

**Mission Report:  
Malawi, Mozambique, Namibia and Swaziland  
14–22 June 2004**

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## I. Introduction

It may not make the headlines, but southern Africa must still be considered the location of one of the world's most serious humanitarian crises. The scenes may not be as compelling as those that emerge from dusty and desperate refugee camps or from the devastation caused by an earthquake, but the numbers tell of an extraordinary human tragedy. Life expectancy in the six most affected countries of southern Africa<sup>1</sup> has declined by an average 22 years as a result of HIV/AIDS. At least one child in five in these countries is expected to be an orphan by 2010 – and the ratio is even higher in some countries.<sup>2</sup> Child mortality rates are rocketing in the region. These six countries are experiencing slowed or negative population growth rates, but not because of a reduction in the number of births. It is because of the increase in deaths.

A deadly combination of food insecurity, HIV/AIDS and weakened governance capacity – on top of crippling chronic poverty – is driving a decline in development indicators in the region. This translates into a deep crisis of livelihoods, with millions suffering from illness, hunger or lack of access to basic services. As a result, hundreds of thousands of women, children and men are dying much younger than normal.

Governments and the international community have made progress in the last two years since dramatic food shortages drew attention to the situation in the region and shocked many into action. A potential famine has been averted. Farmers have been helped to recover their production in many places with seeds and inputs. With emergency funding, millions of children have been inoculated against disease. Millions of dollars have been allocated to countries in southern Africa to fight HIV/AIDS through global funding mechanisms such as the Global Fund for HIV/AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the World Bank's Multi-Country HIV/AIDS Programme (MAP). Perhaps most important, more governments are engaged and committed to taking the necessary steps to fighting the pandemic and helping their citizens rebuild their livelihoods.

The Special Envoy of the Secretary-General for Humanitarian Needs in Southern Africa travelled to the region from 14 to 22 June 2004 to review the crisis and its response, accompanied by representatives of the Food and Agriculture Organization of the United Nations (FAO), the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), the Office for the Coordination of Humanitarian Affairs (OCHA) and WFP. The mission visited Malawi, Mozambique, Swaziland and Namibia.<sup>3</sup>

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<sup>1</sup> Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe.

<sup>2</sup> UNICEF. 2003. *Africa's Orphaned Generations*.

<sup>3</sup> **Zimbabwe** was included in the original mission itinerary, but the visit was cancelled after the Government indicated that the proposed dates were not appropriate. The Government has indicated that an invitation for the Special Envoy to return would be forthcoming at a later date. **Namibia** was included in the mission itinerary as a result of the Government's appeal in November 2003 for international assistance to address problems of drought and HIV/AIDS in the northern parts of the

Despite the progress made in responding to the crisis so far, much more needs to be done – and there is no time to waste. A crippling **lack of capacity** is affecting the public sector across the region, especially in the areas of agriculture, education and health. In most cases, training institutions are unable to keep up with the attrition rate of teachers, extension workers and healthcare professionals because of economic migration or prolonged illness and deaths related to HIV/AIDS. Losses at senior and managerial levels will also have a long-lasting effect. In Malawi, the Ministry of Health reports a stunning 90 percent vacancy rate for physicians and a 60 percent vacancy rate for nurses in the state health system. The United Nations needs to help rebuild and replenish the human and technological resources of the civil services of these countries as a matter of great urgency.

Capacity issues are also causing substantial delays in using the **external funds** already allocated to many countries of the region for combating HIV/AIDS. Finding ways to translate the funds into tangible actions that improve peoples' lives is an **urgent and major challenge**. Moreover, these funds should not necessarily be focused narrowly on the treatment of HIV/AIDS: they should also be used to address some of the root causes of the pandemic.

In the response to the ongoing crisis, the international community must stay focused on the people we are collectively trying to serve. Everything we do must be centred on **improving the lives of vulnerable people**, especially women, children and young people, who need the most help. We need to understand vulnerability better by strengthening our assessment processes and to link our responses to a livelihoods approach. Most important, we need **bold new initiatives** that can be **scaled up** dramatically and that will make a positive impact on the lives of a significant number of people.

The United Nations has a fundamental role to play in all these efforts, but there will have to be significant changes in the way it does its business. The mission met with United Nations country teams across the region that are struggling to do what they can; they need more support from the highest levels of their agencies, and they need to work together more closely to form a United Nations response rather than adopting agency-specific approaches to the situation. The Resident Coordinators are extremely important in creating coherence and a collaborative environment, but all agencies need to make a stronger commitment to the Resident Coordinator system and to create **collegial, respectful and humble partnerships** with each other and with governments and civil society. Strong partnerships and joint programming will allow the United Nations to take the response in southern Africa to the next level.

