

**Report of the First Mission
to Lesotho, Malawi, Mozambique, Swaziland, Zimbabwe, and Zambia
3-15 September, 2002**

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I. Introduction

It is not an easy task to convey on paper the range of impressions, thoughts and emotions that an individual or a team experiences when coming face to face with the realities of what is likely the most serious humanitarian crisis facing the world today. The latest assessment results at the time of writing indicate that 14.4 million people in Southern Africa are at risk of starvation and will need food and other assistance until the next harvest around March 2003. The reality of these numbers often does not become real until one is face to face with people who are directly affected and often suffering from the impact of events which are beyond their control.

From 3-15 September, an inter-agency team comprised of representatives of WHO, UNICEF, FAO, WFP and the Southern African Development Community (SADC), as well as the UN Deputy Emergency Relief Coordinator (OCHA), joined the Special Envoy of the Secretary - General for Humanitarian Needs in Southern Africa, Mr. James Morris, on a mission to six severely affected countries in the region. Following the Terms of Reference for the Special Envoy, the mission visited the region to meet with UN Country Teams, implementing partners (NGOs), donors, senior government officials, and other elements of civil society to review the humanitarian situation and ongoing relief efforts. The mission paid particular attention to the impact of HIV/AIDS, how to mobilize international support and awareness, and provide recommendations on how to improve humanitarian operations and ensure coherence with longer-term development objectives of the region. Most importantly, however, the mission team was able to interact with affected people directly and connect the numbers and paper analyses to human beings. In many cases the team came face to face with the devastation of livelihoods and the tragedy of human suffering.

What the mission team found was shocking. There is a dramatic and complex crisis unfolding in Southern Africa. Erratic rainfall and drought can be identified as contributing factors to acute vulnerability, but in many cases the causes of the crisis can be linked to other sources. Serious problems of governance, weakened social sectors, poorly functioning or constrained private sectors, and poor macro-economic performance are seriously affecting key countries in the region. Worst of all, Southern Africa is being devastated by the HIV/AIDS pandemic. **HIV/AIDS is a fundamental, underlying cause of vulnerability in the region, and represents the single largest threat to its people and societies.**

Given the seriousness of the crisis, **urgent response is necessary to avoid a massive deterioration in the situation.** It is absolutely crucial to accelerate the provision of seeds, fertilizers, and tools so that farmers can receive them before the planting season begins in October. Health and nutritional systems need to be reinforced immediately to cope with the growing demand, and food aid needs to be resourced and pre-positioned to the extent possible before the rainy season.

With crisis often comes opportunity, and this crisis is no exception. Many people are suffering, and they have genuine humanitarian needs that must be addressed now or death rates will likely worsen. In addition, more than in many other emergencies, there is a need to link closely humanitarian programming with longer-term efforts so as not to jeopardize existing development objectives. Emergency relief may in some cases provide an impetus to quicken the pace of development programming and to provide a greater focus on how limited international resources can be more effectively targeted to address the root causes of poverty.

Agencies, donors, and governments must realize that the current crisis challenges the humanitarian paradigm, and requires a different kind of response. The response necessary in Southern Africa today is neither strict emergency nor strict development in nature. The current and future implications of the HIV/AIDS pandemic that is threatening an entire generation of working-age adults and leaving in its wake millions of orphans are staggering. The capacities of governments (and in some cases, the UN) across the region to deal with the impact of the current humanitarian crisis have been weakened by HIV/AIDS as well as the other factors listed above. As a general rule, Governments of the region need to work harder to address capacity issues. The international community, particularly the UN, needs to support Governments in this effort. **The traditional pattern of humanitarian assistance, which at times may attempt to replace a weakened government sector in order to achieve its life-saving objectives, is simply not a viable option for Southern Africa at this time, as it would merely postpone an eventual collapse.**

II. Background

The humanitarian crisis in Southern Africa has been monitored since late 2001, when the signs of worsening food security could be seen throughout the region. In March 2002, the Inter-agency Standing Committee (IASC) resolved to examine the issue further through a process of multi-sectoral assessments in six of the worst-affected countries – Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe. The assessment process was to be coordinated under the leadership of the World Food Programme's Regional Director, Ms. Judith Lewis.

