

Evolution of a Crisis

A Save the Children UK perspective

September 2002



BACKGROUND

Southern Africa is in the throes of an acute humanitarian crisis that is having country-wide impacts in Angola, Malawi, Zambia and Zimbabwe, as well as affecting significant populations in Lesotho, Mozambique and Swaziland. It is estimated that, across the entire region, 7.5 million (plus a further 1.9 million in Angola) people already require immediate food assistance; a figure that will rise to 16.3 million over the January – March 2003 period. Of those in need, at least 60% are under the age of 18 years.

Save the Children UK (SC UK) were the first agency to raise the spectre of an impending crisis in October 2001 and have been at the forefront of efforts to mobilise a response since then. This document details the build up to the crisis and key moments in responding to it by the international humanitarian community. This has been a slow onset emergency, and the potential has existed for a major disaster to be averted through early and pre-emptive interventions. Largely using Malawi and Zimbabwe as case studies, it looks at the roles of the different actors and how successfully they fulfilled their responsibilities in responding to the situation.

CHRONOLOGY OF EVENTS – with special reference to Malawi and Zimbabwe

Southern Africa has suffered from erratic weather over the past two seasons and so many poorer farmers had already exhausted their coping strategies. The causes of the current crisis in southern Africa have been well documented elsewhere¹. In addition to adverse weather conditions, with drought, erratic rains, floods and tornadoes over successive years causing falls in production, other underlying factors have helped to drastically destabilise food security. These include political instability in Zimbabwe and a fragile peace in Angola, poor macro-economic performance in all countries in the region, inappropriate government policies, and the HIV/AIDS pandemic.

Annex 1 details the significant events both for Save the Children UK and the wider community. This is further explained and expanded on here.

Save the Children UK has developed the Household Economy Approach (HEA) methodology as a means of assessing both the physical availability and access to food by communities. This method has been widely adopted amongst food security practitioners and donors. A training session in HEA was conducted in Malawi in October 2001, by Save the Children. This was carried out in several Food Economy Zones that overlapped with those districts where SC UK is operational; Mchinji and Salima. The results were surprising, if not alarming. The results suggested that even in Mchinji, which is traditionally a bread basket area, the population was facing the potential for a significant food shortfall well before the next harvest in March 2003. HEA is a powerful predictive tool but because the results were derived from a training exercise, with staff new to the technique, there were concerns that the results may not be entirely reliable. A validation of the data, using experienced staff, showed the initial findings to be correct. These

¹ See for example

Oxfam (2002) *Crisis in southern Africa*. Oxfam Briefing Paper 23

Devereux, S (2002) *The Malawi Famine 2002. Causes, consequences and policy lessons*. May 2002 Paper commissioned by Action Aid

results were largely unexpected and showed that populations were experiencing degrees of vulnerability four months earlier than normal.

Save the Children felt so concerned about the implications of these findings that they hosted a donor meeting in Lilongwe in November 2001, not only to alert interested parties but to try and instigate a response strategy. The warning was not accepted and many, particularly the EU, maintained that the situation was less serious than we were predicting. At that time, FEWSnet were predicting some increased vulnerability but suggested that whilst maize was in short supply, food was not if root crops were taken into consideration. Root crop productivity is extremely difficult to predict and, subsequently, the estimates were shown to be seriously inflated.

To support the SC UK argument, nutrition surveys were carried out in December 2001. These showed global nutrition rates of 11.8 and 9.3% in Mchinji and Salima respectively. In itself, these figures did not suggest a crisis. However, when taken together with the HEA data and in considering the time of year (ie at least 3 months before harvest), they were very serious indeed. Again the response from donors was unenthusiastic. By comparison, an HEA survey in Zimbabwe (May 2001) with no supporting nutritional data was able to attract donor support from DFID for a food intervention over the September 01 – April 02 period. This was an unusual case in that it was designed specifically to support livelihoods rather than combat hunger *per se*. This differentiated response did show apparent inconsistencies in the DFID approach to the crisis in each country.

Intensive lobbying of donors and the international community commenced to support a wide-scale intervention in Malawi. Anecdotal evidence suggested strongly that the situation was deteriorating rapidly, a situation compounded by a massive increase in maize prices of 400%. To quantify the impact on the population, a follow-up nutrition survey was conducted in late February. Global malnutrition rates had increased to 12.5% in Mchinji and to 19% in Salima. That this increase had taken place within only 10 weeks was indicative of the seriousness of the situation and a vindication of the earlier Save the Children position.

By February it became clear that the food shortage was a regional issue and not just restricted to individual countries. FAO issued a Special Alert warning of 4 million Africans being at risk, and highlighted Malawi, Zimbabwe and Zambia as being the most affected.

However, national governments continued to be slow to admit that the problems were serious. In fact, Malawi did not declare a State of Emergency until the 27 February and Zimbabwe not until the 26 April.

Within the UK, international NGOs were also, independently, carrying out investigations into the extent of the problem in their operational areas. There was no coordination amongst agencies and so, in order to get a wider and common understanding, Save the Children called a coordination meeting in early April to allow all active NGOs to share information and develop a common position on the scale and needs of the crisis. This led to the development of a joint Position paper that, via the British Overseas Agencies Group (BOAG) mechanism went to the UK Secretary of State for International Development.

The prospect of a massive food shortage was now becoming more widely accepted. DFID agreed to fund a one-month SC UK food aid intervention in Mchinji – the first donor to respond to the food situation. WFP and FAO were also increasingly concerned and, at the Inter-Agency Standing Committee Policy Working Group meeting in March, invited Save the Children to present on the regional food situation. A direct result of this meeting, at the behest of WFP, was the formation of a working group tasked with coordinating the Crop and Food Supply Assessment missions to the region but with a wider remit. In conjunction with the normal supply side information that is collected and analysed, there was the explicit requirement to collect data on access to food and vulnerability issues. Save the Children were invited to participate in these missions in both Malawi and Zimbabwe. The missions, in the seven countries (Angola, Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe) took place over April and May 2002 and were reported back to a multi-agency meeting on the 6-7 June.

The meeting established agreed figures for the needs of the region and indicative figures of the populations in need, as a function of three phases between June 2002 and April 2003.

The situation was described as a “crisis of enormous dimensions”. It was agreed that over 12 million people in six countries would require assistance in response to the total cereal shortfall of 4 million tonnes. Of this 1.2 million tonnes would be supplied as emergency food aid through until March 2003.