## II. Context

Since the last inter-agency mission led by the Special Envoy in January 2003, considerable progress has been made to secure an integrated, multi-sectoral response to the crisis in the region. The Consolidated Appeal for 2003–2004 called for the

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country. Despite its middle-income status, Namibia has one of the most dramatic disparities in income distribution; social indicators in the north are comparable with other countries in the region. During meetings with the country team and Government, it was agreed that the country should be included among those affected by the crisis in southern Africa.

international donor community to support immediate actions to address immediate needs and immediate actions to address long-term objectives.

The concerted efforts of United Nations agencies and NGOs have enabled over 10 million acutely vulnerable people to survive through two consecutive consolidated appeals. More than US\$800 million was raised through the two appeals that among other things provided food assistance for more than 10 million people, nutritional support for 2 million children, measles immunization for 7 million children and agricultural support for 5.5 million people. Humanitarian interventions were combined with HIV/AIDS prevention and awareness activities where possible, for example training humanitarian workers on prevention of sexual exploitation. Programmes have been guided and supported by the United Nations Regional Inter-Agency Coordination Support Office (RIACSO) based in Johannesburg.<sup>4</sup>

The orientation of the mission was (i) to take stock of the humanitarian situation in the countries visited, (ii) to review the follow-up on the recommendations and findings from previous missions by the Special Envoy and (iii) most significantly, to review the 22 actions identified by the High-Level Committee on Programmes (HLCP) in the paper “Organizing the United Nations Response to the Triple Threat of Food Insecurity, Weakened Capacity for Governance and AIDS, particularly in Southern and Eastern Africa”.<sup>5</sup>

The timing of the mission coincided with the conclusion of the period covered by the 2003–2004 Consolidated Appeal. This in itself represents a watershed in the evolution of the ways in which the United Nations continues to respond to needs in the region in the face of increasing complexity of vulnerability. A major focus of the mission was to review the complementarity of programming efforts, paying particular attention to the availability and sources of funding and to review mechanisms that would ensure identification of and response to outstanding critical needs of the most vulnerable people.

Scaling up and deepening the response to the triple threat will require an extraordinary effort on the part of all actors, including governments, the United Nations, the international community and other development partners. The international community in particular must support efforts to deal with this long-term emergency, which is threatening the lives and livelihoods of millions of people as well as the social structures of several nation-states. For the sake of humanity and human security we must **accelerate and scale up our responses now**.

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<sup>4</sup> RIACSO was universally viewed as a positive development and one that assisted agencies in their response to the crisis so far. It is clear, however, that the focus of the office should shift from food security/food aid to a more balanced response to the triple threat. Although WFP is willing to continue in a coordinating role for RIACSO, a case can be made for passing that role on to either UNDP or UNAIDS, which both have mandates for coordination. However, no consensus was reached during the mission on future arrangements.

<sup>5</sup> It should be noted that the HLCP paper included two countries in east Africa – Ethiopia and Eritrea – that are facing similar challenges to those in southern Africa.

### III. Mission Findings and Recommendations

#### i. Governance and capacity issues

Public-sector human resources and technological capacities, particularly in health, education and agriculture, are extremely weak across the region. These systems were already suffering from chronic inadequacy resulting from budget constraints, inadequate training programmes and poor staff retention; the impact of HIV/AIDS has been tragically debilitating. People are not receiving the services they need, especially women, vulnerable children and young people, and orphans.

Governments are taking the issue very seriously and are increasingly being supported through the United Nations with interventions such as the Southern Africa Capacity Initiative (SACI). The **scale and breadth of action is not yet enough**, however, and more work must be done to develop the scope of SACI and share it with governments and United Nations partners.

Long delays continue between analysis, planning and implementation; these processes need to be accelerated and more action-focused.

The United Nations needs to support government efforts to strengthen the ability of institutions to manage and deliver services to people on the ground. This would include providing substantive support to all actors – governments, non-governmental organizations (NGOs), the private sector and community-level associations, including traditional governance and support systems.

Socio-cultural practices, the low status of women and profound gender inequalities under both modern and traditional governance systems are among the underlying causes of the spread of HIV/AIDS. Standard capacity-building efforts therefore need to be combined with leadership development at the community level.

#### Specific actions

A number of the recommendations of the HLCP paper address building government capacity to deal with HIV/AIDS. The following actions can be taken immediately to complement those objectives:

- Given the almost overwhelming situation, country teams should immediately initiate dialogue with government and non-governmental partners to determine the priority areas for intervention.
- The United Nations should help governments to quantify and cost the immediate human and technological/material capacity requirements in priority areas. Rapid assessments of human-resource capacity in the health and education sectors in particular should be conducted immediately and completed before the end of 2004, supported by United Nations inter-agency teams.
- Some good examples of human resource recovery plans exist in the region, for example Malawi's six-year health-sector recovery plan. RIACSO can play a useful role in collecting such innovative plans and sharing them with other countries.
- Country teams should identify additional possibilities of using United Nations Volunteers (UNVs) to strengthen government capacities in line ministries and among non-governmental partners working at the community level.