Based on the FAO/WFP Crop and Food Supply assessment missions, it was found that 12.8 million people were at risk and would be in need of food (and other) assistance by March 2003. Erratic rainfall and drought were found to be triggers of vulnerability, but in many cases, the crisis was being exacerbated by a complex mix of factors, including serious problems of governance, the impact of HIV/AIDS, weakened social sectors, poorly functioning or constrained private sectors, and poor macro-economic performance in a number of key countries in the region.

A regional stakeholders meeting was held in June 2002 to discuss the assessment results and agree upon necessary next steps. UN Consolidated Appeals were written for five countries and a Regional Appeal covering all six countries was created as an overarching instrument. Ms. Lewis was requested to lead the inter-agency effort from Johannesburg, supported by key personnel from concerned agencies, while Resident Coordinators in each country would retain their national coordination functions.

On July 18, during the launch of the Southern Africa Regional Appeal, the UN Secretary - General named James Morris, Executive Director of the World Food Programme, as his Special Envoy for Humanitarian Needs in Southern Africa. As noted above, the Special Envoy was asked to visit the region in order to meet with key stakeholders and review the humanitarian situation and ongoing relief efforts with special emphasis on HIV/AIDS, as well as raise international support and awareness, and provide recommendations on how to improve what is being done currently.

The mission took place at the same time as new assessment results from August fieldwork were being analyzed. The revised estimates for people at risk in Southern Africa at the time of writing have reached 14.4 million by March 2003.

III. Summary Mission Findings and Recommendations

i. Food Needs and Responses

- Several countries in the region are likely to face a major challenge in filling the 'food gap' based on estimates of national production, government imports, and food aid. In most cases, the private sector is expected to address the gap, although systems of price controls, subsidies, and other restrictions on commercial imports act as disincentives. An accelerated adoption of policies promoted by SADC for liberalization of markets for staple foods is recommended.
- Concerns about the import and use of genetically modified (GM) food aid continue to preoccupy Governments in the region. SADC's current initiatives such as the creation of an advisory committee should be supported and accelerated in order to assist governments in working towards formulating policies and legislation on biotech foods.
- Governments should be supported in their efforts to find resources required to mill grain where needed. All measures need to be taken to strengthen milling capacity and to ensure that delivery is both timely and adequate in quantity. Timing of food distributions remains a critical concern, especially with regard to simultaneous delivery of seeds for planting (seed protection).
- While logistical capacity in the region is being substantially improved with the help of WFP, Governments and donors, a number of operational and policy issues must be dealt with in order to ensure smooth delivery of assistance. Road tolls, 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 in partnership with SADC to find satisfactory solutions.
- Alternative commodities such as wheat, sorghum, bulgar and rice may present useful options to sustain the food aid pipeline and avoid delays caused by the need to mill GM maize. Assessments to quantify levels of acceptability for such commodities should be undertaken immediately by WFP.
- In a number of cases, targeted emergency school feeding initiatives should be initiated or expanded as a means of improving the nutritional status of school age children as well as combating declining attendance rates. In order to get full benefit of these interventions, additional non-food resources (school kits) are needed to secure a productive learning environment. WFP and UNICEF should work closely with Government counterparts to determine the scope and scale of possible programmes.

