

Consolidated Appeals Process (CAP): Humanitarian Appeal 2004 for Southern Africa - Mid-Year Review

EXECUTIVE SUMMARY

In July 2003, the United Nations (UN) in collaboration with the Southern African Development Community (SADC) and key NGO partners launched a Regional Appeal for US\$ 533 million for a multi-sectoral approach to address critical needs in Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe. The Appeal was launched to address the needs of 6.5 million people for whom the prospect of survival remained critical in the face of the combined effects of food insecurity, weakened capacity for governance and Human Immune-deficiency Virus / Acquired Immune-deficiency Syndrome (HIV/AIDS).

At the time of the July 2003 launch there was some optimism that with the concerted efforts of the international community, in support of efforts of national Governments, the growing vulnerability in the region could be checked. However, this optimism is fading fast for two reasons. Firstly, the food security situation in the region is once again being severely threatened in several parts of the region as rains have either failed or have not fallen at the right time. Drought conditions are affecting southern Mozambique, Swaziland and Lesotho, where seasonal rainfall deficits range from 25-50%. Dry conditions and above-normal temperatures in the critical planting months of November and December have also caused stressed growing conditions across southern Malawi, eastern Zimbabwe, and central Mozambique. Seasonal rainfall totals since the beginning of November have been less than half of normal and many farmers have had to replant up to three times after early crops failed. Rainfall in the second half of January has relieved dryness somewhat in a number of countries. However, unless the rains extend beyond their normal end in March-April, yields of late-planted crops will be low. It is clear that now that the planting period for maize has ended, there is little hope of achieving even an average crop in the region.

The second reason for fading optimism is that the momentum of international support for humanitarian efforts in 2002/3 has not been carried through into 2003/4. The indications from donors, following the launch of the Appeal, that complementary assistance to support food aid would be forthcoming, have not materialised. While the response to food aid needs has been broadly positive (70% of needs covered to date), the overall response to non-food and activities supporting social service provision has been disappointing (14%). Several key donors have cited Iraq as a reason for the limited response.

On the positive side, the longer-term prognosis for support to address the impact of HIV/AIDS appears healthier. There are growing indications that the promised funding of HIV activities through the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Bush Initiative and the World Bank will begin to flow into the region in 2004. A further positive indication was the clear commitments on behalf of several Governments to tackle the challenges posed by the pandemic. Under the leadership of the Secretary General, the UN has unveiled a robust and creative approach to address the triple threat of food insecurity, weakened capacity for governance, and HIV/AIDS. This approach has its roots in the humanitarian programme laid out in this Appeal in that it recognises the need for a blend of humanitarian and developmental interventions.

The effects that are being endured by the region's children best encapsulate the complex range of assistance interventions that are required. Declining health systems, missed opportunities for education, the added burden of children caring for children, threatens

fundamental rights and is keeping many trapped in a cycle of poverty. The absence of clear national strategies to protect and care for those affected means that short-term emergency support is needed so that the minimum level of care and protection can be provided. The spectre of further drought conditions continues to add to the threat to lives and livelihoods and gives prominence to the need for food aid and measures to improve food security. However, the slow creep of the HIV/AIDS pandemic continues to erode other key structures needed for future livelihoods. Urgent support is needed for interventions that will provide a firmer base for the future of the region's children.

As part of the Mid-Year Review exercise, country teams reviewed their Common Humanitarian Action Plans from July 2003. Consequently, projects totalling some US\$ 25 million were either suspended due to the absence of rains; cancelled because funding to address the same problems has now become available under the Global Fund; or scaled down to fit the shorter period remaining for the current appeal. Projects totalling some US\$ 19 million were introduced to refocus priorities based on updated assessment information. In addition, the World Food Programme's (WFP) original regional requirements of US\$ 311 million were revised to US\$ 432 million following final accounting for the previous EMOP and carry-over of requirements and contributions. The revised WFP requirements reflect the actual need for the appeal period, not new needs. Therefore, as of the Mid-Year Review, the total amount of the Consolidated Appeal for Southern Africa is US\$ 642 million, of which US\$ 318 is still sought.