- Country teams should support governments in identifying and supporting complementary methods of community-focused service delivery through NGOs, community-based organizations (CBOs) or the private sector.
- Capacity cannot be addressed through replenishment alone: governments need to be supported by United Nations technical expertise to rationalize and improve functions that are affected by HIV/AIDS, such as extension services. Prevention programmes also need to be implemented among the extension services of line ministries.
- The health sector is particularly affected by capacity constraints, and has not mobilized with sufficient vigour or innovation. WHO must give particular attention to helping health ministries to reorient their health systems and structures radically in the context of constrained human resources. Health services must more than ever reach beyond static hospitals and health centres to offer services to vulnerable people at the community level.
- The United Nations should place a high priority on supporting government capacity to mainstream HIV/AIDS and gender issues into Poverty Reduction Strategy Papers (PRSPs) and other national sector-development policies, plans of action and programmes.
- Citizens must be mobilized for the fight against HIV/AIDS as a national emergency. Religious, traditional and cultural leaders need to be engaged through dialogue and capacity-building. Modern and traditional media must be involved in sharing information; socio-cultural research could lead to new ways of changing behaviour and preventing HIV infection.

## **ii. Financing and resources**

Substantial external funds have been committed to governments across the region to support their fight against HIV/AIDS. In some cases, however, the funds have not yet been received, or the low absorptive capacity of the recipient countries is slowing disbursement of the funds. Governments and other partners need to be supported to use the funds effectively and translate them into tangible actions that improve peoples' lives.

Accountability, transparency and monitoring by government institutions are crucial in this regard. The United Nations can help by assisting governments to identify who the funds need to reach and how they can best be used, and to monitor the impact of resources. This should be seen as an important core activity, whether United Nations agencies themselves receive the funds or not. Both recipient governments and donors could usefully harmonize and simplify their requirements and procedures in order to facilitate this type of assistance.

Funds tend to be primarily for access to treatment and for care and support, but there is clearly a need for increased balance and flexibility that would allow the resources to be channelled to prevention activities and other interventions that address more of the root causes of the pandemic, such as gender inequality, poverty and other socio-cultural determinants.

The middle-income status of Swaziland and Namibia belies the severity of the situation faced by people living below the poverty line, conservatively estimated at

66 percent in Swaziland and 50 percent in Namibia. Advocacy at the highest level of the United Nations is needed to enable access to institutional funds for which both countries are currently ineligible. Countries should also be encouraged and assisted with determined efforts to narrow the huge disparity in income levels.

### **Specific actions**

- Action 17 from the HLCP paper – putting in place a single structure within governments to coordinate and efficiently manage disbursements related to HIV/AIDS programmes – must be implemented immediately. The structure should be placed at the highest possible level of government. Donors should also support the use of a single simplified accounting and administrative reporting system.
- If they are invited, country teams should ensure full United Nations participation in the government structures set up to channel external funds for HIV/AIDS action.
- The United Nations should provide support to governments for formulating and revising sectoral policies and strategies that take HIV/AIDS into account, where it has not already been done. In particular, the non-health sectoral strategies should be strengthened, for example agriculture – the source of the livelihoods of the vast majority of those affected by HIV/AIDS. Assistance should be provided for integrated implementation of sectoral programmes as well as development of cross-sectoral performance measures.
- Global funding mechanisms should broaden their definition of HIV/AIDS prevention and mitigation activities to include those that address the underlying causes of people’s vulnerability to the pandemic. For example, financing for a gender-sensitive irrigation scheme in a drought-prone area should be considered under prevention and mitigation.

### **iii. Protection of the most vulnerable people**

The HLCP paper emphasized the need to focus on households and communities that are being devastated by the combined effects of the crisis in southern Africa. This mission reaffirmed the critical need for continued emphasis on the most vulnerable people. Women, children and young people need special protection, because they are particularly impacted by HIV/AIDS. **An alarming number of orphans are in the region**; the total is rising daily.

Scaled-up responses at the community level are urgently needed and should become a main focus of all United Nations interventions, complementing initiatives for capacity-building. This should follow a livelihoods approach and build on the actions and initiatives taken to improve food access. Food security and good nutrition are fundamental aspects of HIV/AIDS interventions at the community level.

It is fundamental that interventions take into account traditional social structures and build on them as part of the effort to scale up responses. Interventions should also assess and address underlying gender inequalities in both traditional and modern governance systems. In particular, special efforts should be made to ensure women’s equal access to and ownership of land, seeds and water rights, as well as control over their reproductive health.

The United Nations has a clear comparative advantage in supporting multi-sectoral vulnerability assessment processes and needs to continue to do so. Linking vulnerability assessment information with longer-term development issues – for example poverty-reduction strategies that include agricultural and food-security policies, general and reproductive health, and nutrition programmes and policies – will enable better appreciation of how safety-net activities contribute to achieving the Millennium Development Goals (MDGs). However, the technical and intellectual basis of assessments needs to be strengthened, particularly with regard to health-related issues.

Similarly, more systematic vulnerability mapping will facilitate improved capacity for disaster management, including early-warning, preparedness and response activities. In an environment of growing vulnerability to the impact of natural disasters, these regional efforts become even more important.