ii. The Impact of HIV/AIDS

- The HIV/AIDS situation in Southern Africa is challenging the paradigm of humanitarian assistance. In almost every sector – food, health, education, agriculture, water and sanitation – the crisis response needs to be re-oriented in order to convince donors, governments, and the international community to take urgent action.
- The relationship between the HIV/AIDS pandemic and the reduced capacity of people and Governments in Southern Africa to cope with the current crisis is striking. In every country of the region, HIV/AIDS is causing agricultural productivity to decline, forcing children to drop out of school, and placing an extraordinary burden on families and health systems. Food is considered the best ‘first defense’ against the impacts of the disease, but clearly will not be sufficient; more concerted efforts and measures must be taken to highlight the severity of the socio-economic impacts of HIV/AIDS on the region.
- The pandemic has created a crisis of care and support particularly for children, elderly and the terminally sick. The number of orphans in the region has risen dramatically and their needs are acute. UNICEF estimates that there are now over 4 million orphans in the six countries. Additional support is necessary to attend to their needs as well as to provide more direct support for community care to address what is fast becoming a social disaster.
- In some cases, efforts to address the negative impacts of HIV/AIDS have been hampered by slow disbursement of earmarked monies from the Global Fund for HIV/AIDS. High-level contact with Global Fund managers should be initiated immediately to facilitate the release of these funds.

iii. Nutrition

- Support for nutritional interventions has been inadequate throughout the region. Nutritional surveillance capacities need to be reinforced (WHO, UNICEF). Diet diversification (FAO, UNICEF) and fortification (WFP, UNICEF) should be promoted.
- Improved dietary quality provides a lifeline for those affected by HIV/AIDS. Equally, there is an urgent need for supplementary feeding for other target groups such as lactating mothers, orphans and those affected by debilitating disease. Health clinics and schools should be considered as key entry points for supplementary feeding programmes.

iv. Health Sector

- In many countries the response to the health needs created by the crisis has been slow and limited by a rapidly diminishing capacity. Crucially, surveillance systems in some countries are weak or have failed to detect critical health problems. With support from donors, UNICEF and WHO must work closely with Governments to strengthen these systems.
- The availability of essential drugs throughout the region is extremely limited. Additional donor resources are urgently needed for the purchase of basic supplies and drugs for

epidemic-prone diseases such as measles, meningitis, cholera, polio, malaria and other opportunistic ailments.

v. Agriculture

- The limited availability of critical agricultural inputs for the coming planting season (in most cases October) is of great concern. Renewed appeals for funding of input provision programmes need to be made immediately.
- Agricultural programmes are much more cost-effective than continuing food aid distributions. Efforts to restore food production as a component of food security should be recognized as a good investment and donor governments should be encouraged to support them.
- The SADC and UN (FAO) are actively helping Governments strengthen agricultural policies and systems. In the immediate term steps will be taken to further encourage and support crop diversification, expanded use of irrigation, conservation farming and winter cropping as all are effective ways of strengthening food security at both household and national levels.

vi. Linkages Between Immediate and Longer-Term Assistance

- All countries in the region are working to strengthen their development processes and objectives. It is crucial that humanitarian and development programmes are mutually reinforcing, and that appropriate advocacy efforts are made to ensure donor and government support.
- In their response to the crisis, Governments, UN Agencies and NGOs should strive to learn from their efforts and put in place mechanisms and systems that will prevent or mitigate the impact of future crises.
- International financial institutions are actively offering support throughout the region as a means of assisting Governments in coping with the impacts of the crisis. Recipient Governments welcome these efforts, although programmes need to be coordinated carefully with other forms of assistance in order to ensure that their objectives are complementary. To this end, efforts need to be made in the short-term to bring together stakeholders in the development process and to map out a concerted strategy for the region that considers food security and HIV/AIDS. UNDP should be central to such an approach.
- Limited capacity within key sectors (exacerbated by the HIV/AIDS crisis and economically-induced migration) is a major constraint for Governments' ability to mount effective responses. UNDP support to help target national capacity building initiatives is vital so that Governments are able to take greater responsibility for addressing the needs of their people.

vii. Advocacy and Resourcing

- The dramatic impact of HIV/AIDS on the humanitarian situation in Southern Africa is perhaps not fully appreciated by donors, national Governments in the region, and operational agencies. Awareness-raising efforts need to be undertaken immediately by the UN (including the Special Envoy for AIDS in Africa) and other international actors.
- While the efforts of the UN and the international community to address the needs have been significant, the efforts of the respective Governments have been considerable. A region-wide, concerted campaign to highlight efforts being made by affected SADC member states to address the crisis should be undertaken.
- In some cases, rigid categorization of emergency and development programming has prevented the release of funds for integrated responses to the crisis in Southern Africa. The Special Envoy should initiate dialogue with donors on the breadth and flexibility of response.
- Donor response to date for non-food programming has been weak. Lack of resources for initiatives such as health surveillance mechanisms, supplementary feeding, and agricultural programs are having a negative impact on the effectiveness of food aid. Time left for the establishment of these mechanisms and the provision of key agricultural inputs is running out as the rainy season approaches. Ongoing and focused dialogue with donors in the immediate term is critical.

