider the outlook and predictions for the next twelve months
- 3) To review the critical policy issues and approaches that can be taken to address vulnerability with specific focus on HIV/AIDS
- 4) To review response capacities including resource mobilization and coordination

Session ONE: FINDINGS OF THE FAO/WFP CROP AND FOOD SUPPLY ASSESSMENTS

Mr. Henri Josserand, Chief, Global Information and Early Warning Service, FAO Rome, provided a comprehensive overview of the findings of the recent joint FAO/WFP Crop and Food Supply Assessment missions (CFSAM) in the southern Africa region. He also outlined the national cereal food supply and demand for each of the six countries. (*Full information can be found in the power-point presentation on the accompanying CD-ROM or on www.sahims.net*).

The CFSAMs determined that over 70% of the minimum cereal food requirements in the six affected countries would likely be met this year from domestic availability. Although the food security situation has improved significantly due to good weather and input availability, the recovery of the region was characterized as “fragile and uneven”. There are significant variations of production within the region, and even within countries of the region.

Moreover, even with increased rainfall next season, serious structural problems impacting food security will remain, including chronic poverty and market inefficiencies. Policy reforms are key to ensure that the region is able to move away from food insecurity and that access to food is improved for families who have not yet recovered from last year’s shocks.

The need to study to what extent local production can be used to meet regional food needs (both commercial and through food aid) was emphasized, as was the need to study further the impact of HIV/AIDS on overall food production and availability. The CFSAMs provide an initial overview at the time of major harvest in most countries, but it is critical to closely monitor the situation in the coming months to determine if the assumptions regarding crop and food supply are realized. The results of on-going assessments will also be critical to monitor the food security situation for the most vulnerable people and identify priority areas for intervention.

Implications for Food Assistance:

Although overall production figures have significantly improved compared to last year, food aid will continue to be necessary this year, and perhaps beyond 2004 in some areas.

The prevailing situation in the countries of concern was summarized as follows:

In **Lesotho**, cereal production is still well below 5-year average. There is an urgent need for soil and water conservation and better farm practices to improve crop production. The cereal food aid requirement was estimated at 30,000 metric tons.

In **Malawi**, production has greatly improved and is now close to the 5 year average. National cereal requirement was met from local production, due to better rainfall and better cereal prices. The major food security problem in Malawi continues to be the lack of access of the most vulnerable people. Total cereal food aid needs are estimated at 30,000 metric tons of which 5,000 metric tons are anticipated to be food aid imports. The rest is to be bought locally.

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In **Mozambique**, overall production is better than the 5 year average. However, most of the surplus is in the north with the south experiencing an acute food deficit. Moving food from the north to the south of the country is very difficult and expensive due to transport and logistics obstacles. The cereal food aid requirement for the most vulnerable districts in the southern and central provinces was estimated 196,000 metric tons.

In **Swaziland**, production is still well below the 5 yr average. The agricultural sector is fragile and there is a need for better agricultural practices to be put in place. Commercial inputs could make up the bulk of the deficit, whereas the cereal emergency food aid requirement was estimated at 24,000 metric tons.

In **Zambia**, overall production is above the 5 year average, although the general economic base in the country remains weak. At the national level, most food requirements can be met by local production. However, due to big differences in food production between districts and inadequate access by the poorest households, particularly in the south, limited food aid assistance will be needed in a number of districts.

In **Zimbabwe**, production is better than last year, but still only half of the 5 year average. There is a serious shortage of hybrid maize in the country. Poor rainfall, shortages of inputs and fuel, a declining commercial sector and serious market constraints have all contributed to this situation. The food aid requirement is estimated at 610,000 metric tons.

SESSION 2: VULNERABILITY ANALYSIS – The Regional Perspective

A joint presentation by 3 members of the SADC Regional Vulnerability Assessment Committee (RVAC) provided a regional overview of the Vulnerability Assessment (VA) Process and results from a regional perspective. Douglas Magunda, of the SADC Regional Database Project, began with an overview of the chronological events related to the VA process as well as the complex and chronic nature of vulnerability to food insecurity in the region. This was followed by Neil Marsland of FEWSNET who presented more details regarding the Livelihoods based analysis that is used in the region and how people coped with the situation. Joyce Luma, Regional VAM Officer for WFP, presented the implications of last year's crisis and the relationship to the chronic, underlying factors, and recommendations and implications for decision-makers and actions required. . *(The power-point presentation can be found on the accompanying CD-ROM or on www.sahims.net).*

To date, VAs have been completed in 4 of the 6 countries, while Mozambique and Malawi National Vulnerability Assessment Committees (NVACs) are currently in the field or completing data analysis and drafting a final report. It was understood that these studies would be completed as a matter of urgency.