### **Specific actions**

The first five actions of the HLCP paper directly address protection of the most vulnerable people, instructing agencies to work with governments to support community safety-nets, strengthen livelihoods, scale up programmes to empower women and address the increasing number of orphans. The need to improve the capacity for assessment and surveillance capabilities to improve understanding of vulnerability is fundamental. In addition, the following actions must be taken:

- The United Nations should advocate with governments to eliminate school fees and maintenance expenses for vulnerable children and young people where this has not yet been done. Practical lessons can be learned from successful programmes in Botswana, Senegal and Uganda.
- Country teams should give greater attention to initiatives such as neighbourhood care points, junior farmer fields and life schools, input fairs, youth-friendly health clinics and home-based care programmes as a focus of joint programming.
- WFP's protracted relief and recovery operation (PRRO) "Assistance to Populations in Southern Africa Vulnerable to Food Insecurity and the Impact of HIV/AIDS", due to be implemented from 2005–2007, offers a platform for significant inter-sectoral activity, especially with respect to orphans and vulnerable children, in promoting primary-school attendance, providing incentives for adopting improved smallholder agricultural practices, prevention and treatment of HIV/AIDS and tuberculosis (TB) and responding to future natural disasters.
- RIACSO should assist in collecting lessons learned from successful programmes addressing the triple threat throughout the region – such as safety-net interventions – and share the findings with Regional Directors.
- Improving the coherence of vulnerability assessment methodologies is a prerequisite to understanding how assistance can be provided in the most effective and complementary fashion. Assessment methodologies should also be harmonized across the region to allow comparative analysis and support more equitable distribution of funding support to address the triple threat issues.



- Building sustainable livelihoods for vulnerable people will require more efforts in disaster preparedness and response, particularly in countries prone to natural disasters such as Mozambique and Namibia. Country teams should ensure that sufficient attention is devoted to these issues in developing their plans to address the triple threat.

#### **iv. Scaling up the response**

The mission noted some successful responses to the crisis in southern Africa through government and joint United Nations efforts. It is clear, however, that the scale of these interventions is generally too small to make a significant impact on the situation. Bold new initiatives on a much larger scale and in an accelerated time frame are needed to make a difference in the lives of vulnerable people in southern Africa.

#### **Specific actions**

- In the light of the increasing trend for donors to provide direct budgetary support, HIV/AIDS issues need to be integrated immediately into PRSPs and HIV/AIDS targets inserted into PRSP policy matrices. This will allow for an annual assessment against PRSPs and longer-term targets in the MDG goals.
- Social mobilization of the whole of society led by political, religious, traditional, business and social leaders for response to HIV/AIDS as a national emergency must be scaled up.
- There must be systematic review of best practices from other regions, especially in Africa, for scaling up successful interventions in conjunction with partners; RIACSO could provide support in this regard.
- The WHO “3x5” treatment initiative is widely appreciated, but it must be rolled out much faster by addressing operational problems on a country-by-country basis. Treatment on a large scale is crucial in order to keep more parents alive to look after their children and allow people to continue to make a contribution to the economy.
- Country teams should work to establish a coalition of all partners at the country level to ensure a process of continuous policy dialogue, operational cohesion, oversight and monitoring of outcomes to maintain the sense of urgency and scale required for the situation.

#### **v. Organizational issues in the United Nations system**

The United Nations cannot carry on with business as usual, given the huge challenge facing the countries of southern Africa: there is a desperate need for innovative ways of working together on a larger scale. Raising the standards of accountability will be fundamental to achieving this.

Truly collegial, respectful and humble partnerships remain elusive, even though the language of collaboration is common throughout the United Nations system. In current practice, joint programming sometimes consists of little more than stapling together a group of project proposals from different agencies. In other cases, agencies collaborate well to create a project proposal but do not follow through to raise funds or implement activities jointly. Several donors expressed the concern that the United Nations spends much time and energy on its planning and review processes but does not participate in national processes as effectively as it could.

Agencies in the United Nations country teams need to redouble their efforts to form true partnerships and translate them into urgent action on the ground through collaborative and joint programming. Significant opportunities exist in countries such as Namibia and Swaziland to take the lead immediately in establishing a United Nations programme of action to meet the challenges of the triple threat; in fact, the situation should be seen as an opportunity to accelerate United Nations reform on the ground. Recommendation 15 of the HLCP paper suggests that United Nations resources should be rationalized as far as possible in smaller country teams; it will be an important step in moving forward in the region.<sup>6</sup>

Commitment and action-oriented leadership at the highest levels of the United Nations is a prerequisite for true partnerships, but a spirit of openness and humility also needs to be part of the culture of country teams. The Resident Coordinator is a crucial part of this, as are the Regional Directors, to whom the agency representatives report. The representatives must understand that they are accountable not only for their individual agency activities but also for their partnering activities with other members of country teams, governments, donors, and people affected at the community level.