viii. Coordination

- Efforts should be made to accelerate implementation of the 'light' coordination mechanism, although there is need to strengthen and fast-track the supporting regional structures envisaged in the Regional Consolidated Appeal. Resident/Humanitarian Coordinators retain primary responsibility for country coordination and implementation of the emergency response. The Regional Inter-Agency Coordination Support Office in Johannesburg must be strengthened with inputs from all key UN partners. Agencies are urged to ensure that they continue to reinforce their country offices and programmes to put the UN system in emergency mode. The Terms of Reference of the Johannesburg office are being circulated to the IASC for endorsement and once finalized will form part of the final report. A key task will be to streamline and strengthen information flow between countries and to enhance strategic planning and fund raising.

ix. Security Concerns

- Security for UN staff in the region is becoming an increasing concern. This is particularly the case for staff based in urban areas where crime and other social problems are becoming pervasive. Training of staff on security-related matters as well as on the use of HIV/AIDS exposure kits is recommended.

IV. Country-Specific Findings and Recommendations

i. Lesotho

The Lesotho Government has been dynamic in its efforts to identify and address the humanitarian needs of its people. However, donor response to the humanitarian needs in Lesotho has been insufficient. It was apparent that in some cases the donor community is arguing that the causes of the crisis are structural in nature and therefore require longer-term development assistance. While structured development assistance is a pre-requisite to support the Government in addressing deficiencies in the agricultural and social service sectors, the need for immediate life-saving assistance is paramount. In this respect, it was felt that the UN should endeavour to work with the Government to ensure that the short-term needs of Lesotho are highlighted, fully appreciated by the donor community and responded to. This includes attention to the consequences in the health, nutrition and education sectors.

Main Findings and Recommendations:

- Both needs and responses identified by the Government should be given higher profile through a collaborative region-wide publicity effort.
- Immediate support to expand agricultural production is viewed as a critical adjunct of the emergency response. There is a need to advocate for and support a response from the international assistance community to address the decline in crop production through initiatives that support improved and sustainable land management practices and agricultural diversity.
- The impact of the HIV/AIDS pandemic was clearly evident in terms of its compounding effect on vulnerability. While measures are being taken by the Government to broaden awareness, the mission recommends for the UN to engage in more concerted dialogue with the Government to help in their efforts to confront the stigma associated with the virus, in addition to ongoing efforts to assist those whose lives have already been devastated by its reach.
- In recognition of the complex mix of issues that require support from the international assistance community, it is recommended that robust, strategic linkages are formed between the humanitarian assistance community and key development partners to help the Government ensure coherence and consistency of support.

ii. Zimbabwe

Zimbabwe is clearly the most serious crisis situation in the region. After meetings with President Mugabe, Senior Government Officials, the UN country team, donors, NGOs and a cross section of groups from civil society, two principal observations emerged. Firstly, the Government expressed a commitment to work with the UN humanitarian community in order to facilitate the delivery of assistance to the most vulnerable. Secondly, humanitarian needs in the country are grave and the situation is likely to deteriorate for many Zimbabweans unless the Government takes steps to address key issues of economic policy. The most pressing concern remains the 'food gap' of around 450,000 metric tons (Mt) that will not be covered, even if food

aid is fully resourced (current food aid contributions and pledges are only 165,000 Mt out of 452,000 Mt requested).