REGIONAL OVERVIEW

1. The External Environment: Effects of the Humanitarian Programme

The overall humanitarian situation in Southern Africa remains precarious. At the height of the emergency in 2002, UN agencies estimated that more than 14 million people were in need of humanitarian assistance due to a combination of factors, including food insecurity, HIV/AIDS, poor social services, detrimental policies and deteriorating economic conditions. As reported in the Appeal for 2003-2004 in July 2003, conditions had improved, primarily in the northern part of southern Africa, as a result of a massive humanitarian response and a reasonable 2002-2003 agricultural season. Despite this progress, overall levels of vulnerability remained high and the underlying causes of the crisis were not removed. In July 2003, UN agencies estimated that over six million people would be in need of humanitarian assistance for most of 2004 and that the lives, health, subsistence and dignity of millions more are threatened, as a result of HIV/AIDS, continuing food insecurity, and weakened capacity for governance.

Agencies' optimism for significant reduction of vulnerability has faded during recent months. The combination of a lack of funding for critical assistance activities, particularly in the sector of social services, and food production prospects in the region once again compromised by drought, continues to expose millions of people to a life-threatening mix of vulnerability. However, longer-term prospects for addressing the crisis seem healthier, as there are growing indications that resources to combat HIV/AIDS will become increasingly available during 2004. In addition, several national Governments have recently demonstrated a robust commitment to take on the challenges posed by the pandemic. Still, these new developments are not expected to produce immediate significant results and urgent humanitarian assistance is required to address critical needs of the most vulnerable populations and undertake immediate actions to reduce their vulnerability.

Negative Developments

Social Services: The HIV/AIDS pandemic continues to undermine the capacity of national institutions to assume and fulfil their roles in the delivery of adequate services to the entire population. Crumbling health services have exacerbated the general decline in health and have eroded the population's ability to withstand shocks. In some areas, basic health interventions such as antenatal care and immunisations are failing to take place due to lack of qualified staff and insufficient support to infrastructure leaving increasing numbers of children vulnerable to life long disability or death. Health services are also losing the capacity to adequately and promptly prevent and treat sexually-transmitted infections (STI), one of the few proven interventions known to have a direct impact on reducing HIV spread in communities. Health services urgently require support if long-term recovery is to be achieved.

Agricultural Forecast: Prospects for the 2003 - 2004 agricultural season are worrisome, primarily due to poor weather patterns. Lack of rain in parts of South Africa is likely to lead to food shortages for significant numbers of South Africans during 2004. Insufficient or irregular rainfall in Lesotho, Swaziland, southern and central Malawi and southern and central Mozambique will reduce the potential for agricultural production. In Zimbabwe, poor economic conditions in rural areas have limited farmers' access to inputs and resulted in sub-optimal utilisation of high potential agricultural areas.

Regional Economy: Increased unemployment has negatively impacted household economy in Zimbabwe due to the deterioration of the political and economical conditions, and in Lesotho, South Africa and Swaziland, as a result of the strengthening of the national currencies. In some countries, the appreciation of the South African Rand during the second half of 2003 has also led to higher prices for products imported from South Africa. In Zimbabwe, humanitarian organisations have faced constraints in accessing local currency and foreign exchange for their operations, as a result of monetary policies.

Livelihoods: Evidence suggests that the asset-base of vulnerable populations is low, as a result of chronic insecurity and repeated shocks during the past years. In Malawi, Zambia and Zimbabwe, the Consortium for Southern Africa Food Security Emergency (C-SAFE) baseline survey conducted among 5,318 rural households in April - May 2003 confirms that 80% of families living in the C-SAFE project areas are asset poor and that a high proportion of them spend 75% or more of their income on food expenses, limiting households' ability to pay for social services, such as health care and school fees and capacity in case of crisis.

Human Rights: With up to a third of the adult population HIV positive in some countries, millions of young children are being left to fend for themselves. Significant numbers of orphans and other vulnerable children remain unregistered, making it difficult for them to access social services. Evidence suggests that women and children in households that have no male adult are more vulnerable to human rights abuse. Migrations caused by the deteriorating economic conditions and loss of labour in some countries also pose a challenge for protection of human rights.