The VAs portrayed the complexity of the situation, demonstrating the increasingly uneven distribution of vulnerability within countries. The assessments also pointed out that there has been carry-over effects of vulnerability from last year and that families are now less resilient to shocks. HIV/AIDS continues to have a devastating impact on individuals, households, and communities as they struggle to make ends meet, while at the same time, attempting to deal with the economic impacts of the disease and meet their basic household food requirements. The notion of whether or not these people can ever fully recover and return to the normal pattern of livelihoods was once again called into question.

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Much of the population affected by this crisis relied on coping mechanisms – normal, traditional means, as well as abnormal and more economically and personally destructive - in order to bridge the gaps in their daily subsistence. Households resorted to selling tools, bicycles and even livestock and continue to suffer from depleted productive assets. There was also depletion in human capacity, demonstrated by the increased number of school drop-outs to save family income as well as an expansion of migration in search of alternative sources of income. Most of the assessments noted that families living with HIV/AIDS (as given by proxy indicators) were twice as likely to remove a child from school compared to non-affected families.

Additional causes of vulnerability included reliance on poor infrastructure, lower purchasing power at the household level and subsidies that did not always reach the most vulnerable.

Cereal food aid requirements were provided based on the CFSAM. However, it was emphasized that CFSAM figures should be complemented with the VAC analysis in order to understand the complete picture of needs and responses.

Country	Population in Need in Southern Africa 2003/04					Estimated Cereal MT Needs to be met through Food Aid
	Rural Pop in Need Apr-Jun/03	Rural Pop in Need Jul-Sep/03	Rural Pop in Need Oct-Dec/03	Rural Pop in Need Jan-Mar/04	Urban Pop in Need Apr/03-Mar/04	
Lesotho	250,000	145,000	250,000	270,000	-	33,000
Malawi		150,000	300,000	400,000	-	30,000
Mozambique	802,000	802,000	964,000	964,000	-	156,000
Swaziland	132,000	158,000	158,000	217,000	-	24,000
Zambia	*	*	*	*	-	*
Zimbabwe	844,000	2,284,000	3,419,000	4,423,000	1,000,000	611,000
Regional Total	2,028,000	3,539,000	5,091,000	6,274,000	1,000,000	854,000

It was emphasized that:

- in order to address chronic vulnerability in the region, there must be an improvement in HIV/AIDS awareness, testing and treatment.
- An urgent review of certain government policies such as poverty reduction strategies for the vulnerable population is needed.
- Governments should put in place, or step up, productivity enhancing interventions, such as making agricultural inputs readily available, small scale irrigation, water management, conservation farming.
- Governments need to develop flexible programmes that can move back and forth from relief to development activities in order to deal with frequent shocks in the region.
- There is a need for more quantitative data on the impact of HIV/AIDS on all aspects of livelihood, including food production.
- In some countries, increased vulnerability is a direct result of the cumulative stress of unfavorable climatic conditions over the past several years, and therefore, drought tolerant crops and other drought mitigation measures should be more strongly encouraged.
- There is a need to enhance the VAs to include access to water and sanitation issues, as water plays a very significant role in communities with regards to health, agriculture and sanitation.

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- It is imperative that long-term solutions address gender issues and the role and status of women, especially they relate to their time, economic role in the household, and health and education issues.

SADC is in the planning stage of establishing a Food Reserve Facility for the region that would be able to absorb regional surpluses in good production years, and provide a reserve for food deficit periods.

SESSION THREE: Country Specific Analysis of Vulnerability

Country Specific Presentations on the changing vulnerability of communities to food insecurity and HIV / AIDS were given by representatives of each of the six countries. (*The power-point presentation can be found on the accompanying CD-ROM or on www.sahims.net*)

Zimbabwe

Mr. A. Timpson, UN OCHA Senior Humanitarian Affairs Officer, Zimbabwe

Although there has been a marginal improvement in cereal production over the past year, there has also been a deepening in the economic crisis in the country, and government capacity to deal effectively with the humanitarian crisis has been reduced. Furthermore, the HIV/AIDS situation is expected to deteriorate in the coming months and years, with the Government estimating 3,800 deaths per week from HIV/AIDS.