Main Findings:

- The Zimbabwean Government stated a commitment to supporting humanitarian interventions through accepting the distribution of milled GM -content food aid, expressing its commitment to expedite the accreditation of humanitarian NGOs, and by declaring that WFP food distributions would not be subject to political interference.
- After taking Government imports and food aid into account, it is clear that there is still a gap of around 844,000 Mt of cereals that will be needed to meet the needs of the country. Given the current system of price controls and other economic policy restrictions, it is unlikely that the private sector will be able to fill the gap. There is a strong need to support ongoing initiatives to monitor the situation regularly and to encourage the government to undertake policy reforms, such as a review of the current role of the Grain Marketing Board (GMB).
- More resources are necessary for general food distributions that include a full basket of commodities for the most vulnerable. HIV/AIDS and supplementary feeding interventions also need to be scaled up.
- The health system is suffering from chronic problems such as staffing shortages and lack of resources for essential drugs. Faced with problems such as severe malnutrition that are emerging now, the system will be unable to cope unless additional capacity and essential drugs can be mobilized.
- Agricultural inputs need to be distributed to farmers by mid - to late-October for the planting season. Seeds are available locally, but there is little cash to purchase them. Fertilizers need to be purchased or imported immediately. The UN is to focus on communal and peri-urban areas while resettlement areas are a stated priority of the Government.
- Foot and mouth disease is threatening livestock in many parts of Zimbabwe. Targeted vaccinations are necessary to slow the spread of the disease. There should also be a concomitant repairing of fences and policing of cattle movements by the Government.
- Water and sanitation initiatives should be supported in order to improve hygiene conditions and reduce the likelihood of opportunistic infections for people living with HIV/AIDS. HIV/AIDS is a longer-term problem, but it does need to be addressed in the context of the vulnerability that the current humanitarian crisis has generated.
- The current crisis in Zimbabwe affects urban centres as well as rural areas. Around one million people living in urban areas require special response and are in need of assistance.

Recommendations:

- Generally, the situation in Zimbabwe is of such magnitude that immediate action in all sectors and areas is an absolute priority.
- Grain trading practices need to be liberalized through the easing of price controls and a review of economic policies. The Government should take measures to facilitate private sector involvement in bringing food into the country. SADC could assist the Government in reviewing its policies.
- Given the particular political circumstances in Zimbabwe, renewed appeals should be made to the donor community, particularly with reference to non-food items.
- Dialogue and information sharing between the Government of Zimbabwe and the humanitarian assistance community must continue at all levels to avoid misunderstandings and to continue to build trust.
- The needs of the vulnerable must be assessed and quantified, and provided for in a consistent and equitable manner – including those who have lost their jobs on the commercial farms. Access to all must be assured.
- WFP and the GMB should explore the possibility of coordinating food distribution activities and locations, as a means of improving food availability. WFP would continue to reach the most vulnerable populations through targeted free distributions, and would advocate for the GMB to offer food for sale at the same time for those that can afford to buy it.
- Emergency school feeding programs should be considered as an intervention in areas impacted by food shortages, keeping in mind that they need to be integrated with other programs.
- It is necessary to advocate for a joint GoZ/UN contingency planning exercise to ensure effective and timely preparedness measures are put in place considering the collation of farm inputs data for the upcoming crop season and in the likelihood that the 2002/03 growing season will not see optimal utilization of the high-potential agricultural land in the aftermath of the fast-track policy.

iii. Zambia

The need to link humanitarian assistance efforts with those of longer-term development is apparent in Zambia, particularly with reference to the HIV/AIDS crisis, types of agricultural intervention targeted to support existing national initiatives, school feeding initiatives, and the need to improve the functioning of the health system. None of these development problems can be solved with humanitarian assistance alone, yet emergency relief assistance is desperately needed in the immediate term.

There is no change in the Zambian Government's position on GM-content food aid. Discussions were constructive, however, and it is clear that the GoZ is still approaching the

issue in a thoughtful manner and that the earlier decision to ban GM food imports is not necessarily final.