Human Development: Human development indicators in the region have declined markedly since 1995. Seven southern African countries have the most negative trends in the Human Development Index (HDI) worldwide. This deterioration can be associated with the impact of the HIV/AIDS pandemic, which undermines the capacity of national institutions to deliver adequate services to the population and the lack of resources for social sector services.

Positive Developments

Resource Availability: Since its inception in January 2002, the Global Fund to Fight AIDS, Tuberculosis and Malaria has approved a total of US\$ 2.1 billion for a two-year programme. Of this, more than US\$ 164 million were approved for HIV/AIDS-related programmes in Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe. The first grant agreements were signed and disbursements made in December 2003. It is expected that during 2004, agreements with public and private recipients to prevent and treat AIDS, tuberculosis and malaria will be signed. In January 2003, President Bush announced the Emergency Plan for AIDS Relief in Sub-Saharan Africa and the Caribbean (PEPFAR), a US\$ 15 billion, five-year unified US Government initiative to: 1) prevent seven million new HIV infections; 2) treat at least two million HIV-infected people; and 3) care for ten million HIV-affected individuals and AIDS orphans and vulnerable children. Certain countries in the region, such as Mozambique and Zambia, were included in the plan and are expected to receive resources during 2004. The Clinton Foundation HIV/AIDS Initiative recently reached agreements with leading drug manufacturers and medical technology companies on a major reduction of the prices of anti-retroviral drugs (ARV) and HIV/AIDS laboratory tests. These agreements will significantly reduce the costs of testing and treatment for HIV/AIDS-affected populations in countries of Africa and the Caribbean by working with governments and organisations to establish countrywide integrated care, treatment and prevention programmes. Southern African countries included in the foundation's initiative are Mozambique, South Africa and Tanzania.

Governments' Response: During recent months, national Governments demonstrated increasing commitments towards recognising HIV/AIDS as a priority. During the second African Union (AU) summit in early July 2003, African leaders identified the fight against HIV/AIDS, malaria and tuberculosis, as a priority for the continent and indicated that a new regional effort, which would demand greater financial support from the international community, was needed. These commitments are being matched by a growing commitment on behalf of the entire UN system to respond to the growing emergency created by the pandemic.

UN Response: On 1 December 2003, the World Health Organization (WHO) and the UN Programme on HIV/AIDS (UNAIDS) launched the 3 by 5 Initiative aimed at scaling up access to treatment for populations infected by HIV. The initiative is expected to provide life-long antiretroviral treatment to three million people with HIV/AIDS in developing countries by the end of 2005. In response to appeals from countries, WHO and partners have begun deploying emergency response teams to assess specific situations with respect to anti-retroviral therapy (ART) and to identify how WHO and other partners can help accelerate treatment. WHO is realigning its structures and redeploying resources to be optimally prepared to convert commitment into action. The number of people living with HIV/AIDS (PLWHA) in the six countries covered by the Regional Appeal is estimated at 6.5 million. Of this number, approximately 1.3 million should be receiving ART during the first half of 2004, if their lives are to be saved. However, the 3 by 5 Initiative can at best reach an estimated 600,000 people by 2005.

Based on the report issued by Special Envoy (SE) James Morris and Special Envoy Stephen Lewis following their joint mission to the region in January 2003 and the "Next Steps" paper issued by SE Morris in April 2003, Regional Inter Agency Coordination Support Office (RIACSO) provided recommendations for the report prepared by the High Level Committee on Programmes (HLCP): "Organising the UN Response to the Triple Threat of Food

Insecurity, Weakened Capacity for Governance and AIDS, Particularly in Southern and Eastern Africa". The report, which outlines 22 actions that need to be taken at institutional and programmatic level to address the triple threat was endorsed by the Chief Executive Board (CEB) in late October 2003 and the United Nations Development Group (UNDG) Executive Committee.