Coincident with these developments was the death of Savimbi in Angola and the resultant cease-fire agreement on 4th April. This opened up huge areas of hitherto inaccessible countryside and to the resident population. Almost overnight the number of beneficiaries requiring humanitarian aid mushroomed. OCHA figures suggest more than 3 million people will require humanitarian assistance of which 1.9million people will require food aid.

Table 1 below shows the key elements of the proposed response over the 9 months until April 2003.

Within SADC as a whole, maize production stood at 16.3 million MT for the 2001/02 season. Whilst this represents only a 7% drop compared to the average over the past five years, it masks significant country level declines. These included Zimbabwe (71% down), Zambia (-35%), Malawi (-18%), Swaziland (-22%), and Lesotho (-21%). The harvest in April / May 2002 offered, at best, only temporary respite. Prior to harvest, acute food shortages were being reported in both rural and urban areas and, even where food was available, prices had risen dramatically. The price of maize increased by up to 300% in Zimbabwe and Zambia, and above 400% in Malawi and, as a result, large numbers of people in these countries have had their access to food severely undermined eg food may be available, but is too expensive to purchase. The expectation is that these conditions will be repeated again, though even more acutely from August 2002, if food is not brought rapidly into the affected countries.

Table 1. Predicted cereal shortfalls to March 2003 (WFP estimates) including September 2002 updates

Country + percentage of population in need	Peak population in need of food aid (est. June 02)	Revised population figures (September 02)	Total cereal shortfall April 02 - March 03 (tonnes)	Proposed cereal food aid April 02 - March 03 (tonnes)	Revised cereal food needs Sept 02 – March 03	Proposed govt / commercial cereal imports April 02 - March 03 (tonnes)
Zimbabwe 49%	6,075,000	6,700,000	1,869,000	705,000	486,000	1,164,000
Malawi 29%	3,188,000	3,300,000	485,000	208,000	237,000	277,000
Zambia 26%	2,329,000	2,900,000	626,000	174,000	224,000	452,000
Mozambique 3%	515,000	590,000	642,000	62,000	48,000	592,000
Lesotho 30%	445,000	650,000	338,000	50,000	36,000	288,000
Swaziland 24%	231,000	270,000	111,000	12,000	20,000	99,000
Angola 16%	1,250,000	1,900,000	n/a	**		n/a
Region Less Angola (July 02)	12,783,000	14,410,000	4,071,300	1,211,000	1,051,000	2,872,000
Region including Angola	14,683,000	16,310,000				

** On a previously calculated caseload in Angola of 1.25 million people WFP planned to provide 18,721 MT/month. With the target population rising to 1.9 million, the quantity of food assistance will need to increase.

In order to streamline activities, WFP launched a Regional Emergency operation (EMOP 10200) on 1st July 2002. This supersedes all existing WFP activities in the region. Despite this, the Southern African humanitarian crisis is still receiving insufficient attention to date and the response from some governments and donors has been slow. As of 24 September, only 36% of the required \$507 million funding had been pledged to WFP.

WFP, in a welcome move, has set up a Management and Logistics Unit in Johannesburg to facilitate transport and logistics within the region. OCHA are also opening an information hub, the Southern Africa Humanitarian Information Management Services (SAHIM) to serve the massive data collection and collation needs of the crisis. This should be operational from October 2002.

As the season progresses so more people will become vulnerable to food shortages. Reflecting this incremental need, the proposed response is phased, with increasing food requirements for each period. These are shown (though excluding Angola) in Table 2. These figures relate to the previously estimated beneficiary case-load in each country. Following the new figures released in mid September these will have to be revised for the September 2002 – March 2003 period. Significantly, the total food aid requirement has increased by 13% over the original June 2002 estimate.

Table 2. Predicted case loads (as of June 2002)

Period	People in Need of Food	No of people receiving General Food Distribution	Tonnes
June-August 2002	7,485,000	6,111,000	232,030
Sept-November 2002	11,098,000	8,577,000	344,424
December-March 2003	12,783,000	9,913,000	528,689
Total			1,105,143

It should be noted that the WFP EMOP will not meet all the food aid shortfall, nor target all the identified beneficiaries. It will target 80% of the affected population (10.2 million people), providing only 67% of food aid cereal needs. Implicit in the document is the requirement for other actors, principally international NGOs to develop parallel pipelines to make up the shortfall.

In Angola WFP had planned to distribute an average of 18,721 tonnes of food assistance to 1.25 million people per month until the end of the year. Recent assessments indicate that the numbers of people in need of food assistance will reach up to 1.9 million, placing enormous strain on the food pipeline and logistics capacity. Moves by the government to ensure that many of the Quartering and Family Areas (for demobilised UNITA troops and their families) are closed by mid October will add to the thousands of people already on the move back to home or resettlement areas. By mid September up to 600,000 people are thought to have returned to their homes/resettlement areas. Many of the resettlement areas are inadequately prepared to receive returnees, and issues such as land allocation, de-mining and the absence of basic services are major obstacles to people being able to support themselves.

Many donors have committed to assisting with the crisis, with a few making substantial interventions. The United States have committed over \$275 million to the humanitarian crisis through USAID, Food for Peace and OFDA (Office of US Foreign Disaster Assistance) and the US Department of Agriculture. The majority of this has been as food aid².

The European Commission response has been stilted and unclear. Whilst longer term development has always been their stated objective (rather than responding to short-term emergencies), their reaction to the crisis has been slow. It was not until July 2002 that they produced their strategy document³ but even this contains allusions to what they may or may not do rather than what they will do.

In June 2002, the UK's Department for International Development (DFID) committed £45 million for the general humanitarian crisis plus, since April 2002, an additional £5 million for Angola. About half the funds have gone directly to WFP whilst £14 million has been channelled through the NGO sector and £8 million has been assigned to agricultural recovery programmes⁴. This supplemented the £18 million that had already been committed in the region since the previous September.

In the UK, the Disasters Emergency Committee launched its own appeal on the 25th July. The appeal, which raises funds on behalf of 14 humanitarian agencies, is reliant on public donations and is therefore only successful following significant media coverage. As of the 19th September, the appeal fund stood at £13 million.

CURRENT SITUATION WITH COMMERCIAL / GOVERNMENT IMPORTS

The massive food needs will only partly be met by the international community. The bulk of the shortfall has to be met by national government and the commercial sector. It is critical that all available information be openly shared so that effective contingency planning can take place. To date, the information coming from each country has been poor – published figures do little to differentiate proposed purchases, active contracts or stocks already received. No information exists about the distribution plans for the government stocks once received. In all cases, national governments have to take greater responsibility to be transparent in their ability and progress in accessing food so that, collectively, the international community can ensure the needs of the hungry are met.