Main Findings:

- While the ban on GM food aid continues, the Government is pursuing its investigation into the issue, and has not come to a final position. At the same time, the Government was receptive to considering alternative foods such as wheat.
- It was clear that the needs in Zambia involve more than emergency food aid. However, Ministry of Health (MoH) needs in the critical health and nutrition sectors were not fully quantified. Urgent action is necessary to define the extent of health and nutritional needs and the required response to address the crisis.
- Zambia provides a stark example of how humanitarian assistance for relief of the current crisis must be carefully blended with longer-term development efforts in areas such as HIV/AIDS and agricultural development.
- The HIV/AIDS situation in the country has exacerbated the current situation to such an extent that emergency interventions are needed immediately. At the same time, however, it must be recognized that humanitarian assistance alone will not solve the longer-term problems associated with the pandemic.
- Where emergency interventions for HIV/AIDS are undertaken, more sustainable forms of programming should be considered at the same time as a means of ensuring continuity and longevity of the response. Capacity building measures for local organizations may be necessary in this regard.
- Local purchases from food producers in Northern Zambia, as long as they do not deplete that local market, may help WFP obtain appropriate food to distribute in Zambia and at the same time promote the local economy.
- While the agricultural programme originating from the Consolidated Appeal Process (CAP) is fully resourced, the need for coordination of multi-agency efforts has been identified.
- The mission recommends that support be provided to the MoH to strengthen health and nutritional surveillance as a matter of priority. This will allow for a determination of the real needs that exist in the country, and should help WHO and the MoH enter into a process of contingency planning.
- There is an urgent need for supplementary feeding for certain target groups such as lactating mothers, orphans, and people with HIV/AIDS and tuberculosis. Health clinics and schools should be considered as important entry points for supplementary feeding programmes.

Recommendations:

- Where emergency interventions for HIV/AIDS are undertaken, more sustainable forms of programming should be considered at the same time as a means of ensuring continuity and longevity of the response. Capacity building measures for local organizations may be necessary in this regard.
- The mission recommends that support be provided to the MoH to strengthen health and nutritional surveillance as a matter of priority. This will allow for a determination of the real needs that exist in the country, and should help WHO and the MoH enter into a process of contingency planning.
- There is an urgent need for supplementary feeding for certain target groups such as lactating mothers, orphans, and people with HIV/AIDS and TB. Health clinics and schools should be considered as important entry points for supplementary feeding programmes.
- Additional resources are needed for the purchase of basic supplies and drugs for epidemic-prone diseases such as measles, meningitis, cholera, skin conditions, polio, malaria, and acute respiratory infections.
- Careful monitoring of the logistics capacity should continue. Prompt action must be taken to repair transport pontoons prior to the rainy season.
- Negotiations with the GoZ should be completed quickly on the acceptability of wheat so that immediate resourcing can commence.
- Targeted emergency school feeding interventions should be initiated immediately.
- In light of the Government's need for more information on genetically modified organisms (GMOs), the UN should develop a more definitive statement on the safety and acceptability of GM products.
- The UN should remain as neutral as possible in the discussions on GMOs in order to allow the Government of Zambia time to make an informed decision on the matter.

iv. Malawi

Malawi is characterized by good cooperation between the Government, the UN system, donors, and NGOs. The Government is clear on its priorities and UN agencies and NGOs collaborate well in most respects. The NGO community has created a coordination consortium that has established a good working relationship with the Government.

Overall levels of poverty and the impact of the HIV/AIDS pandemic have left the population of Malawi on the edge of crisis. These stresses mean that any negative shock, such as a moderate drought, has an immediate magnified impact. The longer-term solutions lie in development, but an immediate humanitarian response must also be maintained.

Against this background, Malawi faces a huge challenge in terms of finding the capacities necessary to cope with a number of critical needs as the crisis deepens. The health system is weak and needs to be strengthened in tandem with NGO programmes for supplementary feeding. Sound and coordinated HIV/AIDS programming is urgent. Major issues around competition for transport and haulage capacity, funds for milling of GM-content cereals, and rainy season logistical constraints continue to be a major preoccupation with the Government. Moreover, the private sector is not likely to be able to meet the food gap of 120,000 Mt not covered by food aid or planned Government imports. While an agricultural starter pack programme is being coordinated by the Government and donors, risk management through crop diversification and increased irrigation should also be addressed.