2. Progress Made Towards Stated Goals and Objectives

2.1 Introduction

In the 2003-2004 Regional Consolidated Appeal, UN agencies and their partners aim to address the critical needs of vulnerable populations while supporting efforts that address the underlying causes of vulnerability. As a result, assistance activities include immediate actions aimed at preventing the loss of life and actions that address long-term needs so that vulnerable populations do not slip back into crisis, in accordance with the vision of the UN Special Envoy as presented in his report, 'Next Steps for Action in Southern Africa'.

Resident Coordinators and Country Teams retain primary responsibility for coordinating the humanitarian response within their respective countries. The Regional Inter-Agency Coordination Support Office (RIACSO), which was established under the leadership of the Regional Coordinator of the Special Envoy for Humanitarian Needs in Southern Africa, ensures that coordinated support is provided to Country Teams through: 1) assessment, strategic planning and monitoring; 2) reporting; 3) donor liaison and advocacy; and, 4) inter-agency communication.

2.2 Programme implementation and impact on affected population

The approach outlined in the Appeal for ensuring coordinated response throughout the region during 2003-2004 focuses on programme support, information management and support, and advocacy. In addition, specific regional programmes were designed to ensure harmonisation of efforts and effective utilisation of available resources at agency level or within certain sectors.

2.2.1 Coordination

Considerable progress has been made towards improving the coordination of regional efforts using the collective efforts of the agencies and programmes operating within RIACSO.

Programme Support

Vulnerability Assessment: RIACSO has continued to provide support to the SADC Regional Vulnerability Assessment Committee (RVAC) to improve convergence of data and deepen agencies' understanding of vulnerability. Based on the recommendations of the September 2003 Vulnerability Assessment Committee (VAC) Retreat in Gaborone, preparations were made to support regional and national consultations in early 2004 to review existing assessment and monitoring activities of vulnerability in the region and discuss how these activities can be harmonised with the vulnerability assessments coordinated by the VAC.

Integration of HIV/AIDS into Needs and Vulnerability Assessment: A three-day technical consultation on measuring vulnerability in the light of the HIV/AIDS pandemic was organised in Johannesburg on 9-11 September 2003. The consultation resulted in suggested indicators and appropriate methods for measuring HIV/AIDS impacts in vulnerability assessments.

Joint Programming: RIACSO has proved instrumental in improving the scope and effectiveness of joint programmes between UN agencies, particularly with regards to social services support, and HIV/AIDS-related activities. Between July and September 2003, the World Food Programme (WFP) and the United Nations Children's Fund (UNICEF) conducted a joint review of school-based interventions to assess and document country level support to education programmes. Results from this review are used to identify a minimum package of core interventions and prepare a regional strategy for supporting education interventions. A joint WFP/UNICEF Nutrition Programming Review that will take place between January and March 2004 will ensure appropriate and effective nutrition programming between stakeholders within the southern Africa region. In Swaziland, WFP and United Nations Population Fund (UNFPA) have been actively engaged in the establishment of 179 Women Relief Committees to assist with food aid. At the same time these women received training on sexual reproductive health (SRH) and gender based violence to serve as community counsellors.

Support to National Programming Capacities: Agencies within RIACSO have provided support to country-level programming to improve interventions for people living with HIV/AIDS. Such initiatives include inter alia the United Nations Development Programme (UNDP) Mozambique integrated strategy to combat HIV/AIDS and food security at the district level, the Food and Agriculture Organization (FAO) Junior Farmer Field Schools project in Zimbabwe to teach agricultural techniques to youth affected by loss of parental knowledge, and the FAO Community-based HIV/AIDS project in Lesotho to provide inputs for HIV/AIDS-affected families. In some instances, RIACSO has promoted cross fertilisation of programming ideas from one country to another. For example, the successful FAO Conservation Farming project in Zambia, which aims to promote labour saving and environmentally friendly agricultural practices, is being showcased in Lesotho, Malawi, Mozambique, Swaziland and Zimbabwe.