Where data does exist, it is difficult to assess the reliability of the figures. However, they do, probably represent the trends in import success. Figures presented at the September 2002 meeting in Johannesburg⁵ suggest for example that although Mozambique had imported 78% of its requirements, Zambia had, by that stage imported only 9%.

² USAID (2002) *Southern Africa Complex Food Security Crisis Situation Report #12*. [From www.reliefweb.int]

³ European Commission (2002) *European Response to southern Africa humanitarian crisis*. 9 July 2002.

⁴ Information taken from DFID website - www.dfid.gov.uk/News/News/hot_topics.htm

⁵ SADC (2002) *Regional Emergency Food Security Assessment Report*. SADC – FANR, 16 September 2002

THE IMPACT OF THE FOOD CRISIS ON CHILDREN

Children are food secure when their right to sufficient food at all times - so that they grow and develop properly and are able to lead active, healthy lives - is realised, protected and promoted.

The Southern African humanitarian crisis has enormous implications for children, since 60 per cent of the region's population are aged under 18.

Most households have little capacity to cope with food shortages, and even where food is available, prices have increased beyond their reach. When times are difficult, children have to help out by searching for wild foods or by working to boost household earnings in order to buy more food – if it is available. Their education suffers as a result because of missed schooling; they may even be withdrawn from school altogether. In any case, given the limited opportunities for expanding existing activities or attempting new ones, the main coping mechanism that households are likely to employ is that of cutting back on meals. Hunger itself can be a key reason for children dropping out of school; even if parents could afford fees, children may find it difficult to walk the often long distances to school on an empty stomach. In Zimbabwe, it has been reported that 18% of households have removed one or more children from school as a coping mechanism against the food crisis⁶.

Malnutrition

The long-term consequences of malnutrition are profound⁷. Poor nutrition will impact children *in utero* and continues throughout the lifecycle, especially in women. This in turn increases the risk to the individual's health but also reduces the ability of normal foetal growth. This may also lead to a limited capacity to cope with stresses and to offer adequate child care.

Under-nourished children fall ill recurrently and their physical and mental development is less than optimal. This vicious cycle severely restricts the development of the future work-force who may show a reduced work capacity. Numerous studies have shown that stunting (due to long-term inadequate food intake) is closely linked to mental development, irrespective of social status. Wasting (as a result of serious short-term lack of food) is of great concern because of its close links to rates of illness and death.

Child protection

Any situation that leads to populations becoming reliant on others intrinsically makes them more vulnerable. Food aid programmes can themselves undermine child protection. The landmark study undertaken by UNHCR and SC UK in West Africa has indicated the high risks of transactional sex between aid workers, abusing their position of power, and young women.

⁶ Zimbabwe National Vulnerability Assessment Committee (2002) *Zimbabwe Emergency Food Security Assessment Report*. 16 September 2002.

⁷ James P *et al* (2000) *Ending malnutrition by 2020: an agenda for change in the Millennium*. UN Administrative Coordinating Committee/Sub-Committee on Nutrition, [ACC/SCN] 2000

There are implications of food insecurity on women and children's labour in the domestic environment. Children sent to collect rations can suffer harm from carrying weights that are too heavy for them. Girls in particular are kept out of school to go and collect rations or may be forced to engage in prostitution to raise money for the family. In some communities/families, at the time of food shortages, access to food becomes a gender issue. The registration system can discriminate against certain types of household: for example, those headed by a child, such as one where one or both parents have died of AIDS, may not be registered to receive food rations. Young men with very limited access to employment can be obliged to turn to petty crime, in turn criminalising them and further reducing their household access to support.

SC UK has started discussions with WFP and UNICEF to ensure that issues of child protection and HIV awareness are provided as part of the essential elements of a quality emergency response. The current plans are to ensure that all personnel involved in the food distribution chain are trained and provided with follow up support on HIV prevention for themselves and their sexual partners.

The three agencies have agreed to design, develop and implement a regional training initiative to ensure that all staff as well as all partners (including commercial partners) receive training on the prevention of sexual and other forms of exploitation. A training company has been contracted to create a series of modules, specific to the different populations working on humanitarian relief in Southern Africa. Trainers will be contracted in each of the six countries, corresponding to the EMOP, to provide training for programme managers, operational managers (food monitors, warehouse staff, store managers), food distributors/volunteers at distribution points and truckers (both long-haul and local). The training is due to begin before the end of October and will continue for 2-3 months in the first phase.

It is hoped that the local trainers will be from agencies that are already involved in child protection and therefore this will be the start for ongoing discussion at agency and community level about child protection. SC UK, WFP and UNICEF will subsequently evaluate the longer-term impact of this training.

HIV/AIDS

Southern Africa has the highest HIV infection rates in the world, with young women having the highest rates. In some areas that are food shortage affected, these rates are in excess of 40%. Young women usually have rates four to five times higher than men of the same age, highlighting the gender and economic inequalities. That part of the population which are most economically active are also at high risk. For example, in Swaziland, 33% of 15-49 year olds are living with HIV/AIDS and, in Zimbabwe, 2 million people in this age group are affected.

The current food shortage is taking place at a time when the impact of HIV is increasingly being felt within communities – it is hitting families that have progressively become more food insecure because of the impact of sickness and cost of care and treatment on households. The food crisis will put even greater strains on families who are already very vulnerable, and place them at even greater risk. Food insecurity increases the likelihood of HIV infection and the likelihood of children being affected by the illness of others in their families. At the same time, HIV and AIDS exacerbate children's problems in accessing food. Households affected by HIV/AIDS have greater

costs of healthcare and therefore less money for food. They often have to sell off their assets to pay for care, and their income is already reduced because they are less able to work. The burden of care and work often falls on children, who may be taken out of school. Children who lose their parents often lose their rights to property and land. Reduced access to education and to social or agricultural education also affects their longer-term chances for economic survival and reduces the opportunities to learn about how to grow food from their elders. Others who migrate for work or to access food are also often at increased risk of HIV infection, being away from their spouses or other forms of social protection.

Threat of violence

Children are at risk in situations where people are having to migrate because of the food crisis. There is already a steady trickle of migrants into South Africa and Botswana from Zimbabwe. Children are at greater risk of being exploited – both physically and sexually; being separated from their families and falling into child labour traps as well as taking to the streets where they are likely to be faced with various forms of violence, especially when they get in to trouble with the law. In the Limpopo Province of South Africa, there are already reports of Zimbabwean children as young as twelve years working in maize factories until late at night in order to receive maize and some money for their work. There are already cases of child sex workers at Beitbridge crossing (and along the Maputo corridor).

