

Regional Humanitarian Assistance Strategy in Response to the Crisis in Southern Africa

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SWAZILAND
ZAMBIA
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JULY 2002 - JUNE 2003



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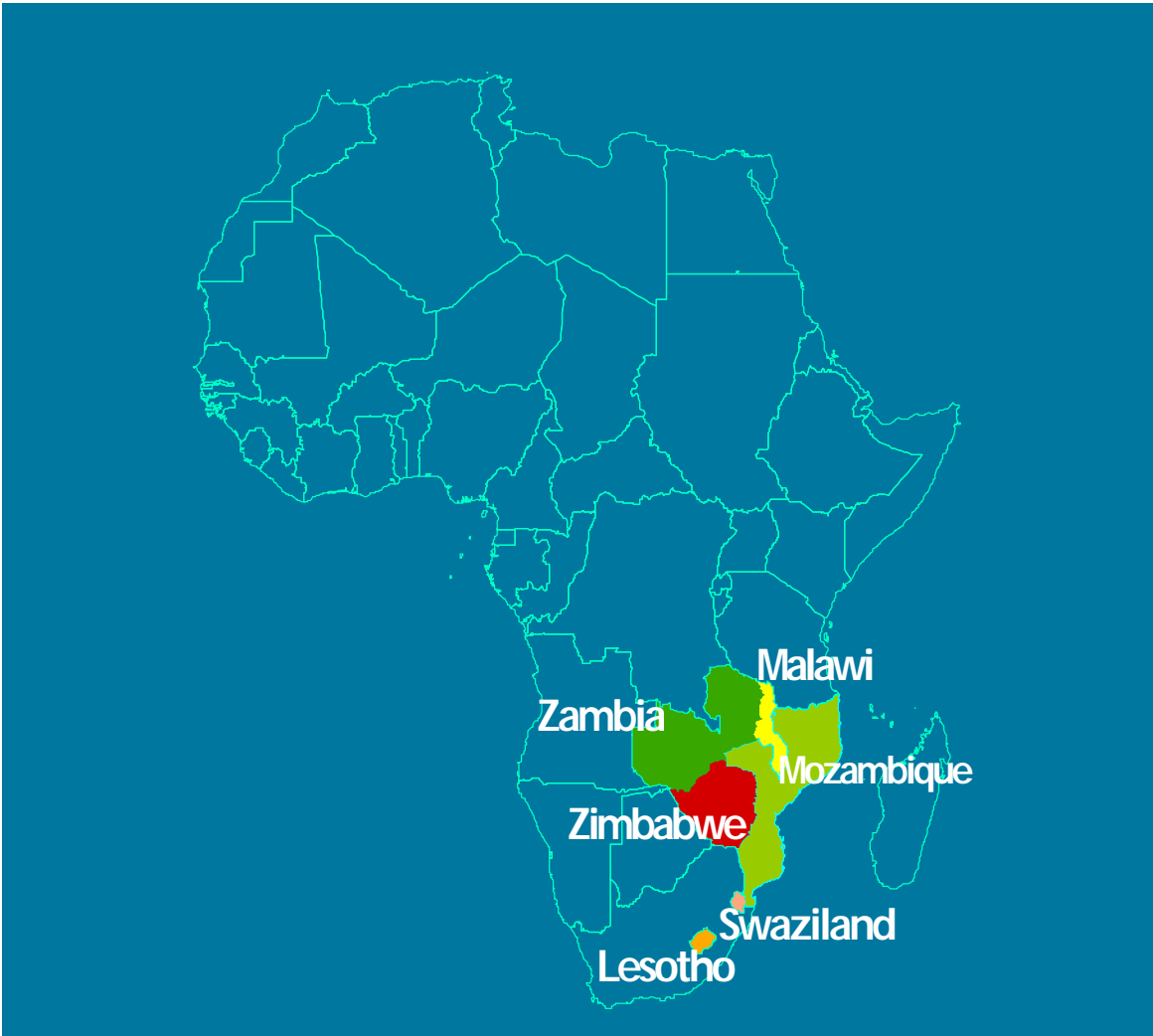