Food aid will be necessary beyond next year, but in order to maximize local production, there is an urgent need to provide seeds and inputs to vulnerable farmers no later than mid-October. In order to minimize the deterioration in the agricultural sector, there is also a need to promote diversification and replenish livestock.

Urgent interventions were identified in the health sector along with a need to increase immunization for children, to prevent the spread of epidemics such as malaria and tuberculosis and to support the health delivery system and surveillance system and to support those living with HIV/AIDS.

For the next twelve months, the goal of the UN and its partners is to prevent mass starvation and avoid an escalation in relief needs. More support for non-food sector programmes is necessary, especially in the health sectors, in addition to funding for food assistance.

Malawi

Ms. Zahra Nuru, UN Resident Coordinator

Vulnerability in Malawi is closely related to the prevalence of HIV/AIDS (with 16 % of the adult population infected). It was stated that 220 persons are dying per day from the disease and 50%-80% of hospital beds are filled with HIV/AIDS patients. A weak health system, food insecurity, poverty and poorly funded water and sanitation projects contribute to vulnerability. Over the past several months, there has been a significant increase in the number of children in school, with 90% attendance rates in schools with school-feeding. There has also been an increase in the overall capacity of the government to coordinate humanitarian assistance, ensuring that aid goes to the most vulnerable.

Ambassador Chikuni of the Disaster Management Commission of the Government of Malawi stated that the way forward would be to develop contingency plans for all districts in the country.

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Experience has shown that those flood-affected areas that had contingency plans were able to better respond to the crisis on the ground.

Integrated “safety nets” programmes were identified as an important strategy to deal with longer term issues. These would be developed through a joint task force of the UN, government and NGOs. The delivery mechanism would continue to rely on NGOs, as they have proven to be very effective. The need for further monitoring and targeting of assistance was emphasized.

Zambia

Ms. Olubanke King-Akerele, UN Resident Coordinator

The findings of the CFSAM and the VAC showed that there have been a dramatic improvement this year in the availability of food. Access to food has improved and maize prices have fallen in most zones. However, some pockets of severe food insecurity will remain due to poor access and chronic vulnerability. Although there is likely to be an overall surplus of food production in the country, the government is asking for assistance to purchase food from the north and move it to those areas in the south, where food security is still a problem.

It was recommended that there be a gradual phase-out of food assistance, except in identified areas and a replacement of emergency assistance with development activities/interventions. Cross border initiatives in combating HIV/AIDS need to be looked at in more detail and there is a need to focus on irrigation, crop diversification, conservation farming, off farm income generating activities and agro-processing. Furthermore, there is a need to look more closely at the link between HIV/AIDS and food security. The absorption capacity of the Government to expend available funds was identified as an issue.

Swaziland

Ms. Elizabeth Lwanga, UN Resident Coordinator
National VAC Coordinator

The lower-middle income status of Swaziland complicates perception of the needs of the country in the eyes of donors. The per-capita income, however, shields the reality of the majority of people. 66% of people are still living below the poverty line. The number of people affected by the crisis is 204,300, representing almost 20% of the population.

In addition to food aid, Swaziland faces a number of challenges in dealing with food insecurity. Acute malnutrition is on the rise, especially in certain areas (for example, in Lubombo it rose from 0.9% in 2000 to 7.3% in 2002), and 28% of children are suffering from chronic malnutrition (stunting). High levels of HIV/AIDS is also of very serious concern.

The UN Country Team is planning an accelerated and integrated response to the humanitarian crisis and to development priorities. UN agencies are realigning their programmes to better respond to the crisis through multi-sectoral interventions, taking into account HIV/AIDS. It was stressed that there is a need to enhance surveillance on HIV/AIDS and its impact on the economy

Lesotho

Ms. Scholastica Sylvan Kimaryo, UN Resident Coordinator
National VAC Coordinator

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Despite the overall positive synopsis of food availability in the region, several districts in Lesotho will need food and non-food assistance in the coming year, in particular the Sengu river valley and the southern lowlands.

It was recommended that the fight against HIV/AIDS should be scaled up, that nutritional support continues, and water sources for increased agricultural production be improved. It was stressed that there should be an intensification of partnerships between government, NGOs and the UN system to strengthen these initiatives.