During deportation of economic migrants from South Africa, children involved are treated exactly the same as adults with no special consideration of child protection issues that may be involved. In Lesotho and Malawi there is evidence of children (and adults) being beaten and sometimes disabled by angry communities when the children have been caught stealing food from the fields. With the food situation worsening in many of the southern Africa countries, large scale migration is likely to happen.

Migration

Since December 2001, SC UK has mounted a continuing emergency preparedness and contingency plan to keep abreast of regional migration issues. The focus of this work has been based on concerns of population movements out of Zimbabwe, in view of a worsening humanitarian environment caused by food shortages and the possible displacement of commercial farm workers.

Contingency planning has been set in place in Malawi and Mozambique to deal with a serious 'refugee' influx. A detailed preparedness plan has been introduced for the South Africa programme that has a strong capacity building approach with local government in the health, nutrition and child protection sectors. The focus is on Limpopo Province which could be the most likely destination for Zimbabwean migrants.

The Save the Children regional office keeps in contact with regional UNHCR structures, particularly in Botswana to monitor the movements of Zimbabwean migrants in the region.

COMPOUNDING ISSUES

Genetically modified organisms (GMOs)

GMOs have become an important issue over the past few months. At various times Zambia, Zimbabwe, Malawi and Mozambique have expressed concern or refused acceptance of GM maize. Most of the concerns revolve around the potential contamination of local agricultural crops; although health risks have also been mooted. Zambia have come out the most strongly in banning the import of GM maize though this may be reviewed following current data collation by Zambian scientists. Malawi has announced that all GM maize, from 1st October, needs to be milled to prevent any potential environmental contamination. The issue of who incurs the additional costs has not been fully addressed.

In response, the UN have put out a combined statement (23 August) that re-iterates that the final decision to accept GMOs rests with national governments but that the risks are considered to be minimal.

Save the Children UK accept the right of governments to question GMOs in principle. However, the mitigating circumstances that this crisis presents will require greater pragmatism. By the end of this year over 14 million people will require food assistance. Sufficient food is not available within the southern Africa region and national governments have been slow to make their position on GM crops known. However, as a potential constraint, the GM issue should have been anticipated earlier by all actors (including the UN and NGOs). The reality is that it may now be too late to look for alternative food stocks, in the volumes required, if we are to meet the immediate needs. National governments have offered limited alternative solutions to the problem posed by them refusing the GM maize. Chiefly, this involves milling the grain but this imposes additional problems (costs for milling and re-bagging, shorter shelf life, inadequate milling capacity in the affected countries).

Save the Children UK believes that if the only options are accepting GM crops or seeing many people starve, then countries in the region should soften their stance and accept GM crops – unmilled or milled - for the period of this emergency.

This situation demonstrates vividly that there is an urgent need to work with SADC agricultural bodies to develop policies to deliver food security, including a coherent policy on GM crops, both at regional and national level.

El Nino

Of major concern is the impact of the current El Nino event. There is now a 90% chance that El Nino conditions will prevail during the remainder of 2002 and into early 2003. Although there is considerable uncertainty in the forecasts about timing and intensity of the peak of this warm episode, there is an increased probability of drier conditions across parts of southern Africa in 2003. All of the forecasts, so far, indicate that it will be much weaker than the 1997/98 El Nino which, despite its intensity, was ameliorated by climate patterns in the Indian Ocean. In view of this, SC UK has, through its regional office, been tracking developments and commissioning short pieces of work to provide an early analysis of potential scenarios.

Emergency preparedness

In responding to the flooding disaster in Mozambique in early 2000, SC UK found its emergency response capacity wanting, partly as a result of a weak programme base in Inhambane Province. As a result of this inadequate response, it was decided that the SC UK regional office in Pretoria would oversee an intensive period of preparedness planning across the region so that the lessons of Mozambique could be effectively learnt. The six countries where SC UK is working in the region had emergency preparedness plans in place by October 2001. These plans have been reviewed and updated regularly in response to a changing external environment.

A regional preparedness plan has also been developed which has emphasised the need for greater investment in staff development, programme development and sectoral competence, particularly within health, nutrition and child protection. This work has had a strong impact in heightening both SC UK and its partners' awareness on the likely threats and hazards which communities and countries face. The preparedness process has begun to make changes in ensuring that SC UK programmes become more relevant to dealing with the main threats to communities and family livelihoods. This work has been strengthened by the excellent data analysis provided by the Household Economy Approach which has been critical in preparing SC UK for its early emergency responses in Zimbabwe, Malawi, Swaziland and Lesotho.

SAVE THE CHILDREN UK's ADVOCACY WORK IN SOUTHERN AFRICA

Save the Children has long realised that the value of the direct work it does on the ground must be balanced by concerted advocacy to allow the sharing of ideas and initiatives based on a solid base of experience. Critical to this approach is that it is imperative that we fully understand the communities with whom we work. This has a particular resonance in crises if we are to respond appropriately to the food and non-food needs of a population.

Within Save the Children UK, programme activities are guided by the Organisational Advocacy Plan which has five key priority areas. The Emergency priority area includes the Food security sector whose goal is:

To prevent and mitigate food and nutrition crises affecting children through timely, appropriate and cost-effective responses based on quality information and analysis.

Key advocacy targets to achieve this goal vary by region but, in the southern Africa context, are primarily WFP, EU, DFID, USAID, the national governments and SADC.

Save the Children UK was the first NGO to alert the international community to the impending food crisis in Southern Africa, based on data from the Household Economy Approach together with nutrition surveys. HEA allows assessment of the food security vulnerability of communities in a predictive way, whilst being reinforced by nutrition surveys which describe the current situation. Nutrition surveys alone have only limited predictive capacity; in fact, changes in acute malnutrition prevalence are often a late indicator of a crisis.

Using the data we had collected, we were able to lobby vigorously with each of the key target groups with a strong degree of confidence in our own position. In many cases this led to strained relationships with the target audience (who were also, in a real sense, our potential partners) but it did successfully force the issues into the public domain and allow debate to take place.

The data indicated a worsening food security environment in both Malawi and Zimbabwe with high levels of stress within the rural economies. Household assets were becoming rapidly exhausted and food access was becoming increasingly precarious. SC UK secured an early response from DFID for food aid funding in Zimbabwe (August 2001) and only later in Malawi (February 2002).

Intensive lobbying began in Malawi in late 2001. Through a variety of meetings, letters to key individuals and press statements, pressure was brought to bear on WFP and the EU (both unsuccessfully) and DFID for an early food aid response in Malawi. Advocacy was conducted at all levels; national, regional and international either directly or through influential agencies such as OCHA. By early 2002, WFP were responding positively to the crisis whilst the EU continued to prevaricate.