The introduction of real collective accountability for the United Nations country teams will be crucial to address the triple threat and will help to refocus the efforts of United Nations country teams to deliver collectively on the triple threat challenges and to help governments to be more proactive in using the considerable resources coming in through the Global Fund for HIV/AIDS, PEPFAR and MAP.

The extraordinary response required of the United Nations system would suggest that a different mindset is needed – one that is focused on action even if the plans and analysis to support the action are less than perfect. We will need to take risks and learn from our mistakes rather than stay paralyzed by the scale of the situation, so that a real difference can be felt in people's lives.

### **Specific actions**

- It is clear in southern Africa that the demands placed on Resident Coordinators are unreasonable, in that they often also act as the humanitarian coordinator and the security focal point in addition to being the UNDP resident representative. The appointment of a UNDP country director assigned to direct management functions for UNDP would allow Resident Coordinators more time for their substantial inter-agency functions.
- The Resident Coordinators' terms of reference need to be strengthened to provide authority along with the existing responsibility for United Nations system-wide deliverables. Resident Coordinators need to be provided with dedicated support, independently or by drawing on expertise from other agencies, for their activities in strategic planning,

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<sup>6</sup> The mission observed that the Cabinet of the Government in Swaziland understood the gravity of the impact of HIV/AIDS and was committed to an urgent response in partnership with others. In Namibia, the Government is similarly poised to work with its partners to address the terrible situation of HIV/AIDS and drought in the north. Both these countries should work toward implementing recommendation 15 by creating a single United Nations office hosting multiple agencies that would facilitate joint programming for the triple threat.

programme monitoring and information management, advocacy and fundraising.

- Given the urgency of actions needed, country teams should be supported in their efforts to expand joint programming. RIACSO, in conjunction with United Nations country teams in the region before the end of October 2004, should compile and develop examples of joint programming for multi-sectoral service delivery at the community level, including details of operational arrangements that agencies could adopt such as budgeting, fundraising, fund management, monitoring and evaluation and capacity-building.
- In the current circumstances in southern Africa, an independent appraisal mechanism would be useful for promoting greater collective accountability in RIACSO and United Nations country teams. RIACSO would be a suitable system to support development of such an instrument, which should be in place by the end of 2004.
- RIACSO can facilitate joint analysis on how to rationalize resources in smaller United Nations country teams, drawing on lessons learned between countries. The joint analysis process should be finished by the end of 2004.
- RIACSO should engage a pre-eminent consulting firm to help it to rethink its structure and responsibilities and to make recommendations on how the country teams can work as single units in response to the triple threat crisis and so become stronger partners for the host countries. This could help the smaller country teams in the region – Botswana, Lesotho, Namibia and Swaziland – to define a bolder vision and strategy for the United Nations system, and offer suggestions on strengthening the Resident Coordinator system. This could make a substantial contribution to United Nations reform.

## ANNEX I

### Malawi, 15–16 June 2004

#### Summary of the visit

A **meeting with government representatives** from the ministries of agriculture, health, finance and gender provided an overview of Malawi's progress since the beginning of the crisis. The food-security situation was described as better than 2002, but the country was not yet "firmly on the road to recovery". This year's maize crop experienced up to 80 percent failure in some districts, mostly in the south. The Government of Malawi expects a 15 percent decline overall in maize production. The Ministry of Health is experiencing a crisis in human resources, with vacancy rates for health professionals ranging from 30 percent to 97 percent; the highest rate is for physicians. Recruiting and retaining staff was a major problem: of 480 enrolled nurses who graduated in 2003, the government only managed to recruit 100. A six-year human resources recovery plan that is encouraging in its approach and scope is under preparation; it will focus on training, recruitment and retention of staff. Although the economy has not performed at the target level of 6 percent per annum – it is currently at 3.6 percent – there is hope that the new President's economic leadership will lead to an improved situation.

The **United Nations country team** briefed the mission on the significant contribution made by the United Nations in responding to the crisis over the past two years. In addition to providing food aid to over 600,000 of the most vulnerable people, the United Nations has contributed to strengthening the Government's response-coordination capacity, enhancing measures to control cholera, supporting nutrition and education for households with HIV/AIDS and providing support for the protection and education of children and orphans.

Discussions highlighted the gravity of the Government's human-capacity needs, especially in the health service. The United Nations had begun to address these needs with the deployment of UNVs, but it was understood that the replenishment of human resources would require a comprehensive strategy for strengthening the Government's ability to deliver essential social services. The United Nations could facilitate this through more strategic partnerships and by supporting the government technically in channelling the substantial external funds already available for combating HIV/AIDS.

Effective joint programming should be a priority for the United Nations system in Malawi to address the current situation, but it requires a more careful assessment of the comparative advantages of agencies and stronger commitment beyond the planning phase for fundraising and implementation. Strong partnerships for scaled-up interventions are crucial for making a meaningful, positive impact on the lives of Malawians. Overall, the situation calls for bold new operational methods for the United Nations.