Information Management and Support

Information Sharing: The Southern African Humanitarian Information Management Network (SAHIMS) has expanded the capacity of sharing humanitarian information in the region. Up to 5,000 visits per day were made to the SAHIMS.Net in late 2003. Training and capacity support was also provided to UN Country Teams in the region to help them maintain country-level humanitarian information management systems. In this regard, a technical workshop including 18 representatives from Government departments and humanitarian agencies from the six countries was organised in August 2003. Methodological support was also given to Information Sharing Working Groups in four countries, including Mozambique, Swaziland, Zambia and Zimbabwe.

As an integral component of the regional information coordination strategy, the southern Africa office of the Integrated Regional Information Networks (IRIN) increased its overall editorial output, including the production of several analytical special reports exploring the links between the food crisis, HIV/AIDS, and governance issues. The correspondents' network was expanded to better cover countries currently not well served by the mainstream media and a training workshop was conducted for IRIN's correspondents to improve reporting on humanitarian emergencies and HIV/AIDS. IRIN's dedicated HIV/AIDS news service, PlusNews, also updated its country profile database for each country in the region, providing contact details of key AIDS NGOs, government agencies, and the status of national strategic frameworks.

Advocacy

Coordination: RIACSO provides a framework that has facilitated the joint advocacy work of agencies with respect to the understanding of the HIV/AIDS pandemic, its impact and the needed response. In this respect, the RIACSO Advocacy Group meets regularly to ensure a transparent and collaborative approach to advocacy and joint formulation of priorities. RIACSO and its partners have ensured that stakeholders are aware of the urgency to implement responses to protect lives and livelihoods, through a variety of communication channels, including the media. As a result of regular stakeholders' meetings with donors and NGOs, considerable progress has been made in transparency and participation between organisations at the regional level.

Focus on HIV/AIDS: RIACSO has continued to focus stakeholders' attention on HIV/AIDS. A presentation at the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) meeting in Nairobi in September allowed for a high profile illustration of the lessons learned in southern Africa as well as an exchange of best practices.

Task Force on Women, Girls and HIV/AIDS: The activities of the Task Force on Women, Girls and HIV/AIDS in Southern Africa, which was established by the UN Secretary-General in February 2003 following the mission of the SE for Humanitarian Needs in Southern Africa and the SE for HIV/AIDS in Africa, commenced in August. Under the coordination of a working group based within the UNAIDS Inter-Country Team in Pretoria, the Task Force conducted field visits in nine countries of the region, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe to share experience and discuss actions needed to reduce the susceptibility to and impact of HIV/AIDS on women and girls. A regional consultation of Task Force members was held in Johannesburg in late November 2003 to review the findings of the country visits and agree on a set of core recommendations for action. The final report of the Task force will be presented to the UN Secretary General and formally launched in March 2004.

UN Response: Based on the report issued by SE James Morris and SE Stephen Lewis following their joint mission to the region in January 2003 and the "Next Steps" paper issued by SE Morris in April 2003, RIACSO provided key recommendations for the report prepared by the HLCP: "Organising the UN Response to the Triple Threat of Food Insecurity, Weakened Capacity for Governance and AIDS, Particularly in Southern and Eastern Africa". The report, which outlines 22 actions that should be taken at institutional and programmatic level to address the triple threat affecting the region, was endorsed by the CEB in late October and the United Nations Development Group (UNDG) Executive Committee.

2.2.2 Specific regional programmes

Food Assistance

Food distributions targeting vulnerable households with little or no assets and limited income opportunities were implemented in the most drought-affected geographical areas, based on vulnerability assessments and the analysis of HIV/AIDS proxy indicators. Assistance was also provided to the chronically ill, malnourished children under five, pregnant and lactating women, and orphans and vulnerable children. During the period July - December 2003, a total of 235,000 Metric tonnes (MTs) of food was distributed to a monthly average of 3,278,000 beneficiaries. The numbers of beneficiaries receiving food assistance increased progressively as a result of the lean period, reaching five million for the month of December. Further details of beneficiaries assisted are included in the country specific analysis.