SC UK will continue to lobby governments, donors and UN to ensure that recovery and rehabilitation work will invest in mitigation programmes which will strengthen rural livelihoods and reduce vulnerability. As the crisis unfolds so the emphasis of our advocacy may change but will continue to include elements that are impacted by the food situation such as the re-settlement of Internally Displaced Persons in Angola and the plight of commercial farmworkers in Zimbabwe.

In Angola, SC UK has constantly lobbied the UN to be more effective in its humanitarian co-ordination and the donors to respond more generously to Angolan humanitarian appeals. Part of this lobbying work took SC UK to the UN Security Council in March 2002.

SC UK has remained an influential voice through its food security assessments in Malawi, Swaziland and Zimbabwe with WFP and SADC member governments. SC UK's regional food security adviser sits on the SADC regional Vulnerability Assessment Committee in Harare allowing us a very strong regional overview of food security and early warning issues.

At a local level, SC UK ensures its voice is heard at all levels. For example, it attends the fortnightly WFP/NGO meetings in Johannesburg. It continues to raise key issues with OCHA and UNICEF in regards to the regional humanitarian crisis, including the plight of Zimbabwean farmworkers and the need to safeguard principles of neutrality, appropriate attribution of aid and safety of humanitarian personnel.

SC UK has taken the lead within Zimbabwe in providing guidance and information on food security to the British NGO group. In Mozambique, a group representing the DEC agencies has also met regularly to examine food security and co-ordination concerns. SC UK is part of an influential NGO consortium in Malawi, which works alongside WFP and UNDP and sits on several governmental Task Force committees to address food policy needs. SC Swaziland currently chairs the NGO Drought Consortium, which

handles all negotiations between the NGOs, government and WFP. These activities and meetings are mirrored by similar groupings and meetings held in the UK amongst the relevant agencies.

Press and media elements of the crisis

The scale of the disaster made it incumbent on Save the Children as an international agency to ensure that the facts were made as widely known and that they were subsequently acted on. A key vehicle for this was to engage with the media.

Initially it was extremely difficult to get them interested in the crisis; to many it was simply 'just another annual food crisis in Africa'. Interest at the outset from other agencies was also relatively limited although Concern and the World Food Programme were, by the beginning of 2002, clearly doing what they could. Coverage was sporadic and came nowhere near the level required to move reluctant donors to prompt and decisive action. Save the Children worked closely with other UK NGOs to increase the profile of the crisis with intermittent isolated successes.

Save the Children decided to capitalise on a pre-arranged trip to Malawi by the Mirror newspaper to increase the profile of the crisis and invited the journalist concerned in for a specific briefing. The coverage generated by the trip was of a sensational and sometimes quite critical nature but it provided an opportunity to dramatically increase the profile of the issue. On the day the Mirror published, on 21st May 2002 we took the decision to use a line that Save the Children had been debating internally, which had been independently used by the Mirror. The line compared the potential scale of the emergency in Southern Africa to the famine in Ethiopia in 1984-85. It was not suggesting that the same numbers of deaths would be seen but that many millions of people over a huge geographical area would be seriously affected and that deaths would undoubtedly occur. Although this risked conflating two wholly different events it did dramatically illustrate the scale of the potential crisis and resulted in two days of intense follow-on coverage from TV, radio and print media.

Coverage since has been better but still sporadic. There have been two other main peaks of coverage during this period. The first was the launch of the DEC appeal, on 25th July, where Save the Children was able to provide spokespeople visiting from the region in London and a UK spokesperson in Johannesburg. The second was around the land reform process in Zimbabwe where the highly politicised approach taken by most of the UK media frequently resulted in misleading comment about the nature and particularly the causes of the humanitarian crisis.

ISSUES OF CONCERN TO SAVE THE CHILDREN UK

Role of the commercial sector. On the evidence of last year, it seems clear that the private sector will not be able to import the quantities of cereal predicted. Zimbabwe accounts for about half of all the food requirement in the region, and its economic situation in the country is so dire that it is unrealistic to assume that the resources will be available to meet the targets set at the meeting. It is imperative that an explicit monitoring system is put in place to track import movements to ensure the food stocks are arriving and that a comprehensive contingency plan is developed for if proposed

imports begin to fall short of needs, as appears to already be the case. To date, and three months after the EMOP was launched, there is no clear evidence that imports are being sufficiently monitored.

Angola. Angola falls outside the Southern African region as defined by UN and by DfID. From October 2002, this will change when Angola is incorporated into the WFP East and Southern Africa structure. However, it has immense food needs, with an estimated 1.9 million people currently affected by food shortage. It is therefore critical that any plans for importing food into the region take account of the demands resulting from the situation in Angola. It is unclear what co-ordination mechanisms exist to ensure that there is a region-wide approach to the crisis that explicitly includes Angola.

Ration size and make up. The proposed response does include a basket of commodities. However, ration size is set below the internationally accepted level for daily nutritional needs (2,100 kCal/day), on the basis that beneficiaries will be able to access food through secondary sources. Studies carried out by Save the Children UK suggest that these secondary sources are all but exhausted. The SPHERE standards, detailing minimum standards in humanitarian assistance, lay down minimum standards for food aid and should be used as the guidelines for all interventions. These must include cereals, pulses and oil.

Capacity of implementing partners. Although most food aid will be channelled through WFP, the distributions themselves will be carried out by implementing partners (usually international or local non-governmental organisations – NGOs). Distributions are resource-intensive and logistically demanding and it is critical that agencies have the capacity and experience to carry them out and to target the food appropriately. Save the Children UK has real concerns that partner agencies, while obviously committed, do not have the necessary capacity, and believes it is imperative that WFP (or another agency) develop a set of guidelines outlining the minimum requirements expected from partners.

Potential for civil disturbance. The current food crisis is affecting groups of all income levels in both rural and urban areas. Save the Children UK believes there is the real possibility of civil unrest in urban centres as food shortages become more severe and of significant refugee movement out of Zimbabwe to South Africa and other countries towards the end of the year. There appear to be no contingency plans that address these eventualities, and these need to be put in place now.

Role of and links with UNDP Consolidated Appeal (CAP). A Consolidated appeal document (for both food and non-food) was presented in New York on the 18th July. The process that had taken place at individual country level, normally led by UNDP, varied widely in degree of participation and the thoroughness with which needs were assessed. It had been agreed at the Johannesburg meeting in June that NGOs and civil society would be consulted as part of the process but this did not happen sufficiently. UNDP missions have inevitably found it challenging to take on the co-ordination role required to deal with a crisis of this scale and this needs to be addressed.