Mozambique

Ms. Marylene Spezzati, UN Resident Coordinator

The main causes of vulnerability in Mozambique were identified as drought, floods, cyclones and combined effects of chronic poverty and HIV/AIDS. The food security situation has deteriorated in the south and central parts of the country. There has been a total crop failure in many parts of the south. High rates of acute malnutrition were reported in certain parts of the country.

It was stated that the UN, government and NGOs were pursuing an integrated response and that national contingency and sectoral plans would be further developed. The need for a national strategic plan to address HIV/AIDS was highlighted.

It was recognized that the results of the soon to be completed VA will enable the Government, UN and its partners to develop an integrated response consistent with the 'Next Steps' paper of the Special Envoy.

SESSION FOUR: Analysis of the Nutritional Status in the Region

Presentation by Claudia Hudspeth, UNICEF Nutrition and Health Advisor, RIACSO

(This information can be found in the power-point presentation on the accompanying CD-ROM or on www.sahims.net)

In April 2003, UNICEF, in collaboration with partners and Governments in the six crisis affected countries in the region, undertook a regional assessment of nutrition trends utilizing information from Demographic and Health Surveys and nutrition surveys undertaken during the crisis period. The presentation gave an overview of the findings as well as updates for countries with new nutritional information including Mozambique, Malawi and Zimbabwe. The main conclusions from the regional review are as follows:

1. Zambia, Malawi and Mozambique continue to have unacceptably high rates of malnutrition.
2. The slow national trend of improvement in the 1990s ceased, except in Lesotho; Zimbabwe and Zambia showed a deterioration in 2001-2003.
3. National averages hide large sub-national differences, with some districts showing significant improvements, while others have deteriorated.
4. The nutritional status has deteriorated in the areas with originally better nutrition and improved in areas with originally worse nutrition.
5. Younger children show deterioration, while older children show apparent improvement
6. HIV/AIDS correlates negatively with nutritional status, but positively with the deterioration of nutritional status. The rate of deterioration is higher in urban areas than rural areas.
7. Nutritional status is worse among children who are orphaned.
8. The current HIV/AIDS pandemic will directly and indirectly increase young child malnutrition.

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Indicative information from Mozambique suggests the nutritional status of children under five may have deteriorated further since the multi-sectoral assessment undertaken in December 2002. Areas showing deterioration are those with a concerning food security situation, high HIV/ AIDS prevalence, high proportions of child headed households and high levels of diarrhea and other illness. This requires close follow-up and monitoring.

Nutrition assessments were undertaken in 17 of Malawi's 24 districts in April and May 2003. Preliminary data from nine of ten districts, with data available, suggests an improvement in the levels of acute malnutrition. In one central district there has been an increase in the prevalence of acute malnutrition.

New, preliminary data from the national nutrition survey undertaken in Zimbabwe in February 2003 shows that while the national levels of malnutrition are not alarming (underweight at 17.2% and wasting at 4.4%), there are large differences in prevalence of malnutrition between districts. Particularly concerning is the high levels of severe malnutrition, with 25% of districts in Zimbabwe having alarming levels of severe malnutrition in children under the age of five. This finding while similar to other countries in the region presents a large divergence from what used to be a relatively good nutritional situation in Zimbabwe. In addition, areas in Zimbabwe exhibiting greater deterioration in nutritional status include both major urban centers and the provinces with high prevalence of HIV/ AIDS. This finding is similar to other countries in the region. Furthermore, the Zimbabwe data reflected the changing patterns of mortality in countries with high levels of HIV/AIDS prevalence. In Zimbabwe, the 20 - 45 age group, who are the most productive segment of society, accounted for 49% of the deaths, followed by the 1-5 years of age (17%) and the 5-19 years age group (10%). Lastly, the Zimbabwe survey showed a greater prevalence of malnutrition in orphans, indicating the need for enhanced programming and targeting of orphans and vulnerable children.

The regional presentation highlighted the importance of tackling the determinants of malnutrition that include not only food but access to adequate health care and proper caring practices.