During a brief meeting with **donors**, the mission was informed of concerns over the effectiveness of the coordinated efforts of the United Nations system in Malawi. It was suggested that the United Nations country team could be streamlined so that less time is spent dealing with administration of programmes and projects, allowing more resources be put into action. It was also suggested that the United Nations should work with the Government to help to ensure that organizations and resources were used to maximum effect and according to each comparative advantage. It was widely recognized that the United Nations should help to support the Government in addressing the critical capacity shortfalls in ministries and NGO and civil- society partners. It was understood that as far as possible this support should be integrated into government structures rather than set up in parallel systems. The need to

ensure that donors and the United Nations work effectively with the Government to improve accountability was also raised.

A meeting with **President Mutharika** and the newly sworn in ministers of agriculture and finance revealed that the Government was committed to working toward a hunger-free Malawi – it was hoped within two years – through a combination of reform in irrigation, transport networks, grain storage and early-warning systems. The President highlighted the broad impact of the HIV/AIDS pandemic on all sectors and the need for a comprehensive approach. With regard to lost capacity because of the disease, the Government indicated its interest in using trained Malawians who live abroad for capacity-building. To deal with the growing number of orphans in the country, the President intends to establish “growth centres” that would assist children heading households or in the care of grandparents, single women who are heading households and disabled children

Part of the mission team met representatives of the **Malawi Business Coalition** against HIV/AIDS, the National AIDS Council and the World Bank to discuss private-sector initiatives to deal with the pandemic. Although business leaders have noted a negative impact of HIV/AIDS on their organizations, they do not perceive the same dramatic capacity problem that the public sector has. However, the private sector is eager to put in place a support mechanism to help companies to estimate the impact of the disease on their workforce, reform their human resource policies and support employees who are affected.

### **Critical issues**

- There is an urgent need to address dramatically weak public-sector human resource and technical capacities. This will require immediate short-term solutions to respond to the urgent need for service delivery, as well as better training and recruitment of staff. United Nations efforts should be integrated with the government’s plans, and programmes such as the six-year Ministry of Health recovery plan should be actively supported.
- The United Nations faces a major challenge in finding ways to support the government’s use of external funds for fighting HIV/AIDS through improved service delivery, whether the funds are channelled through its agencies or not.
- Improving accountability and transparency in government will be crucial for improving donor confidence in the Government’s public-sector reform.
- Joint programming cannot simply be a “bundling” of agency projects: the United Nations needs to examine the comparative advantages of individual agencies and ensure that joint programmes are strategically oriented.
- There is a need for much stronger partnerships within the United Nations and with other stakeholders to take interventions to the scale that the situation in Malawi demands. Many of the basic conditions for this are already in place, but they need to be built upon.
- Donors are concerned about the lack of coherence in the structure and work of the United Nations structure in Malawi, particularly the predominance of agency projects rather than national support programmes. More time should be spent implementing programmes than managing funds.
- Vulnerability caused by crop failures in the southern part of the country will leave 1.2 million Malawians without enough food by the end of 2004. A comprehensive approach, including targeted food aid and engagement with the government in its proposed plans for agricultural reform, should be priorities in the coming year.

## ANNEX II

### Mozambique, 17 June 2004

#### Summary of the visit

A meeting with the **country team** highlighted the strength of United Nations collaborative efforts supporting the Government of Mozambique's efforts to combat the effects of acute and chronic vulnerability caused by food insecurity and HIV/AIDS. The overall food-security situation has improved over the past 12 months, but pockets of food insecurity continue to exist. Diversification of livelihood strategies made an important contribution to increased resilience for many households, though the improvements could be attributed to a better agricultural season. The United Nations team is placing considerable emphasis on increasing its understanding of vulnerability and facilitating a broad-based, coordinated response.

The Government of Mozambique is in the process of updating its HIV/AIDS strategy. The strategy will have a strong health component and will include strong institutional links for a multi-sectoral, rights-based approach. The United Nations was concentrating its efforts on supporting the Government in obtaining access to funds made available through PEPFAR, MAP and the General Fund for HIV/AIDS. Progress since the previous mission in addressing the needs of orphans was also evident. The registration of orphans was being supported by initiatives that secured protection as well as access to resources for over 60,000 children.

The preconditions for political commitment, partnerships, knowledge and resources are all in place to address the needs caused by HIV/AIDS, but the major challenge in delivering services to those most in need is the absence of skilled human-resource capacity at the provincial and district levels.

At a meeting with representative from the **NGO community**, the mission was told of the partnerships that had been formed to assess vulnerability. Mozambique still faces an acute food-insecurity emergency as well as an increasing HIV/AIDS emergency. The need to broaden and deepen vulnerability assessment and analysis was recognized as essential to ensure equitable distribution of resources throughout Mozambique. Areas with high HIV/AIDS prevalence were known to need assistance, but maintaining a balanced view of vulnerability across the country and strengthening the economic base for rural households and communities were seen as a vital strategies to reduce susceptibility to risks. Discussion also highlighted the challenge of up-scaling good interventions and the importance of working through community leaders to effect change. NGOs expressed their frustration at administrative bottlenecks at the central level, which were limiting the flow of funds to support activities at the provincial and district levels.