Main Findings

- The United Nations system is providing a robust response to the humanitarian needs in Malawi. Agencies have shifted gears, reinforced capacity and should be well placed to address and mitigate the worst effects of the immediate crisis, provided that donors continue to respond positively to Malawi's Consolidated Appeal (currently 60% funded). A further positive element of the response to date is the effective partnerships forged between the Government, the UN and the NGO community.
- While the immediate food pipeline is sound, in addition to the outstanding food required by WFP, there remains concern on how the gap of 120,000Mt will be covered. The UN will continue to work closely with the Government to determine how best this shortfall can be filled.
- The Government's decision to mill all GM maize will increase costs. The process of milling may contribute to delays in distribution and consequent congestion as available commodities compete for limited transport and logistic capacity. The recent contribution from Norway of 200 6x6 trucks for the region (between 60 to 65 for Malawi) will be critical to reaching communities in areas which become cut off during the rainy season.
- While milling of GM maize would create possible obstacles to timely distribution of food, the mission is mindful of the positive effect it will have by reducing the burden on women and the potential for better nutrition through fortification. During meetings with the Government, it was understood that grain maize would continue to be distributed until the planting season begins in each part of the country, at which time substitution for milled maize would begin. At the same time, awareness-raising campaigns would be carried out to advise people not to plant food aid grain.
- The mission supports the UN Country Team opinion that humanitarian emergency work should reinforce ongoing development activities. Similarly, efforts should be proactive in order to reduce the need for reactive emergency interventions, such as in food production.
- The Government's intention to expand school feeding is recognized as an important strategy to address both declining nutritional status and school

attendance rates. WFP and UNICEF should continue to expand school feeding programmes as far as resources allow.

Recommendations:

- Surveillance and absorptive capacity in the health system remains a key concern. Additional support for the Health Ministry is crucial for it to respond effectively to the increasing demand for life saving services. Surveillance must also be maintained so that vulnerability continues to be the main criteria for targeting assistance.
- While the food assistance programme has been stepped up and food is reaching the most vulnerable, the mission recommends strengthening efforts to raise nutrition levels through an expanded range of humanitarian responses, including agriculture, health, sanitation and education projects, and fortification.
- In the medium term the team strongly endorses Government efforts to expand irrigation and encourage farmers to diversify crops, particularly for drought resistant foods such as cassava and sweet potatoes.
- Close coordination and communication should be maintained with donors and the Government on the arrangements for the management of the Strategic Grain Reserve.
- A thorough assessment of milling capacity and types of milling operations available in-country should be carried out.
- To provide for the increasing numbers of HIV/AIDS patients, home-based care needs to be expanded. The mission recommends the provision of care and comfort kits at the community level to help provide for terminally ill patients, including targeted feeding.
- Discussions with donors highlighted concerns on the proposed universal subsidy for maize as supported by the World Bank. The mission recommends further dialogue on this issue to ensure coherence between all international assistance in our collective efforts to provide for the needs of the most vulnerable.

v. Mozambique

Mozambique is playing a highly appreciated role in facilitating the transshipment of relief food and other items to countries in the region. To date, movement of goods through the ports of Maputo, Beira and Nacala has been smooth, although concerns exist as to the capacity to manage larger consignments as the relief operation intensifies.

The significant role the United Nations system can play to support Government efforts to put in place effective preparedness measures that mitigate the worst effects of disasters was highlighted during the visit. The efficacy of a robust contingency plan for Mozambique prepared at the beginning of 2002 has helped to ensure a coherent and timely effort on behalf of all partners at an early stage of the crisis. However, donor responses are needed now to ensure

adequate capacity is in place to address the expected increase in humanitarian needs due to acute pockets of vulnerability seen throughout the southern part of the country. This is particularly important ahead of the rainy (cyclone) season.

The far-reaching impact of the HIV/AIDS pandemic has challenged these efforts and undoubtedly will continue to impact heavily on food security in general and the overall vulnerability of people in areas most affected by the drought as well as those with limited access to social services.