Recommendations for actions are:

1. To strengthen nutrition surveillance systems in all SADC countries
2. To study the efficiency and effectiveness of the humanitarian response in 2001-2003
3. To scale up programming around nutrition and HIV/ AIDS in the context of an integrated framework
4. To scale up feeding programmes, especially therapeutic feeding programmes in countries with high levels of severe malnutrition
5. To further refine programme targeting
6. To study the relative importance of food, health and care in contributing to young child malnutrition
7. To study the relationship between young child malnutrition and HIV/ AIDS

Issues raised in the discussion following the presentation included:

- The need to have data disaggregated by gender so as to help understand causality.
- The importance of tuberculosis and burden of disease in these studies, even though it usually only affects adults.
- The need to develop a different gauge to measure adult malnutrition.
- The need for the information gathered on nutritional status to be more efficient and more targeted to the "hotspots."
- The need to look into causality behind malnutrition especially in the context of HIV/ AIDS

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- The importance of ensuring that aggressive work is done to determine food needs/basket as a component of an appropriate approach to dealing with HIV/AIDS. The SADC secretariat has begun working on this issue and health ministers in the region have recognized the importance of working with the food security group to secure a cross sectoral approach. Community level responses are key to successful interventions.

SESSION FIVE: Policy Perspectives

The purpose of this session was to give consideration to the key policy issues that impact on the response to the crisis caused by the confluence of HIV/AIDS and food insecurity. Kathleen Cravero, Deputy Director of UNAIDS, gave a presentation on the linkages between HIV/AIDS, governance and food security. Johann Kristen of the University of Pretoria provided insights on the role of the commercial sector and Margaret Nyirenda, of SADC on the policy determinants of food security response and recovery.

The key outcomes from these presentations and the ensuing discussions were:

HIV/AIDS programming has been improved by joint action at the country level and through effective regional coordination.

HIV/AIDS has a strong connection with food security, and vice versa- bi-directional effects. HIV/AIDS households are vulnerable to food security and food (or the lack thereof) affects those living with HIV/AIDS. Any decrease in nutrition levels accelerates the development of the disease. As the linkages are so strong, the recovery in the region will be fragile at best.

There is also a clear connection between AIDS and governance, as AIDS threatens all development planning, across every sector. The disease is destroying the institutional capacity of governments and of their leadership. AIDS is not only a short-term emergency, but also poses a longer-term development challenge.

There is a need to have further data for sustainable assistance and further quantification of the impact of AIDS on households.

Regarding the role of the commercial sector, some countries in the region have liberal policies, while others have more restrictive practices. In general, those countries that have adopted more liberal trade policies have been better able to meet their overall food requirements. In order to establish the confidence of the commercial sector, there must be liberalization of trade.

The main challenges identified to food security response and recovery are i) the high cost of relief operations in terms of diverting investments from productive sectors, ii) asset depletion, iii) unsustainable recovery based on improved rainfall, subsidized inputs and relief assistance, iv) risk of market distortion, v) widespread poverty, vi) governance and vii) the balance between short term and longer term development objectives.

SADC is developing a strategic plan to boost food availability, to promote fair trade practices, to increase preparedness, improve monitoring and evaluation of projects in the region and to encourage governments to increase investment for longer term development.

Session SIX: Programming a Consolidated Response to the Immediate Needs of the Region: July 2003 – June 2004

C-SAFE

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Steve Goudswaard, RPU Manager, C-SAFE gave a presentation outlining the work of C-SAFE in the region and its 5 year strategy focused on acute and chronic vulnerability in the region. *(This information can be found in the power-point presentation on the accompanying CD-ROM or on www.sahims.net)*

C-SAFE is using a livelihood approach to their programming in the region that incorporates a new paradigm for the relief to development continuum called “developmental relief”. Through funding from USAID, C-SAFE has a three-year plan to improve overall nutritional status, increase productivity and improve community resilience using food and non-food interventions. It has discovered that a flexible approach based on needs is the most effective way forward to deal with the complex and ever evolving nature of the crisis in this region.

It is imperative that social and economic safety nets are established through increased and more effective monitoring and evaluation of needs. C-SAFE’s programming is moving away from food-assisted interventions to priority investments in hotspot areas.

C-SAFE stressed the need for community surveillance and early warning/ emergency preparedness tools for the region as an effective way to avert another shock. C-SAFE endorses the “next steps” paper and challenged the entire international community to continue involving NGOs.

