3. PROBLEM ANALYSIS

3.1 FOOD SHORTAGES

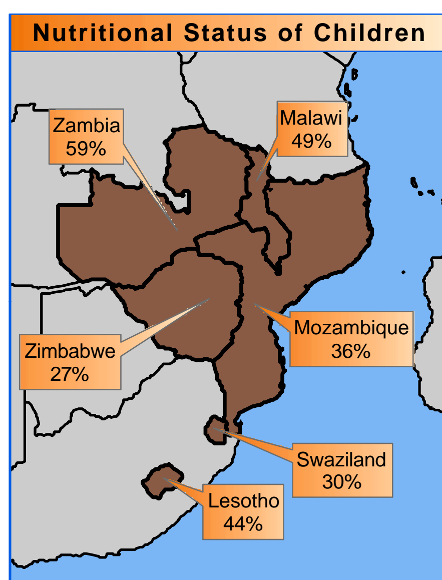
The table below summarises the amount of food aid required to cover the expected cereal shortfalls in the region.

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 survey's 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 survey's 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;*