RECOMMENDATIONS

The Southern Africa region is facing a food crisis of enormous proportions, and unless the international community increases its response immediately, there is the real possibility of a catastrophic famine, which will devastate communities and lead to the death of thousands of people, especially children. Save the Children UK believes that the following recommendations should be taken into account if the humanitarian response is to bring about widespread immediate relief to affected populations and long-term strengthening of food security in their countries.

- That the 'Issues of Concern' listed above be addressed immediately.
- A major operational commitment and a concerted effort, on a scale well beyond the response that has been applied to date, is required.
Action: All governments, UN, donors and NGOs.
- Due to the chronic poverty in the region, the immediate relief initiatives must be accompanied by activities that address the long-term issues of structural food insecurity in the countries affected. This would include the development of national food security policy frameworks.
Action: All governments, donors and agencies responsible for food security.
- All agencies should be responsible for ensuring that monitoring of access to food aid is taken into the households to ensure that people are not discriminated against due to age or gender.
Action: WFP and implementing NGOs.
- That national governments develop transparent response plans for the emergency, assume the prime responsibility for responding and ensure an operating environment exists that enables food to be distributed as rapidly as possible.
Action: All governments.
- Food security responses must acknowledge the longer-term impact of HIV on infrastructures and communities in the region and ensure that rehabilitation and longer-term food security and livelihoods responses are appropriate to the needs of HIV-affected families.
Action: UNDP, EU, DFID.
- Food aid programmes can undermine child protection. All parties involved in the food crisis must be proactive in acknowledging the risk and ensuring that appropriate activities and management mechanisms are built in to all plans and proposals
Action: All governments, WFP and other pipeline agencies, all donors and all NGOs.

Save the Children UK urges all parties concerned to tackle the Southern Africa food crisis as a matter of greatest urgency. The situation is already desperate and if nothing is done now, it will become much worse. It is already too late for the hundreds – perhaps thousands – who have died this year from hunger and hunger-related diseases.

Annex 1. Calendar of events relating to the evolution of the humanitarian crisis in Southern Africa.

Month	Within region	Outside region
October 2001	SC - Malawi HEA training	
November 2001	SC - Malawi HEA validation 23 rd – SC Malawi donor presentation suggesting impending food crisis	
December 2001	SC - Malawi nutrition survey SC – Zimbabwe (Binga) nutrition survey	
January 2002	SC – Malawi. Review of national roots and tubers availability SC – Zimbabwe (Kariba) nutrition survey	
February 2002	5 th - DFID agree to fund first SC food aid intervention 19 th – FAO issue a Special Alert for the region 27 th – Malawi govt declares State of Emergency SC – Malawi nutrition survey	
March 2002		13-14 th - Inter-Agency Standing Committee meeting in Rome
April 2002	4 th – Cease fire in Angola SC – Zimbabwe (Binga) nutrition survey and HEA Assessment 26 th – Zimbabwe government declares a State of Emergency	9 th - UK NGO group called
May 2002	WFP / FAO Crop assessments SC – Zimbabwe (Kariba) HEA Assessment	16 th – EU issue press statement acknowledging the food situation.

		28 th – BOAG meeting
June 2002	6-7 th – Humanitarian Needs meeting in Johannesburg SC – Malawi nutrition survey	17 th – BOAG meeting
July 2002	WFP open Management and Logistics Coordination Unit in Johannesburg SC – Zimbabwe (Kariba) nutrition survey	1 st – WFP launch Regional EMOP 10200 9 th - EU produces Regional Strategy 18 th - UN Consolidated Appeal presented in New York 25 th – Launch of the Disasters Emergency Committee Appeal
August 2002	VAC assessments throughout region	
September 2002	16-17 th Humanitarian Needs meeting in Johannesburg SC – Malawi nutrition survey	

Annex 2. What is Save the Children UK doing in the region?

ANGOLA

The issues

- After so many years of war, a cease-fire between the ruling MPLA and opposition UNITA was signed on 4th April 2002.
- 4 million Angolans (one third of the population) were forced to flee their homes during the war in search of security and food. They have little, if anything, to return to: no houses, no crops, no jobs, no health services, no schools and often no family.
- Up to one million people were out of reach during the war and unable to receive assistance. Those who survived and are reachable now are in desperate need of help. This is in addition to the more than one million people who are already receiving aid.
- People need food, water and basic sanitation, basic household items (blankets, pots and pans, buckets to carry water) and health services. Thousands who have lost touch with their families need to be reunited.
- The war wreaked devastation on the most basic infrastructure: roads, bridges, hospitals and schools. This means people can't reach markets, work, humanitarian assistance and so on. Landmines will continue to prevent people from moving around safely.
- About 350,000 people – UNITA fighters and their families – came out of the bush since the cease-fire. Most had been struggling and on the run for much of the last two years. They have reported to quartering and family areas (QFAs), where they are completely dependent on external assistance to survive.
- This takes place against a backdrop of chronic poverty. Angola's social indicators are amongst the worst in the world:
 - One in three children dies before the age of five.
 - One mother in 50 dies whilst giving birth.
 - Less than half the children ever go to school; of those who do, relatively few study for more than two years.
 - Nation-wide, 50% of men and 70% of women cannot read and write.
 - 63% of families live below the poverty line; the percentage living in extreme poverty – 50 pence a day - has more than doubled in the last five years.
- An estimated 100,000 children have been separated from their families due to the war. Some have spent years without any word of their parents.
- A conservative estimate is that 10,000 boys have been used as child soldiers. A similar number of girls have been abducted or forced to leave their families. Many of them have been forced into sexual partnerships with soldiers.

What is SC UK doing in Angola?

- Comprehensive humanitarian package for 60,000 people in two QFAs and one displaced persons' camp. This includes food, essential household items, health and nutrition support and family tracing for child soldiers and other children separated from their families. In addition, 25,000 children under 10 years – many of them malnourished - are receiving a supplement to their diet.
- Nationwide support to the Ministry of Social Assistance and Reintegration in its national family tracing and reunification programme.
- Work with children affected by the war to help them reintegrate into communities.
- Supplementary feeding for 5,000 malnourished children under 12 years in Huambo and Caála towns.
- Work with communities and children in urban settings to understand poverty and design local solutions that focus on safe day care and access to more food, education and health services.