A Post Distribution Monitoring System (PDMS), which collects information on the short-term effect of food aid interventions, has been implemented since May 2003. In addition, a Community and Household Surveillance (CHS) System that analyses a series of indicators related to food consumption, coping strategies, HIV/AIDS and education has been in operation since October 2003. Both systems are contributing to the understanding of the overall effects of the food aid interventions on beneficiaries.

Complementary NGO Activity

Under a complementary programme funded outside the Consolidated Appeals Process (CAP), C-SAFE provided 61,400 MTs of food aid to approximately 1.2 million vulnerable people, including HIV/AIDS-affected households in Malawi, Zambia and Zimbabwe between April and September 2003. Commodities were distributed through community committees to ensure the most vulnerable were targeted and assistance was distributed without bias. A logistics service agreement was established with WFP to transport commodities between Beira and Malawi. C-SAFE also collaborated with WFP to implement the CHS system. Other activities developed under the same programme included the launch of a market assistance pilot programme in southern Zimbabwe to increase the availability of sorghum for the urban poor.

Disaster Management and Capacity Building and Training

UNDP, under the auspices of the United Nations Disaster Management Training Programme (UNDMTP), has been working on the development of disaster management training programmes adapted to the needs of the countries in the region. These programmes aim to improve capacities of national and regional institutions, such as the national disaster management units and SADC, in disaster risk management and recovery, with a special focus on HIV/AIDS. The programme will be implemented during 2004 in collaboration with the Office for the Coordination of Humanitarian Affairs (OCHA), which supports preparation of contingency plans in the region.

Strengthening Capacity for Nutrition Analysis

In October 2003, UNICEF began a Nutrition Analysis Project to expand and confirm the preliminary findings of the Nutrition Information Project for Southern Africa (NIPSA), which was carried out in March and April 2003. The project aims to improve understanding of nutritional trends and linkages with HIV/AIDS and drought. A nutritional database that consolidates data from the six crisis-affected countries is near completion and the analysis of regional nutritional trends is underway. Next steps include the incorporation of information from other assessments, such as the VAC assessments, Demography and Health Surveys and censuses into the analysis. In Lesotho and Malawi, linkages with national partner institutions are being developed to ensure sustainability of the project and build capacity to analyse nutritional data.

Orphan Assessment and Analysis

UNICEF, UNAIDS and WFP have completed preparations for a rapid appraisal of orphans and other vulnerable children (OVC) affected by HIV/AIDS, which will begin in January 2004. The assessment, which will take place in the six countries covered by RIACSO, as well as in Botswana, Namibia, and South Africa, will collect systematic information on the current situation of OVCs and the existing responses to meet their needs. Results from this appraisal will enable agencies to more clearly define the resources and strategies required to scale up

assistance for this group of population. This joint initiative will also strengthen interagency partnerships on this very critical issue.

Prevention of Sexual Exploitation and Abuse

An evaluation of the Save the Children-United Kingdom (SC-UK), UNICEF and WFP Inter-Agency project on Prevention of Sexual Exploitation and Abuse, which trained over 5,000 staff involved in food assistance activities between October 2002 and April 2003, recommended that the project be continued, using a community-based approach. It was also recommended that the project complement existing in-country initiatives to promote prevention of sexual exploitation and abuse. Following a series of country visits between July and September, a project proposal is being finalised. The proposed objectives of the project include the development and dissemination of codes of conduct for humanitarian workers, the establishment of reporting procedures, the development of appropriate training and sensitisation material, and advocacy for including abuse and sexual exploitation into agencies' policies and disciplinary codes.

Human Capacity Stabilisation and Rebuilding

To respond to the triple threat of food insecurity, HIV/AIDS and erosion of governance capacity in southern Africa, UNDP has adapted its strategy of human resource replenishment and sustaining and rebuilding capacity in key sectors. The Human Resource Capacity Replenishment Initiative was expanded into the Southern Africa Capacity Initiative (SACI). This regional initiative supports Governments in nine of the most affected countries in the region to develop effective and innovative policies for human resources management and planning in public services. In this context, United Nations Volunteers' (UNV) capacity needs assessments have been carried out and pilot placements of volunteers are being put in place to assist Governments address issues such as human resource planning, HIV/AIDS programming, adjusting education, health and rural development policies to the impact of HIV/AIDS, building up community civic service and developing HIV/AIDS workplace programmes.