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1. EXECUTIVE SUMMARY

Almost 13 million people in Southern Africa are on the very edge of survival as the region struggles with shortages of food not seen since the drought of 1992. While climatic factors again have played their part to create these shortages, the impact of the food deficit in the region have been compounded by questionable government policies and the general economic downturn in region as well as the additional threats caused by limited access to basic social services and an alarmingly high prevalence of the Human Immune-deficiency Virus (HIV). It is estimated that 12.8 million people (of whom more than half are children) will be threatened by starvation and communicable diseases such as measles, cholera, malaria, the plague and Human Immune-deficiency Virus / Acquired Immune-deficiency Syndrome (HIV/AIDS) that will lead to increased morbidity and mortality unless collective action is taken to address the current humanitarian crisis. The magnitude of the humanitarian crisis in Zimbabwe where over 6 million people are at risk is of particular concern.

The aim of this document is to bring to the attention of the International Community the severity of the current crisis in Southern Africa and to support the efforts of national Governments to mobilise sufficient resources to prevent a humanitarian catastrophe. The document provides an overview of the current crisis, an outline of the critical issues that are affecting lives and livelihoods in the region and a framework within which the requirements in the most critically affected countries can be viewed. In this respect, the document reflects on the needs in Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe although it should be understood that the effects of the current crisis are felt in other countries in the region.

Recent destabilising events, in concert with underlying food insecurity, high prevalence of HIV/AIDS and chronic malnutrition, have led to a dire situation that requires immediate humanitarian assistance. In addition to a massive food aid operation, urgent support is needed throughout the region in the sectors of agriculture, health, nutrition, water and sanitation, and education/protection. Humanitarian assistance in these areas will be provided on the basis of priority of human need alone and without conditionality. Special consideration will be given to the most vulnerable and socially excluded groups including the elderly, female-headed households, children and those infected with HIV/AIDS.

The approach presented in this document has been developed through concerted assessment and dialogue with all stakeholders (Governments, Non-Governmental Organisations [NGOs], Red Cross Movement and South African Development Community [SADC] technical bodies) and as such, encompasses common understandings of needs and priorities. While the needs identified in this document, and as elaborated in the individual country Appeals, are of an immediate short-term nature, these needs should be viewed against the growing structural deficiencies that are prevalent in the region. For this reason, this programme of planned humanitarian support is not considered as an end in itself. In view of the length of time taken to recover from serious food insecurity and drought, United Nations (UN) agencies and their partners stress from the outset that the package of assistance presented within the framework of this document should be part of revised approaches to tackling food security needs to preventing HIV/AIDS and other communicable diseases and reversing the negative trends affecting the livelihood of many people in the region.

Notwithstanding, donors are urged to respond now to solve immediate food shortages and institute emergency measures in the crucial “non-food” sectors. It is paramount that assistance is provided immediately so that major famine and an ensuing humanitarian catastrophe can be averted. The total amount requested to support and implement humanitarian activities in the six countries is **US\$ 611 million**.

Table I
 TOTAL FUNDING REQUIREMENTS FOR THE
UNITED NATIONS CONSOLIDATED INTER-AGENCY APPEAL
IN RESPONSE TO THE HUMANITARIAN CRISIS IN SOUTHERN AFRICA 2002 – 2003
 BY SECTOR AND APPEALING ORGANISATIONS
 July 2002 – June 2003

SECTORS	REQUIREMENTS (US\$)
AGRICULTURE	31,190,725
COORDINATION AND SUPPORT SERVICES	8,993,183
ECONOMIC RECOVERY AND INFRASTRUCTURE	1,949,000
EDUCATION	4,917,450
FAMILY SHELTER AND NON-FOOD ITEMS	900,000
FOOD	507,273,091
HEALTH	48,267,057
MULTI-SECTOR	1,229,462
PROTECTION/HUMAN RIGHTS/RULE OF LAW	1,425,000
WATER AND SANITATION	5,195,300
GRAND TOTAL	611,340,268