- Participatory work with displaced girls and women to facilitate their access to basic services.
- Using experience in the field to encourage the Government of Angola, the UN, international community and local communities to devise and implement appropriate policies and practices in the best interests of Angolan children.

LESOTHO

The Issues

- Lesotho has suffered severe weather variability over the last two years characterised by torrential rains, frosts, hailstorms and tornadoes, which have significantly reduced the 2002 cereal harvest. Cereal production in this year's harvest has declined by over a third since last year which was also a bad year. The World Food Programme crop assessment report estimates that 50,000 MT of food aid will be needed. Almost half a million people will require emergency food aid throughout the country.
- Most families in Lesotho live below the poverty line. Over the last 9 months, there has been serious inflation in both bread and maize prices; this has left the poorest sections of society struggling to access food despite the availability of food staples in the country.
- Assistance needs to be carefully targeted and phased so as to avoid disruption of domestic markets.
- The structural problems of the economy and agriculture in Lesotho are immense. There has been a consistent and long-term decline in cereal yields in Lesotho. There has been a 300% decline since the 1970s. Poor farming practices have reduced the availability of topsoil, depleted the nutrients from the soil and reduced the area planted.
- Unemployment has undoubtedly worsened over the last decade. Nearly half of all the Basotho miners working in South Africa have been retrenched. The drop in remittances has had a profound effect on rural livelihoods in Lesotho.
- The HIV/AIDS pandemic has further eroded livelihoods and the problem is worsening in the country. Lesotho has one of the highest HIV/AIDS infection rates in the world. Out of a population of 1,073,000 children, 27,00 are estimated to be living with HIV/AIDS.
- The nutritional status of the country's children represents some of the worst indicators in Southern Africa. The national prevalence rates of malnutrition have increased over the last decade and stunting amongst the under 5s is estimated to be 45%.
- There is a weak response capacity to the crisis in both the government and non-government organisations (NGOs) sectors.

What is SC UK doing in Lesotho?

- SC UK has lobbied for extension of the School Feeding Programme. This is by far the most effective mechanism for getting food to the majority of children.
- SC UK is facilitating the FAO/WFP crop assessment. We are currently supporting a SADC-FANR evaluation of the food security situation in all districts in Lesotho. This will enable an accurate and credible evaluation of needs and ensure that Lesotho's needs are considered in any regional food aid response.
- SC UK has recommended that there is emergency provision of agricultural inputs such as seeds in order to enable disaster-affected farming families to restart agricultural production during the next main planting season starting in October 2002. The promotion of seed multiplication and horticultural production are recommended measures to further improve food security at household level.
- SC UK continues to monitor the food situation in the country and to provide regular food security information to support food aid programmes.

- SC UK is working to ensure that all food security work addresses explicitly the issues of child protection, HIV/AIDS, age and gender.

MALAWI

The issues

- SC UK assessments in Malawi completed in October 2001 alerted agencies, donors and governments to the present food crisis in Malawi.
- The food crisis is a result of a combination of factors. These are:
 - Two consecutive “failed” harvests due mainly to floods in 2001 and in 2002 due mainly to drought.
 - Rapidly increasing maize prices.
 - Increase in agricultural input prices.
 - Failure of government and commercial sector to import enough maize into the country over several months in the leanest food period.
 - People having “pre-harvested” a significant amount of their food produce (particularly maize).
- Malawi is a landlocked country. It will be extremely difficult to bring in 280,000MT of commercial food imports plus the 208,000MT of food aid through the available routes.
- There is serious regional competition for food imports, with Zimbabwe requiring the most. Failure to bring in the required 485,000 MT of food over the next nine months will have a negative impact on a population that have already exhausted most of their coping strategies and reserves
- If food aid and commercial imports fail, 3.2 million Malawians will continue to experience serious food shortages. Over the past two years people have sold off a significant amount of their assets. There is discussion of a recovery programme but details and strategy have not yet been finalised.
- The EU is part restocking the national food reserve with 40,000 MT which has been sourced locally. It is unclear what impact this will have on the local market.
- The audit of the National Food Reserve Agency and ADMARC is very negative, which has not inspired donor confidence. The report shows that the proceeds of the sale of the grain reserve did not service the loans for which it was sold. The anti-corruption investigation is yet to produce its report.
- The ruling party has failed in its bid for a third Presidential term largely as a result of civil society pressure. In the current crisis the country needs political stability to enable it to focus on important issues. For the first time in Malawi, civil society has set itself up to monitor government budgets and participate in national debates.
- There is more dialogue and co-ordination amongst different stakeholders including the United Nations, the government, NGOs, donors and civil society. A consolidated agenda for food aid has been agreed in line with the WFP figures. However, SC UK remains concerned that the total needs will not be met.

What is SC UK doing in Malawi?

- SC UK is undertaking a number of humanitarian food interventions to address the situation. In March 2002, SC UK distributed a one-month ration of white maize to approximately 45,000 households in Mchinji district. In Salima, it distributed a one-month ration of white maize and beans to 35,000 households in May 2002. A second distribution for Salima was underway as at the end of June 2002 with a similar ration.

- Alongside the distribution of white maize in Mchinji and Salima, a high protein unimix was distributed to all under-five children in the targeted households at the rate of 10Kg per under-five child, per month. A total of 80,000 children were assisted through this intervention.
- SC UK is working with WFP to distribute a one-month ration of white maize (50Kgs) to 3800 most affected households in Mchinji in the months of June, July and August 2002. In Salima, 5800 households will be targeted for distribution in July and August 2002. The number of households targeted is expected to be scaled up for the September to December 2002 period and yet again up to March as the situation worsens prior to the next harvest.
- SC UK is supporting Nutritional Rehabilitation Units (NRUs) and targeted supplementary feeding in the districts of Mchinji and Salima by supplying food provisions including the high protein unimix and cooking oil. SC UK has provided some basic tools such as blankets, measuring equipment and basic utensils for the NRUs to help them meet the increased demands. Training is being provided to the staff of NRUs and feeding centres as a way of ensuring that feeding protocols are adhered to.
- Regular nutritional surveys have been undertaken since December 2001 to constantly monitor the nutritional status of the under-fives. As at end June 2002 a nutritional survey in Mchinji and Salima districts is underway which is showing similar results to those of Dec 2001. This will be followed by another survey in September 2002. Mapping for nutritional surveys in Malawi has been undertaken in May to June 2002 in order to establish geographical gaps in nutritional surveys across the whole of Malawi.
- The Malawi Programme is playing a key role in advocating for food policy that will promote access of food to the majority of Malawians through its participation in national food security forums such as the Joint Task Force on Food Security coordinated by the Ministry of Agriculture and its sub-committees.