Southern Africa Sustainable Recovery Initiative

As a result of the better understanding of the southern Africa crisis, UNDP developed an overall approach to prepare a multi-sectoral response from a sub-regional level. This approach recognises that the crisis manifests itself in each country differently and that programme activities need to be country specific and allow for cross cutting themes to build a regional framework. Support was provided to UNDP Country Offices in the six countries in the region to prepare sustainable recovery programmes, which contribute to reducing crisis impacts. Seed funding was provided to Country Offices to assist in the preparation of multi-sectoral strategies. UNDP support encompassed activities to raise awareness on the importance of disaster risk management in recovery programmes. UNDP also posted junior professionals in Lesotho, Malawi, and Swaziland to oversee implementation of recovery projects and to identify and implement other recovery initiatives.

Health Sector Capacity and Health Impact Assessment

Health sector capacity and impact assessments were conducted in Lesotho, Swaziland, Zambia and Zimbabwe between August and November 2003. The exercise, which consisted of household interviews and health facility assessments, was conducted under the guidance of WHO Country Offices and Ministries of Health, and the overall coordination of the WHO

Inter-Country Team on Emergency Humanitarian Action (ICT/EHA). Analysis of the data is underway and results are expected to provide detailed information on the impact of HIV/AIDS on the health status of population and health services in order to help the health sector fine-tune its plans and strategies to respond to the humanitarian crisis.

2.3 Impact of funding levels on humanitarian programme

Although notable achievements have been made since July 2003, humanitarian actions have been affected by serious under-funding that has limited the scope and impact of programmes. Whilst some agencies have been able to operate with funds carried over from the previous appeal to meet the most immediate needs of the affected population, others have not. For those organisations that have been operating on carryover funds, it is apparent that they will not be able to continue on this basis beyond 2003.

Limited resources forced agencies to prioritise among vulnerable populations and slowed emergency responses. In some sectors, agencies have had to cutback assistance to existing caseloads to meet urgent needs among other priority groups. In the food sector, millions of beneficiaries face rations cutbacks in January and beyond due to significant funding and commodity shortfalls. In the health sector, some agencies were compelled to divert funds from regular programmes to respond to outbreaks of diseases and urgent sexual reproductive health (RH) issues. In some instances, outreach services to vulnerable populations, including PLWHA and orphans and vulnerable children have been delayed.

Geographical coverage has also become more uneven, with some hard-hit areas, particularly Lesotho and Swaziland, receiving only a fraction of the resources channelled into the region, despite critical vulnerability. Efforts to promote an integrated approach addressing the multiple causes of vulnerability were undermined by skewed funding patterns. By mid-January, key sectors, including health and nutrition and water / sanitation, which is crucial for reducing morbidity and mortality, had received only 30% and 20% of requirements respectively. The protection sector, which includes critical activities to ensure orphans and vulnerable children receive basic care and protection, has received no funds. As a result, significant numbers of children remain unregistered, making it more difficult for them to access social services. Inadequate preventive efforts have made populations particularly vulnerable to outbreaks of diseases triggered by the rainy season, such as cholera and malaria. In the agricultural sector, resources were insufficient to stop the spread of foot and mouth disease and contagious bovine pleuro-pneumonia (CBPP). Failure to contain these diseases will seriously affect the already severely reduced livestock assets of vulnerable households, and national economies.

Under-funding also impacted on the capacity of agencies to improve the effectiveness of regional and country level data collection and analysis systems. Insufficient funding has limited the development of orphan assessment and analysis activities, as well the completion of health sector capacity and health impact assessments in all the countries. In many countries, populations remain vulnerable to outbreaks of diseases due to poor health surveillance and ineffective monitoring systems. The effectiveness of the information and data collection and analysis systems represents a critical investment for the future targeting of assistance to the growing numbers of vulnerable women, children and households affected by the impact of HIV/AIDS. The effectiveness of many nationally devised projects and plans will be limited without support for these activities.