APPEALING ORGANISATIONS	REQUIREMENTS (US\$)
FOOD AND AGRICULTURE ORGANIZATION	31,015,725
OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS	980,000
UNITED NATIONS CHILDREN'S FUND	26,799,300
UNITED NATIONS DEVELOPMENT PROGRAMME	9,665,492
UNITED NATIONS POPULATION FUND	6,572,000
UNITED NATIONS CHILDREN'S FUND / FOOD AND AGRICULTURE ORGANIZATION	182,000
WORLD FOOD PROGRAMME	510,718,244
WORLD HEALTH ORGANIZATION	19,658,477
WORLD HEALTH ORGANIZATION / UNITED NATIONS CHILDREN'S FUND	2,968,000
INTER-COUNTRY PEOPLE'S AID	2,063,030
WORLD VISION ZIMBABWE	107,000
ZIMBABWE AIDS PREVENTION AND SUPPORT ORGANISATION	611,000
GRAND TOTAL	611,340,268

TABLE II: TOTAL FUNDING REQUIREMENTS FOR THE UN CONSOLIDATED INTER-AGENCY APPEAL IN RESPONSE TO THE HUMANITARIAN CRISIS IN SOUTHERN AFRICA 2002 - 2003 BY AGENCY AND COUNTRY								
APPEALING ORGANISATION	COUNTRY							TOTAL (US\$)
	LESOTHO	MALAWI	MOZAMBIQUE	SWAZILAND	ZAMBIA	ZIMBABWE	REGION	
FOOD AND AGRICULTURE ORGANIZATION	3,288,600	1,594,600	6,000,000	1,418,525	2,604,000	16,110,000		31,015,725
OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS							980,000	980,000
UNITED NATIONS CHILDREN'S FUND	3,045,000	3,539,900	6,653,200	1,812,000	3,455,000	7,794,200	500,000	26,799,300
UNITED NATIONS DEVELOPMENT PROGRAMME	243,800	1,229,600	2,472,462	1,431,300	340,000	3,768,330	180,000	9,665,492
UNITED NATIONS POPULATION FUND				42,000	1,530,000	5,000,000		6,572,000
UNITED NATIONS CHILDREN'S FUND / FOOD AND AGRICULTURE ORGANIZATION				182,000				182,000
WORLD FOOD PROGRAMME	33,184,065	135,045,868	27,247,038	13,598,996	61,662,209	236,534,915	3,445,153	510,718,244
WORLD HEALTH ORGANIZATION	1,272,000	2,931,143	1,300,000	543,939	1,805,000	10,156,395	1,650,000	19,658,477
WORLD HEALTH ORGANIZATION / UNITED NATIONS CHILDREN'S FUND						2,968,000		2,968,000
INTER-COUNTRY PEOPLE'S AID						2,063,030		2,063,030
WORLD VISION ZIMBABWE						107,000		107,000
ZIMBABWE AIDS PREVENTION & SUPPORT ORGANISATION						611,000		611,000
GRAND TOTAL	41,033,465	144,341,111	43,672,700	19,028,760	71,396,209	285,112,870	6,755,153	611,340,268

TABLE III: TOTAL FUNDING REQUIREMENTS FOR THE UN CONSOLIDATED INTER-AGENCY APPEAL IN RESPONSE TO THE HUMANITARIAN CRISIS IN SOUTHERN AFRICA 2002 - 2003 BY SECTOR AND COUNTRY								
SECTOR / ACTIVITY	COUNTRY							TOTAL (US\$)
	LESOTHO	MALAWI	MOZAMBIQUE	SWAZILAND	ZAMBIA	ZIMBABWE	REGION	
AGRICULTURE	3,288,600	1,594,600	6,000,000	1,418,525	2,779,000	16,110,000		31,190,725
COORDINATION AND SUPPORT SERVICES	243,800	1,229,600	331,000	171,300		1,262,330	5,755,153	8,993,183
ECONOMIC RECOVERY AND INFRASTRUCTURE						1,949,000		1,949,000
EDUCATION	245,000	84,000	2,458,450		1,430,000	700,000		4,917,450
FAMILY SHELTER AND NON-FOOD ITEMS				900,000				900,000
FOOD	33,184,065	135,045,868	27,247,038	13,598,996	61,662,209	236,534,915		507,273,091
HEALTH	3,616,200	5,652,043	4,559,250	2,339,939	4,400,000	26,699,625	1,000,000	48,267,057
MULTI-SECTOR			672,462			557,000		1,229,462
PROTECTION/ HUMAN RIGHTS/ RULE OF LAW				600,000	325,000	500,000		1,425,000
WATER AND SANITATION	455,800	735,000	2,404,500		800,000	800,000		5,195,300
GRAND TOTAL	41,033,465	144,341,111	43,672,700	19,028,760	71,396,209	285,112,870	6,755,153	611,340,268