The mission met the **Minister for Foreign Affairs**, Mr Leonardo Simão, who emphasized that although the food-security situation had improved significantly since 2002, much work remained to be done to improve agricultural productivity, principally through providing farmers with affordable technology. Rural roads and bridges were a priority for rural development. The Minister highlighted the fact that HIV/AIDS case numbers were still rising, despite the large scale of HIV-related interventions. National capacity was diminishing as technicians, farmers and many others were dying. The number of orphans was increasing, and the Government confirmed that it was working toward policy reform that would focus on assisting orphans at the community level.

In a meeting with the **Minister of Agriculture**, Helder Muteia, the mission was assured that promoting food security was a major priority of the Government. The drought had largely ended in Mozambique, but HIV/AIDS was having an increasingly negative impact on the agricultural sector. Human-resource constraints were impeding implementation of the Government's agricultural strategy. The mission was pleased to note that practical agricultural topics had been included in the school curriculum; there were also plans for a technical university in every province. The reduction of post-harvest losses was also a priority for the Government.

At a meeting with the **donor community**, discussion centred on how the United Nations could work more effectively to bring coherence to the variety of activities and initiatives designed to address the impact of HIV/AIDS. The successful efforts of the United Nations to address food insecurity and the integrated way in which the United Nations was working as a family and with the Government were acknowledged. The need to address the lack of trained human-resource capacity at the provincial and district levels was identified as a priority in order to benefit from the funding being made available by the international community.

### **Critical issues**

- Harmonize data-collection methodologies used for vulnerability assessments to support comparative analysis across countries in the region.
- Identify and address the root causes of vulnerability; this can be done at least in part by analysing data already collected from vulnerability assessments.
- Translate theory into practice: turning our understanding of peoples' needs and our strategies into actions that touch their lives – urgently.
- Respond to the lack of trained human-resource capacity at the provincial and district levels.
- Find the balance between budget-support development interventions and project-based safety-net activities that respond to the humanitarian imperative.
- Develop plans of action commensurate with projected needs, supported by a predictable funding base, to respond to the long-term impact of HIV/AIDS.
- Address HIV/AIDS comprehensively; prevention must not be neglected while treatment access, care and support are scaled up.

## ANNEX III

### Swaziland, 18-19 June 2004

#### Summary of the visit

A wide-ranging meeting was held with a majority of **Cabinet ministers**, including the **Prime Minister and Deputy Prime Minister**, and the ministers for natural resources, tourism, public services and information, housing and urban development, health and social welfare and home affairs. The Government noted that the general humanitarian situation in the country was worse than last year, with harvests down as a result of late rains; a state of emergency had been declared by the Prime Minister in February and was still in place. Some Swazi farmers, however, had managed to produce or store surplus maize and were now asking the Government to ensure that any food aid distributed in the country should be purchased locally. WFP agreed to work with the Government to address the issue to the satisfaction of all.

The Government highlighted the massive challenges to the country as a result of HIV/AIDS. There is a shortage of hospital beds, and a desperate need to expand home-based care programmes, safe motherhood initiatives and interventions for orphans. Economic migration was draining the country of qualified human resources – a WHO study was being conducted to help quantify the capacity shortfall in the health system. There is also a need to look at the role of community-health motivators. It was recognized that early sexual initiation was advancing the spread of HIV/AIDS, necessitating preventive measures based on evidence of socialization practices. Keeping children and vulnerable young people in school was an important way of reducing early sexual activity and exposure to HIV/AIDS: 70 percent of children not in school were sexually active, as opposed to 30 percent of those who were enrolled.

In the face of these challenges, the Government noted that it was dealing with a new phenomenon, and expressed their wish that external resources such as the Global Fund for HIV/AIDS could have been disbursed more quickly. The mission team pointed out that 65 UNVs had been identified at the Government's request for placement within the civil service, but the line ministries were still unable to absorb them. The Government had not yet eliminated school fees, and no senior political figures in Swaziland had yet disclosed their HIV status in order to advocate publicly against the disease.

The Prime Minister thanked the mission team for the frank exchange of views and assured them that the Government would do more in all the areas mentioned. He emphasized the need to root the responses to HIV/AIDS in traditional Swazi social structures and to examine cultural practices, and reaffirmed the Government's commitment to provide leadership. It was agreed that Swaziland's population and geography, combined with the already significant funds committed by the international community, would make it possible to reverse the trend of the pandemic fairly quickly, with the right leadership.

The mission met **His Majesty King Mswati III**, who expressed his gratitude for the work of the United Nations in Swaziland during the crisis. He said that continued assistance was required, especially to tackle HIV/AIDS, TB and malaria. His Majesty assured the mission of his personal commitment to overcome the problems his country faced, together with the vigorous engagement of the new Government, which had been in place for eight months. Paramount among these problems was the large and increasing number of orphans.