The limited response from donors to support activities that reinforces human resource capacity is a major concern. Without immediate funding support to assist with stabilising

national human resources, the capacity of the public sector to deliver basic social services will continue to erode. The consequence of this will be devastating for all aspects of society and adds further weight to the much needed strengthening of national risk and disaster management systems.

The status of the food pipeline is also critical and additional donations for all commodities are urgently required to prevent serious disruptions to future food aid distributions. Shortfalls through January and February, when the number of beneficiaries is at its peak due to the lean period, are estimated at approximately 35% in comparison to overall needs. These shortfalls will increase dramatically in March and April to 50% or more. Donors are reminded that it can take a minimum of three months for the food commodities to arrive once it is pledged, so it is critical that new donations be confirmed immediately.

3. Priorities to the End of June 2004

Despite the optimism that was expressed at the launch of the Appeal for 2003/4 that a second year of intensive work to address the needs of the most vulnerable would allow people in the region to rebuild and strengthen coping capacities, irregular and insufficient rainfall is once more pushing people to the edge of survival. The priorities for the remainder of the appealing period will therefore concentrate on preventing loss of life and supporting efforts that underpin long-term efforts to reduce vulnerability. This will require the maintenance of a full food pipeline and support for critical social service interventions - especially in the health sector and those that provide for orphans, vulnerable children, girls and women. Priority will also be given to strategic interventions in the agricultural sector that preserve livelihoods. Specific activities relating to these priorities are further elaborated in the individual country chapters.

At the regional level, priority will continue to be given to strengthening ongoing efforts to improve quantitative and qualitative information on needs. The corollary to this is a strengthened analytical and dissemination capacity of the information generated. The role of the Regional and National Vulnerability Assessment Committees will be instrumental in this work. Within the RIACSO, UN and NGO partners will continue to further the harmonisation and complementarity of individual assessment and monitoring activities at regional and national levels. To this end, priority will be given to ensure the OCHA led SAHIMS is able to expand its role in linking data compiled by key actors in the region.

Overall coordination of efforts will remain key for the immediate term but also as the assistance effort transforms into a longer term strategic approach that follows the 22 actions recommended by the High Level Committee on Programmes in its paper on "Organising the UN Response to the Triple Threat of Food Insecurity, Weakened Capacity for Governance and AIDS in Southern and Eastern Africa". A priority in this regard will be ensuring that the consultative process with stakeholders - a recognised positive feature of the response in the region - is sustained as the response changes gear to encompass the elements defined by the HLCP.

4. Outlook

While the outlook for the region remains of serious concern, particularly in the immediate term, the indications of considerable international support for Governments in the region to address the impact of HIV/AIDS over the medium and long term is reason for optimism.

However, while the prospect of increased financial resources for the region is good news, these resources bring significant challenges in themselves and especially to recipient Governments. The capacity of Governments to plan and manage these resources is one immediate challenge that has been identified in this appeal. Human resource capacity will be a major factor in determining the effectiveness of how Governments programme the new resource streams. Mobilising the political and social leadership to effect change will be essential to generating the creative approaches needed at all levels of society to address the underlying causes of the crisis.

The creativity required by Governments to rise to these challenges will need to be matched and supported by the international community. Indeed, the recognition of the need for creative solutions provided the rationale for the UN to blur the lines between humanitarian and development assistance. It is for this reason that the UN and its partners made no apology with the presentation of the Consolidated Appeal for 2003/4 which requested support for actions that address immediate needs as well as for actions that support long term development objectives. The outcome of this Mid-Year Review suggests that the challenge remains for donor governments to find creative ways to simultaneously support humanitarian and development action both in the timeframe of this Appeal as well as beyond.

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ANNEX I. DONOR RESPONSE

ANNEX II. ACRONYMS AND ABBREVIATIONS

Note: The full text of this appeal is available on-line in Adobe Acrobat (pdf) format and may also be downloaded in zipped MS Word format.

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