Funding Issues:

James Sackey of the World Bank (WB) gave a presentation on the role of the WB in the region. *(This information can be found in the word document on the accompanying CD-ROM or on www.sahims.net).*

The World Bank sees HIV/AIDS as a long-term shock with an impact on development. 25% of WB funds can be granted for HICs and other low-income countries under stress. Most countries lack the capacity to adequately address the pandemic due to weak institutions, lack of knowledge and low human capacity. It was pointed out that often it is the lack of capacity that hinders the advancement of projects and not the lack of funds. Leadership in the country is critical to implement successful projects.

UNAIDS has received support from the Global Fund for HIV/AIDS, Malaria and Tuberculosis in the region.

Donor perspective:

DFID expressed appreciation for RIACSO and its ability to get people together to discuss complex issues. It agrees with the process of joining the development and humanitarian approaches, and sees this as a model of the new partnership approach for the continent. DFID looks forward to the continuing partnerships, especially with SADC.

DFID has given UK£100m for the humanitarian crisis in Southern Africa in the past year. It has taken stock of the fact that the emergency is not over. DFID will continue to provide support for emergency activities albeit more closely associated with their support to development objectives. DFID expects to make available £ 45m for humanitarian / emergency needs this year. Much of this will go to Zimbabwe.

It was stressed by USAID that due to the competitive climate for aid money, RIACSO will have to work very hard to ‘convince’ the donors that the southern Africa region is still in need of substantial assistance.

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Discussion:

- The Department of Foreign Affairs in South Africa has 10m rand for this year, which could support neighboring countries in answering some of their humanitarian needs.
- European Commission endorsed the comments made by DFID and stated that they have given some 15 million euro to WFP for the region, 4 million of which will be for Zimbabwe. A further 20 million euro has been set aside and is subject to the findings of assessments. ECHO will also provide 26 million euro for Zimbabwe and it is actively reviewing projects from NGOs.
- It was explained by the World Bank that the Global Fund and the World Bank are working together in some countries. The World Bank is the custodian of funds while the Global Fund approves programmes but does not supervise. Governments manage the fund.
- The question of whether the World Bank funds could be channeled through Community Based Organizations, NGOs and others was raised. The World Bank responded that this is possible, but raised the issue of whether lack of money was the real problem, or whether it was rather the lack of capacity.
- The question of whether HIV transcends the poverty reduction approach was raised. The World Bank pointed out that the definition of poverty needs to be clarified.. There is also a need to move forward with a deeper understanding of vulnerability.

Coordination Arrangements

It was agreed by all that the creation of RIACSO has facilitated the coordination of all the efforts made in tackling this crisis. Coordination among UN agencies has improved significantly. The presence of 8 UN agencies working together in one place as RIACSO, has enhanced coordination and speedy response to the humanitarian crisis. RIACSO has also provided support to the UN Country Representatives, Resident Coordinators and the Special Envoy for humanitarian needs in Southern Africa and provided guidance for cohesion at the regional and national level. Using the UN system, extensive advocacy and resource mobilization was conducted. In one year, US\$ 470 million was raised through the CAP. The regional assistance programme and the role of the Special Envoy will continue at least until March 2004.

A consultation meeting on the linkages between food insecurity and HIV/AIDS was hosted in Johannesburg in November 2002. Communication with stakeholders, especially NGOs, was strengthened through regular monthly meetings in RIACSO. Establishment of the SAHIMS website has also improved dissemination and sharing of information among partners and stakeholders.

The recently established Health Task Force has started raising the profile of non-food items (health, education, and water and sanitation) for increased funding by donors through the inclusion of relevant questions in the vulnerability assessment tools, identifying priority areas for intervention, promoting partnerships, joint planning and action, as well as advocacy.

Deborah Crowe of Steering Committee for Humanitarian Response gave a short presentation on the UN response to the recommendations made in 2002. (*This information can be found in the power-point presentation on the accompanying CD-ROM or on www.sahims.net*)

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In summary, despite a slow start and political and logistical constraints, large quantities of food aid was successfully delivered throughout the region and populations were stabilized as a result of this. This has shown that early warning/emergency response plans were able to successfully trigger appropriate and pre-emptive action in the region.

Two issues highlighted during the crisis were GM foods and the issue of humanitarian access, especially in Zimbabwe.