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 ψ
Lesotho	49%	49%
Malawi	60%	65%
Mozambique	69%	69%
Swaziland	48%	66%
Zambia	69%	86%
Zimbabwe	61%	75%**

* Figures from UNDP Poverty Report 2000 ψ 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.

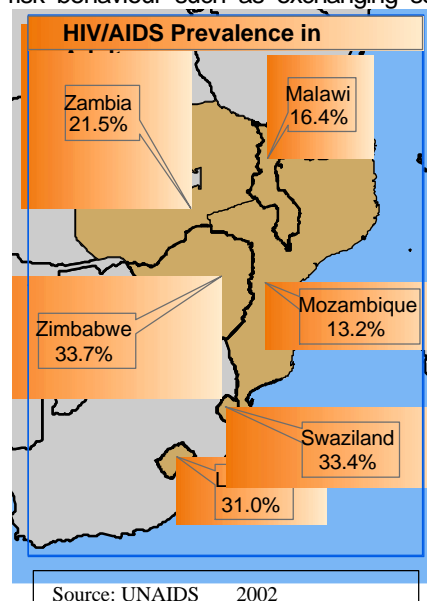
The figures point to the assertion that good governance is at source of economic growth and poverty reduction. The assistance provided through this appeal is mindful of this, and while proposed interventions will look to address the life saving needs of people in the region, it will only be through effective 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.

3. PROBLEM ANALYSIS

3.1 FOOD SHORTAGES

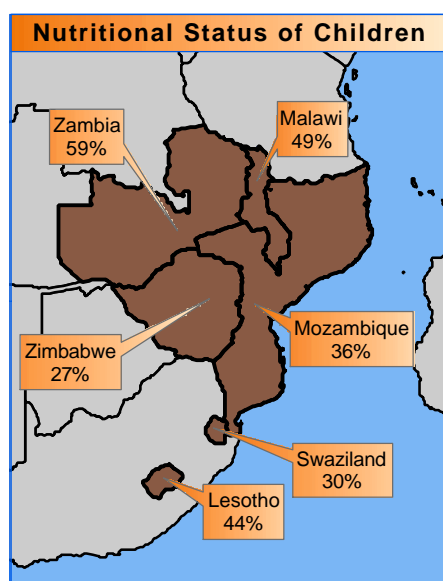
The table below summarises the amount of food aid required to cover the expected cereal shortfalls in the region.

Country	Pop in Need of Food Aid	Percent in Need	MT Cereal Food Aid thru March
Zimbabwe	6,075,000	46	705,000
Malawi	3,188,000	28	208,000
Zambia	2,329,000	21	174,000
Mozambique	515,000	3	62,000
Lesotho	445,000	20	50,000
Swaziland	231,000	21	12,000
Region	12,783,000	22	1,211,000

Clearly food will be the major input required to sustain lives over the immediate period. The estimated level of food aid requirements assumes that commercial imports will successfully fill the remaining production gap, and that consumers will be able to afford to purchase their food requirements. Current prices are typically double what they were one year ago. While prices have dropped in most markets following this season's harvest there are already signs that this will be short-lived, and market analysts consider it likely that prices will soar in those countries most affected by production shortfalls. With reduced purchasing power, most poor households are unable to afford these high prices, and will require food assistance.