The potential for agricultural self-sufficiency in Mozambique is constrained by poor infrastructure and sub-optimal farming techniques. However, with the help from FAO and other partners, the Government is actively pursuing initiatives to improve and expand the agricultural base.

Main Findings

- It is clear that the Government of Mozambique has made strong efforts to incorporate learning from the flood-related disaster response in 2000 and 2001. This has resulted in a UN-supported contingency planning process, as well as the implementation of preparedness measures.
- The mission noted clear benefits of the good coordination that exists between the Government, the UN, and the NGO community, particularly with the work that has been done by the National Disaster Management Institute.
- HIV/AIDS is clearly having a severe impact on the capacity of communities and people to cope with other environmental shocks. It is perhaps the strongest underlying factor in the crisis of Mozambique (and the region) and cannot be ignored.
- The mission appreciates the key role that Mozambique plays in facilitating logistical movements of humanitarian aid to landlocked countries in the region.

Recommendations:

- The crisis situation in Mozambique is less severe than other countries in the region. However, stakeholders in Mozambique consistently stressed the need for strengthened preparedness and prevention measures now in order to avoid a worsening of the crisis. There are drought-affected pockets of acute malnutrition that must be reached immediately with food aid and other assistance.
- While the Government's inter-ministerial approach to HIV/AIDS is laudable, ministries must become more engaged in addressing the disease. In addition to improving prevention efforts and care capacity, anti-retroviral drug treatments for patients with adequate food intake should be seriously examined as a means of halting mother-to-child transmission and the dramatic decline in production and corresponding effects.
- Logistical constraints that are currently affecting the delivery of humanitarian aid such as third-party transport arrangements, customs clearance procedures, and

humanitarian goods waivers need to be followed up closely by SADC and the UN. The Government of Mozambique should be encouraged to take a stronger leadership role in resolving some of these issues.

vi. Swaziland

With the second highest HIV prevalence rate in the world (now over 36%), the capacity for Swaziland to cope with the shock of several consecutive harvest failures in parts of the country has been drastically reduced.

Although it is classified as a lower middle income status country, 66% of Swazis live on less than US\$10.00 per month. With the added burden of AIDS orphans and the decline in productive capacity of the workforce, the health system is struggling to cope, children are dropping out of school at alarming rates, and agricultural production is falling. Drought and crop failure in some parts of the country have created pockets of acute need.

Swaziland, like its neighbours in the region, needs assistance in the immediate term that complements longer-term development objectives. The Country Team feels strongly that the drought-related needs should not be addressed without also taking into account the impact of HIV/AIDS, which is now a dominant feature of Swazi society.

Main Findings:

- Current UN capacities in all sectors are limited and the focus of activity is narrow and localized, particularly in the sectors of health and education.
- While emergency programmes to provide food assistance have been stepped up by both Government and UN (WFP), there is little evidence to suggest that equivalent measures are being taken in the health sector.
- The increasing numbers of child-headed households need support. Targeted interventions are needed to help these households develop skills for sustainability.
- The scale of the response to the crisis in Swaziland is so far not commensurate with the needs. The perceptions of available resources and existing capacities are serving to obscure the reality of rapid social and economic reversals caused largely by the impact of HIV/AIDS. In other words, income distribution in Swaziland hides the reality of a small middle class elite and growing poverty in both rural and urban areas.

Recommendations:

- The UN system should consider broadening the strategic approach with respect to support for health and education in close collaboration with the national institutions.
- More sustained support from the Johannesburg regional coordination office and other regional capacities is necessary to help strengthen the capacity of the Country Team in Swaziland.

- The United Nations system should review the impact of middle-income status countries such as Swaziland in relation to their needs and capacities to respond during periods of crisis.
- Agricultural development is constrained by limited and declining capacity - particularly as HIV/AIDS takes its toll on extension workers. Key to the long-term food security of Swaziland is the development of a long-term agricultural strategy. In the short term, special focus is needed to provide training to children headed households on smallholder subsistence farming techniques (rabbit or poultry rearing).
- Targeted school feeding interventions should be explored as a means of improving nutritional coverage of school-age children and reducing school dropout rates.