Ms. Crowe mentioned that the appointment of James Morris as SE for the region, together with the establishment of RIACSO and the strong leadership of WFP had greatly increased awareness of the crisis and provided cohesion across the region. As a result, significant awareness has been raised on the links between HIV/AIDS and food security and gender inequalities and the need for multi-sectoral approaches to analysis and interventions. It was also stressed that the reality to date is that the non-food support has been very limited.

The key challenge for the coming year is to obtain meaningful commitment on the part of the donors and the governments to address HIV/AIDS. The second challenge will be to stem and address the crisis in basic services and support services in the region. Thirdly, the challenge of increasing access to food for the most vulnerable will remain.

Conclusions of the Meeting:

- Food production will increase significantly this year but it will be uneven between countries and even within countries. Structural problems in the agricultural sector need to be addressed now, including market reforms, improving extension services, and reviewing policies. Governments can assist in particular by promoting trade within and across the region.
- Zimbabwe represents the most alarming situation in the region. Poor rainfall combined with a problematic economic situation means that about half of the vulnerable people in the region can be found in that country. Meeting humanitarian needs in Zimbabwe will remain a priority this year, but a renewed effort, taking into account the high prevalence of HIV/AIDS, will be needed to improve the country's food security environment for the medium to long term.
- The recovery from last year is partial and fragile. While food availability in the region will improve, accessibility remains a major concern for communities and families who have not yet recovered. Essentially, there is a 'carryover' of vulnerability from last year to this year, in families that used negative coping strategies for their survival and have not yet managed to fully re-establish their assets.
- Food assistance will continue to be necessary this year, (and perhaps beyond 2004 in some countries or areas), but should be increasingly targeted to the most vulnerable. Wherever possible, local/regional production should be used for food aid rather than importing, in order to avoid distortion in local markets and to encourage local production.
- Furthering recovery for next year will require immediate actions to ensure necessary seeds and other agricultural inputs for households that do not have the means to purchase them.
- Immediate actions need to be taken in order to ensure longer-term results, and should be undertaken in conjunction with ongoing emergency assistance. Government, UN, SADC,

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NGOs and donors need to 'run the marathon together' – to undertake sustained interventions that provide immediate support for vulnerable people, as well as make longer-term investments in the future of the countries of the region (eg. education, health, etc.).

- HIV/AIDS information gathered in the context of vulnerability assessments is chilling. The epidemic has led to “compounded vulnerability” in affected households, communities and societies. Assistance programming (including safety nets) needs to be directed to new affected groups such as orphans, adolescent girls, etc. as they struggle to cope with this reality.
- Donors responded favorable to last year’s appeal, but there were imbalances between sectors. Comprehensive and effective assistance will depend on an integrated, multi-sectoral response. The water and sanitation sector as well as the health sector are both in urgent need of increased funding.
- There is clearly a need to continue to strengthen the assessment process. The VAC has been an invaluable tool for the UN, Governments, SADC, NGOs, and donors to reach a common understanding about the magnitude and nature of vulnerability in the region. Indeed, it provides a model of convergence for stakeholders.
- SADC has shown leadership in the past year on issues such as vulnerability assessment, GMOs, and gender. SADC’s efforts in putting in place a framework for longer-term solutions to a number of the challenges facing the region should be supported.
- A nutritional portrait of southern Africa reveals a number of worrisome trends. While Global Acute Malnutrition rates remained relatively low over the last year, there is a tendency towards deterioration in underweight in under 5 years old children from the mid 1990’s through the crisis period. While food aid may have been effective in combating malnutrition, there is urgent need to address other non-food determinants of malnutrition such as access to care and health.
- Across the region, although global acute malnutrition levels are within an acceptable range, the levels of severe malnutrition are of great concern. The caseload of children suffering from severe malnutrition raises the question of institutional community-based capacity to address their immediate and urgent needs.
- Areas with high HIV/AIDS prevalence do not show the highest malnutrition at the present time. However, areas with high HIV/AIDS prevalence show the greatest deterioration in nutritional status over the crisis period and also overlap with areas of highest food insecurity, child-headed households and poor health status. Moreover, Crude Mortality Rates have reached emergency levels in a number of places, and a breakdown of crude mortality by age shows that deaths among the working age population account for almost half of all deaths.
- A view of nutritional status among orphans shows that stunting and underweight trends are significantly higher than in children with both parents.
- Much work remains to be done in order to have a clearer picture of nutritional trends in southern Africa and the inter-relationship between nutrition, HIV/AIDS, food security, health services and care.
- HIV/AIDS programming has been improved by joint action at the country level, and the added value of regional coordination. Data collection is also crucial for targeting assistance.