Food aid will to be targeted to the most in need particularly those who have been unable to produce themselves or cannot afford soaring maize prices. Even with a major injection of external food aid, the commercial sector will have a significant role to fill the deficit in each country. Similarly, in anticipation of the 2002/2003 raining season, distribution of agricultural inputs in support of existing capacity and systems in the region will be key.

High levels of chronic malnutrition among children under five characterise the nutritional situation in the region. This is a reflection of the ever-present vulnerability of the populations to a variety of risk factors related to food, limited health care and limited social services. Although baseline global acute malnutrition levels among under fives reflect a typical development setting (5-10%), it is noted that the underlying vulnerability may cause a rapid increase in acute malnutrition during the current crisis, when not only food intake, but also health care and child care practices are challenged. Furthermore, chronic malnutrition, impairing physical and intellectual development, may increase beyond the baseline figures. Once this process is underway, it is difficult to reverse.



Micronutrient intake should be enhanced through fortification of food commodities, supplementation programmes and/or increased vegetable production. Particular public health nutritional risks are related to Iron, Vitamin A and Iodine deficiencies. In addition, a rise in pellagra, associated with a maize dominated diet, has also been recorded in Zimbabwe and Lesotho. Rates of measles immunisation are low and given the particular vulnerability of the malnourished child, emergency immunisation campaigns should be supported. Access to clean water is crucial in these circumstances as poor sanitary practice can lead to outbreaks of diarrhoeal diseases, including cholera.

A particular concern is ensuring a nutritionally balanced and complete food basket is made available as part of the food assistance programme, and ensuring that appropriate micronutrient supplementation is

done. Additionally, nutritional surveillance systems must be strengthened and surveys carried out. The UN will ensure that periodic nationwide nutritional surveys are carried out in all six countries included in this strategy. Common methodologies will be used and the surveys will be undertaken so as to collect information that can be compared by country and region. Results available from a nationwide survey just completed in Zimbabwe are alarming, showing an eightfold increase in malnutrition among children 3-5 years and a doubling of malnutrition among mothers.

3.2 SOCIAL SECTOR SERVICE DELIVERY

A significant contributor to vulnerability is lack of access to basic social services. Worsening economic conditions have led to limitations in the availability of drug and other essential medical supplies. This has added to a decline in qualified staffing, because of a “brain drain” and other causes including high mortality due to HIV/AIDS, particularly in remote rural health facilities, which has caused a sharp deterioration in the quality of care at primary and referral levels. Consequently, serious food shortages and increasing rates of malnutrition have resulted in weaker immune systems of the affected population that could soon turn otherwise manageable illnesses into killer diseases. Limited disease surveillance systems and response are major impediments to effective and timely control of outbreaks. Partnerships need to be strengthened to assure adequate surveillance, prompt recognition and response to food borne and waterborne disease outbreaks. Special surveillance will be needed to accurately monitor the impact of food availability and disease occurrence among those who are HIV positive. Assistance will target high HIV prevalence areas and creative approaches will be pursued to ensure assistance is provided in ways that prevent further infection and supports access to treatment.

There is growing occurrence of vaccine preventable disease in the region as immunisation coverage has declined in recent months. Nationwide measles immunisation and vitamin A supplementation campaigns will be undertaken in all countries affected by the crisis, aiming to increase coverage rates.

3.3 LOGISTICAL CAPACITY

Although the region’s logistics infrastructure has deteriorated since 1992, particularly in the rail sector, capacity still exists to transport the quantities of food and other assistance necessary to respond to the crisis. There has been some concern regarding congestion of ports and the deterioration of infrastructure, particularly railroads, however WFP believes that there is sufficient capacity in the region to transport quantities of food necessary to address the food deficit. Commercial routes being used for trade are focussed largely on South Africa and do experience congestion from time to time. However, there are several options available to reach the affected areas in the region:



- **Dar-Es-Salaam corridor**, for rail and road traffic into Malawi, Zambia, and possibly Zimbabwe;
- **Nacala corridor**, for rail and road traffic into Malawi;
- **Beira corridor**, for road and rail traffic to Zimbabwe;
- **Maputo corridor**, for road and rail traffic to Zimbabwe, Swaziland and Mozambique;
- **Durban corridor**, for road and rail traffic to the region;
- **Port Elizabeth**, for road and rail traffic to the region;
- **Walvis Bay**, for rail traffic to Zambia.