MOZAMBIQUE

The Issues

- During 2002/03 Mozambique will need approximately 62,000MT of food aid to support half a million affected families.
- The food situation remains serious in the southern and central regions of the country. The severe dry weather during the 2001/02 cropping season sharply reduced crop yields in these regions. The main factors of the current acute food insecurity conditions being experienced in the semi-arid districts of the southern and central regions include a combination of:
 - Structural economic deficiencies.
 - The cumulative effect of several recent natural shocks, especially floods, excessive rains and cyclones that hit the same areas during the last three seasons, plus the current dry spells which led to almost total harvest failure in these areas.
 - A sharply reduced ability of households in these areas to replace the lost production with other income and production until at least April 2003.
- HIV/AIDS has also contributed to low production due to lost or weakened agricultural labour and absence from the fields due to funerals. The central region has been hardest hit with rates of over 21% HIV/AIDS prevalence.
- In other regions the harvests this season have been reasonably good with a slight increase in overall production compared with the 2001 harvest. Production has not been homogenous over the country and there are clearly vulnerable pockets, principally in Gaza and Inhambane provinces. Increasing amounts of assistance will be needed throughout the later part of 2002 and in early 2003. Increased household level food security monitoring in these areas will be a priority.
- There are many non-government organisations (NGOs) working in Gaza province that are willing to support relief assistance to vulnerable communities, primarily through food for work. In Inhambane province there are fewer international NGOs and accessibility to

interior districts is problematic. In addition, the population is very dispersed making access particularly difficult and food for work problematic.

- High prices of maize in the local market are seriously undermining household food security for a significant section of the population in the centre and the south. Families that have lost all or most of their crops have exhausted their stocks and are already depending on distress sales of livestock.
- With the emergency situation in neighbouring countries, the focus on those populations may result in inadequate support for the WFP pipeline for Mozambique.
- In food surplus areas, harvested commodities are quickly being sold off in response to the high price market created from demand in neighbouring Zimbabwe and Malawi. There is some concern that farmers will sell off too much in their household reserves leaving Mozambique vulnerable later in the year.
- Overall the food security situation in Mozambique appears to be manageable. Co-ordination amongst the NGOs, donors and governments is working with regular meetings taking place.
- With food commodities moving across the border with Zimbabwe it will be important to monitor market prices and affordability for Mozambicans in vulnerable areas.

What is SC UK doing in Mozambique?

- SC UK will be observing closely the border areas with Malawi, South Africa and Zimbabwe for hunger induced population movements. We are concerned about migrant/refugee flows and we will monitor the situation of children with a view to monitor needs in terms of assistance and protection of unaccompanied minors in these areas.
- SC UK will be ready to assist other partners in the Zambezia province as necessary.
- SC UK will prepare to respond to the emergency through:
 - Partner support.
 - Collaboration on training on child protection with UNICEF and WFP.
 - Monitoring of the food security situation at national level.
 - Monitoring population movements between Zimbabwe and Mozambique, particularly movements of children.
 - Advocacy work for a timely and adequate food pipeline.

ZIMBABWE

The Issues

- Zimbabwe is now facing its worst humanitarian crisis since independence in 1980. The current food shortages are predicted to extend, and indeed worsen, well into 2003.
- The rapidly deteriorating situation has been compounded by a major drought, which has crippled agricultural production in many parts of the country. Current estimates indicate that Zimbabwe now has to import some 75% of its total annual maize requirement, amounting to approximately 150,000 tonnes per month until May 2003. This is at a time when the country is facing bankruptcy and international hostility arising from its controversial land reform programme.
- Compounded by the ravages of an HIV/AIDS epidemic that is amongst the worst in Africa, the country has witnessed the rapid erosion of previously functioning safety nets.
- Our research in vulnerable communities in informal mines, commercial farms, peri-urban settlements and remote rural areas has shown that children are increasingly experiencing a range of negative impacts. These include:
 - Heightened levels of malnutrition.
 - A decline in access to health cares.
 - A reduction in school enrolments

- Vulnerability to exploitation of labour.
- An escalation in physical and sexual abuse.
- The increased death and illness of parents and guardians which in turn exacerbates all of the above.
- Longer-term solutions to Zimbabwe's intractable political and economic problems need to be developed over time, however SC UK believes that the current short-term needs for food relief require immediate prioritisation by donors and international organisations. Conditionalities around policy reform should not undermine the humanitarian imperative to save lives.
- As malnutrition rates increase, as families increasingly divest themselves of their few remaining assets in order to meet their survival requirements, preparations need to commence now for a humanitarian intervention unprecedented in Zimbabwe's recent history. This should include a significant recovery component, if the country's farmers are to regain their ability to produce sufficient maize for the forthcoming season.
- The Government of Zimbabwe and all implementing organisations need to uphold the humanitarian principles of neutrality and safety of personnel as requisite preconditions for any successful food aid interventions. They should ensure that all emergency interventions promote and safeguard the interests of children, including their protection from exploitation and abuse that can often arise with increased vulnerability.

What is SC UK Zimbabwe doing?

- Over the last year SC UK has embarked on a major food aid programme in the Zambezi Valley region of western Zimbabwe. Some 50% of the population have received a monthly ration of maize meal, cooking oil and beans in Binga district, numbering around 60,000 people. Further north in Nyaminyami district the organisation has run a social welfare feeding programme, targeted at over 5,000 people who are acknowledged as the most vulnerable.
- SC UK has carried out considerable advocacy work around the vulnerability of farm workers in the current land reform programme. Our familiarity with these communities extends over twenty years, during which time the organisation supported programmes of work in nutrition, health care, education and community capacity building. Our strategic partnership with the Farm Community Trust of Zimbabwe, and the support we have provided to them in terms of capacity building in logistics, procurement, transport management and food targeting, has allowed us to embark on a joint food aid project for vulnerable farm workers. SC UK has also financially and technically supported a supplementary feeding programme for some 5,000 farm orphans, which has been running since January 2002.
- Our commitment to local capacity building remains firm, even with our emergency work. Over the past 18 months the organisation has supported a training programme for local and international non-government organisations (NGOs), as well as relevant Government departments, in emergency preparedness and response.
- Our food security team has produced a number of nutrition surveys and vulnerability assessments, looking at the situation of communities on commercial farms, peri-urban settlements, informal mines, and remote rural areas of the country. Much of this information has been instrumental in raising the profile of these communities in terms of donor assistance, as well as providing a more general measure of the increasingly desperate situation facing vulnerable populations in different parts of Zimbabwe.