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- The situation in southern Africa cannot be characterized by a linear 'relief to development' pattern. Rather, there is a necessity to conduct emergency and longer-term programming simultaneously. Flexible and coordinated approaches have proven effective in carrying out this kind of work, embodied by arrangements such as the NGO consortium in Malawi, the C-SAFE network, and RIACSO.
- The value of the commercial sector in alleviating food shortages is clear. In general, those countries that have adopted less restrictive trade policies have been better able to meet their overall food requirements.
- There has been a strong endorsement of the new CAP process (2003-2004) and of the RIACSO mechanism as a whole. In fact, the RIACSO model of coordination between UN agencies, SADC, NGOs and donors can be seen as a success and should be continued. The work of the Special Envoy of the Secretary-General for Humanitarian Needs in Southern Africa was commended for raising awareness of the HIV/AIDS dimension of the crisis and bringing greater cohesion to programming in the region.

Key Recommendations of the Meeting:

1. Governments and SADC need to continue their work in developing and implementing comprehensive policies for market reform that will facilitate broad access of food for consumers at the same time as stimulating the agricultural sector. Regional policies for cross-border trade of food and agricultural inputs and infrastructure development will also help to improve the capacity of the region to respond to localized food shortages.
2. Given the likelihood of sufficient production in the southern Africa region this year, an effort should be made to procure food aid locally or regionally where possible rather than importing in order to avoid distortion in local markets and encourage local production.
3. Seeds and other agricultural inputs need to be procured and distributed to vulnerable households immediately in order to maximize production in the coming agricultural season. Longer term investment in agriculture aimed at facilitating policy reforms, strengthening government extension services, and introducing new techniques and technologies suited for HIV/AIDS impacted areas are an absolute and immediate priority.
4. Segments of the population, including adolescent girls and women who are disproportionately impacted by the HIV/AIDS pandemic, should be targeted with sustained safety net programmes and other community based strategies that will offer them a package of services such as health care, education, food, and sources of income.
5. Targeting and monitoring/evaluation mechanisms need to be improved and new programming approaches developed to better address the special needs of orphans and other vulnerable children.
6. Mechanisms for joint action at the country level and coordination and information sharing at the regional level should continue, as they have proven effective tools for ensuring that assistance programmes are complementary and efficient in meeting the needs of people at the community level.

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7. Capacity replenishment strategies need to begin now, and they should look first to regional capacities (such as new graduates) to support key functions and services in Governments across the region.
8. Lessons learned from food assistance and nutritional interventions can provide important feedback to agencies on the efficacy of targeting and help to outline the way forward especially in nutrition and HIV/AIDS programming.
9. The nutritional surveillance network across the SADC region needs to be strengthened. New assessment methodologies for examining adult malnutrition are necessary. SADC's ongoing work on the nutritional value of local foods should be encouraged in the context of the strong need for interventions that mitigate the impact of HIV/AIDS.
10. More work needs to be done to quantify the impact of HIV/AIDS on households and on institutional capacity and to better understand the dynamics between HIV/AIDS, food security and governance. HIV/AIDS needs to be mainstreamed into emergency assistance, and longer-term approaches need to develop community safety net and treatment strategies for PLHA.
11. NGOs should continue to be an integral part of the response to the crisis in the region.
12. Contingency planning has been shown to be effective in improving community resilience to external shocks. Governments and partners should implement emergency preparedness planning processes at the community level in areas of high vulnerability.
13. Sex and gender needs to be included and disaggregated in all the surveys conducted such as Vulnerability Assessments and nutrition surveys. Efforts to mainstream Gender throughout all programming in the region need to be renewed.
14. The provision of drugs for sexually transmitted diseases needs to be a priority. Men should become more actively involved in the fight against sexual and gender-based violence, and in the spread of HIV/AIDS. Furthermore, condoms should continue to be distributed throughout the region, for dual protection (against infections and unwanted pregnancies).
15. To facilitate effective information sharing and joint action, thematic meetings should be organized regularly at the regional level to discuss issues such as the effects of HIV/AIDS on orphans.
16. Private sector partnerships will be essential in addressing the long-term problems of food insecurity in the region. These relationships should be increasingly initiated and strengthened.