Logistics Corridors for Southern Africa

Several operational and policy issues must be dealt with in order to ensure smooth delivery of assistance. Coordination and information sharing are crucial to ensure the effective use of the transportation system. Infrastructure repairs in some areas may be necessary. Road tolls, varying importation/customs procedures, and third party transport arrangements that would allow trucks from one country to operate in another are all issues that need to be taken up with SADC to find satisfactory solutions.

WFP is planning a food pipeline that would ideally place two months of stock in country, one month at port, and one month of food on the high seas. With a two-month buffer of stock, logistics arrangements can become more cost-effective, as less expensive but slower corridors can be employed. To achieve this, WFP would need to receive immediate indication from donors concerning pledges to the region, as it normally takes 3-5 months from the time that a contribution is confirmed to delivery food to beneficiaries.

4. REGIONAL ACTION PLAN

The aim of the UN and its partners, relative to the prevailing humanitarian crisis in southern Africa, is to deliver humanitarian assistance in a timely manner to those who need it most and to prevent further hunger, destitution and permanent losses in livelihoods and well being to an estimated 12.8 million people affected in the six countries of most concern.

The UN is guided by humanitarian principles laid out in the UN Charter and expanded in universal declarations, conventions, and other documents and based on humanity, neutrality, and impartiality. They are adapted for the complex political, economic and social environment of the region and humanitarian assistance operations that will be delivered by the UN system and its partners. Key principles shaping the assistance programmes in the region are as follows:

- Assistance activities will not undermine the longer-term economic and social protection strategy in each of the respective countries;
- The time frame for the regional programme is one year although it is recognised that this programme will either expand or contract in response to further assessments and as a result of the monitoring and evaluation of the impacts of the interventions;
- Transparency will be a key component. In each country, the programme will ensure that adequate financial management arrangements are in place to ensure full accountability and optimum use of resources for targeted beneficiaries;
- Safety of personnel and commodities. All possible measures, including the establishment of adequate communications and logistics support will be put in place in order to ensure the safety of UN and the implementing partners' staff and the movement of commodities. Efforts will be made to ensure that women and children at food and other humanitarian distribution sites are not placed at increased risk of violence or sexual exploitation;

Principle Objectives of humanitarian assistance in the affected countries will be to:

- *Ensure that the urgent humanitarian needs of the most vulnerable populations in the region are met in order to save lives and livelihoods;*
- *Assist in preventing marginal populations from falling into a downward spiral that, if not prevented, could lead to prolonged dependency in the future;*
- *Maintain foundations for recovery programming in food self-sufficiency, education, health services etc.;*
- *Ensure that the humanitarian response addresses the needs of the people living with HIV/AIDS and seek to prevent new infection;*
- *Prevent, contain and address the outbreak of disease through enhanced health and nutritional surveillance;*

- *Assist vulnerable populations to improve their coping mechanisms to make them more resilient to economic and natural crises;*
- *Ensure that there is an adequate and timely provision of agricultural inputs for the next planting season as well as emergency veterinary inputs;*
- *Ensures that the humanitarian response addresses the needs of people living with HIV/AIDS;*

A longer-term goal of the programme is to phase out humanitarian programming and return to a development agenda focusing on poverty reduction, HIV/AIDS prevention and control and agriculture. In the field of agriculture this would centre on supporting food security through increased food production and to strengthen foreign exchange earnings. It is recognised that recovery is an ongoing process and which should focus on:

- *Dialogue and debate of policies that will increase agricultural production, food supply and economic viability;*
- *Policies and programmes which address the growing crisis in human resources, including the 'brain drain', skills, training and HIV/AIDS;*
- *Provision of means to vulnerable groups to extricate themselves from conditions of destitution and dependence on humanitarian assistance.*

4.1 REGIONAL ACTIVITIES

4.1.1 Coordination and Information Management

The current crisis evolving in Southern Africa requires a strong coordinated effort on the part of the UN and its partners. With the vast majority of the assistance being food, the WFP Regional Director for East and Southern Africa, at the request of the Inter-Agency Standing Committee Working Group (IASC-WG), will continue to oversee the coordination of assistance operations throughout the region. The broad intent is to keep coordination structures as light as possible.

At the national level the Resident Coordinators retain primary responsibility for coordination within their respective countries. The focus of most regional coordination activities will be centred in Johannesburg. Office of the Coordination of Humanitarian Affairs (OCHA) will establish a Regional Support Office (RSO) there, housed within WFP's office in order to support the WFP Regional Director in her continuing functions related to regional humanitarian coordination. The RSO will continue to provide support and service to the Resident Coordinators, Country Teams and humanitarian partners, including NGOs and donors.

The focus of most regional activity will be established in and around Johannesburg. OCHA will establish a RSO in Johannesburg, housed within WFP's regional office in order to support the WFP Regional Director in her continued functions related to general regional coordination.

In addition, OCHA proposes the creation of the Southern Africa Humanitarian Information Management Service (SAHIMS), an inter-agency information and data-clearing house, be established alongside the RSO. Similar to other recently established entities such as Data Exchange Programme for the Horn of Africa (DEPHA) in Nairobi, SAHIMS will liaise with and support existing information systems such as Famine Early Warning System (FEWS) and those of SADC and other technical bodies in the region. UNICEF and WHO are deploying senior staff to the region to support this facility, as well as to support coordination and advocacy in their areas of expertise, specifically in health and nutrition surveillance. A WHO country team based in Harare will augment and support this work as well as that undertaken in the countries themselves. In addition, United Nations Development Programme (UNDP) has undertaken to appoint staff to work with Resident Coordinators on rehabilitation and transition issues and Food and Agriculture Organization (FAO) has fielded an Emergency Coordinator for the crisis based in Harare.

Owing to the particular humanitarian situation facing Zimbabwe and Malawi, OCHA will provide a Humanitarian Affairs Officer (HAO) to provide support to the Resident Coordinators in both countries. These HAOs will assist the Resident Coordinator with the management and coordination of the UN response in collaboration with the Government, donors and NGO partners.

4.1.2 Logistics Operations

Coordination and information sharing among all stakeholders in this operation, i.e. state and commercial port and transport operators, SADC Governments, donors, aid agencies, traders, millers and others, is a must to maximise the throughput and ensure safe, efficient and cost effective port and overland transport services throughout the region. Also of great importance is the need to collate and disseminate timely and accurate operational information on pipeline, shipping, port and transport activities in the region to avoid congestion and give information on the movement of food on a regular basis to all stakeholders.

A regional logistics coordination structure (ReLogS) will be part of the central management and coordination structure housed with WFP's office in Johannesburg to monitor the food pipeline, gather information on all Government and commercial food purchases, maintain a database of food supplies in the region and disseminate this and other critical logistics-related information in a timely and effective manner. ReLogS will be responsible for contracting the overland and cross-border operations for WFP consignments and will liaise with SADC and commercial transport industry leaders to avoid unnecessary congestion on the transport infrastructure.

Initial pre-positioning of food will enable WFP to build its response to the expected peak period of the operation in December-March. The December-March period also corresponds to the rainy season and again pre-positioning is vital to pre-empt any transport constraints during this season. Furthermore, this strategy will enable a stable pipeline that will be less prone to gaps due to possible fluctuations in the confirmation of contributions and possible delays in shipping and procurement. Also, unforeseen needs will be easier catered for. UNICEF, WFP and partner agencies will coordinate the delivery of food and non- food assistance as well as nutritional support programs to ensure maximum effectiveness.

4.1.3 On-going Assessments

The increasing complexity of the situation, combined with the rapidly decreasing resilience of poor households to respond to shocks using their own diminishing resources, demands a heightened sophistication (breadth, depth, and time) in food security, nutritional and health assessment and monitoring if serious problems are to be recognised and addressed in time to avert a major humanitarian crisis with the southern Africa region.

A nationwide nutritional survey carried out according to WHO standards with a sampling of more than 20,000 children under five and more than 17,000 mothers has demonstrated an eightfold increase in acute malnutrition in 3-5 year old children and a doubling of malnutrition in mothers. Clearly pointing to a dramatic acceleration of a chronic nutritional problem.

To help ensure that appropriate, accurate and timely information and analysis is available to respond to and mitigate the impact of the cereal shortages in the most seriously affected countries in the region, in close collaboration with WFP and other partners, the SADC Food, Agriculture and Natural Resources (FANR) Regional Vulnerability Assessment Committee (RVAC) will facilitate and coordinate a series of vulnerability assessments and will establish appropriate food security monitoring systems alongside National Vulnerability Assessment Committees (NVACs). Assessment activities will be coordinated through the common consultative structure of the SADC FANR Regional Vulnerability Assessment Committee (RVAC) based in Harare.

The periodic comprehensive assessments will occur at two critical periods in the coming year (July/August and December) and will produce jointly issued reports to the humanitarian community providing comprehensive assessment of the food security at the regional level. They will be timed to incorporate critical events such as final round crop assessments, winter harvesting, commercial import commitment and capacity levels, as well as 2002/03 production prospects. This information will be critical towards refinement of beneficiary targeting and rapid response to changing conditions.

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

4.1.4 Development of a Sustainable Recovery Framework:

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

SUMMARY TABLE OF FUNDING REQUIREMENTS FOR REGIONAL ACTIVITIES

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

5. COUNTRY SUMMARIES

5.1 LESOTHO

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

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

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

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

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

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

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

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

SUMMARY OF FINANCIAL REQUIREMENTS

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

5.2 MALAWI

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

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

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

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

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

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

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

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

The overall estimated budget is summarised below:

SUMMARY OF FINANCIAL REQUIREMENTS

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

5.3 MOZAMBIQUE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SUMMARY OF FINANCIAL REQUIREMENTS

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

5.4 SWAZILAND

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

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

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

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

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

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

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

Strategic Goals:

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

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

SUMMARY OF FINANCIAL REQUIREMENTS

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

5.5 ZAMBIA

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

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

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

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

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

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

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

SUMMARY OF FINANCIAL REQUIREMENTS

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

5.6 ZIMBABWE

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

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

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

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

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

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

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

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

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

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

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

SUMMARY OF FINANCIAL REQUIREMENTS

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

ANNEX I.

ABBREVIATIONS AND ACRONYMS

CFSAM	Crop and Food Supply Assessment Mission
CSB	Corn Soya Blend
DFID	Department for International Development (UK)
DHS	Demographic Health Surveys
ECOSOC	Economic and Social Council
EDP	Extended Delivery Point
EMOP	Emergency Operation
FANR	Food Agriculture and Natural Resources unit
FAO	Food and Agriculture Organization (UN)
FEWS NET	Famine Early Warning Systems Network
FFW	Food For Work
GFD	General Food Distribution
H/A	Height for Age
HEM	High-energy milk
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IFRC	International Federation of Red Cross
IP	Implementing Partner
LTSH	Landside Transport, Storage and Handling
MCH	Mother Child Health
MICS	Multi Indicator Cluster Surveys
MoE	Ministry of Education
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
NRU	Nutrition Rehabilitation Unit
NVAC	National Vulnerability Assessment Committee
OCHA	Office for the Coordination of Humanitarian Affairs
PLWHA	People living with HIV/AIDS
ReLogS	Regional Logistics Structure
RMCU	Regional Management Coordination Unit
RVAC	Regional Vulnerability Assessment Committee
SADC	Southern Africa Development Community
SCF-UK	Save the Children Foundation (UK)
SFC	Supplementary Feeding Centre
SFP	School Feeding Programme
TFC	Therapeutic Feeding Centre
UNICEF	United Nation's Children's Fund
USAID	United States Agency for International Development
VAM	Vulnerability Analysis and Mapping
W/A	Weight for Age
W/H	Weight for Height
WHO	World Health Organization

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