A **joint meeting between donors, government representatives**, United Nations country team representatives and the mission team covered many of the issues raised during the Cabinet meeting. Donors indicated a willingness to support the Swazi Government's initiative, but stressed the importance of moving to expanded and coordinated action as quickly as possible. Prevention activities, access to services, enhancing the status of women, participation by young people, neighbourhood care points and ARV treatment programmes need to be scaled up urgently. The dramatic rise in sexual exploitation, often in the form of transactional sex, needs to be addressed. HIV/AIDS should be acted upon in the context of overall vulnerability, including food security and poverty.

### **Critical issues**

- Based on the WHO study of health-system capacity issues, bold actions will be needed to ensure that support and capacity are in place to deliver much-needed health services, including strengthening community health promoters.
- International support at the community level needs to be rethought and restructured so that activities such as the involvement of young people in prevention and services, neighbourhood care points and home-based care can be scaled up and make a more significant impact.
- A more coordinated approach to surveillance, monitoring and consolidation of available information is needed to improve analysis of needs in Swaziland.
- There is a need for flexibility in using funds made available by the Global Fund for HIV/AIDS and other external resources to address the broader impact of the pandemic.
- The middle-income status of Swaziland is restricting access to critical funding support from World Bank MAP funds and United States PEPFAR funds. More advocacy on this issue is required to point out to donors the dramatic nature of Swaziland's situation, and the need for urgent external assistance.
- The mission noted that there are severe management and organizational problems in the United Nations system in Swaziland. The considerable demands placed on Resident Coordinators to be on duty travel to attend meetings, on top of the failure of the system to recruit and replace outgoing Resident Coordinators, has reduced the effectiveness of the United Nations in Swaziland.
- Swaziland's small size and population provide a good opportunity for the Government, NGOs, CBOs and the United Nations to work together to make rapid progress in the fight against HIV/AIDS. Strong United Nations leadership needs to be established in Swaziland, however, and the United Nations presence needs to be rationalized to avoid duplication and wastage of resources.

## ANNEX IV

### Namibia, 20-21 June 2004

#### Summary of the visit

A meeting with the **country team** focused on the development of the current situation in Namibia: drought, poverty and high HIV/AIDS rates have been severely affecting people in the northern parts of the country. An international appeal for assistance was made near the end of November 2003 for food and other interventions, even though the government had been reluctant to issue it. United Nations agencies responded with an assessment and various new operations. Food aid, for example, is being provided for 110,000 vulnerable children and orphans in the north. Given the overall situation and its similarity with the rest of the region, the country team felt that a case should be made to include Namibia as one of the countries covered by RIACSO.

The Government has been very active in responding to the HIV/AIDS pandemic, but establishment of health services for treatment and counselling programme is being affected by lack of human resources. The United Nations is seen by the government as providing essential technical advice on channelling external funds such as the Global Fund for HIV/AIDS and PEPFAR money for optimum effect.

A meeting was held with the **Prime Minister**, the Hon. Theo-Ben Gurirab, who agreed with the Special Envoy's suggestion that Namibia should be included with the other six countries covered by RIACSO. The Prime Minister highlighted the serious humanitarian situation in the northern part of the country, noting that the government had been surprised at the abject poverty and the severe impact of HIV/AIDS on people in the area. HIV/AIDS was creating large numbers of orphans and destroying the family system. The Prime Minister affirmed the Government's commitment to tackling the HIV/AIDS situation widely and publicly.

The mission also met the **Deputy Minister for Health and Social Services**, the Hon R. Kamuri, who noted that malnutrition among children under 5 had increased significantly; the northern districts were the most affected. About 15 percent of the national budget was allocated to the health and social welfare sector. The Government is intending to establish clinics throughout the country, with the aim of providing access to a clinic within 10 km of home for 80 percent of the population.

A National AIDS Committee, comprising 15 Cabinet Ministers had also been established to coordinate HIV/AIDS response. A shortage of doctors, nurses and pharmacists to implement government HIV/AIDS programmes was proving increasingly problematic. Seven hospitals are now undertaking ARV therapy, but staff working on this programme had to be taken from the already overburdened health personnel resources. Namibia will shortly have access to the first tranche of funds under the Global Fund for HIV/AIDS; 75 percent of the recipients will be local NGOs. The target is ARV support for 25,000 people in the next five years.

It was acknowledged that HIV/AIDS in Namibia is first of all treated as a health issue, and that linkages and synergies with other sectors need to be explored; the linkage between HIV/AIDS, nutrition and food security was highlighted as needing more attention. There is political will in Namibia to fight HIV/AIDS; it was reported that people talk more openly about the epidemic than two years ago, in spite of the stigma. United Nations support, especially on the response to HIV/AIDS at a sub-national level, would be welcomed.

At a meeting with **donors and NGO partners**, there was widespread recognition of the increasing impact of HIV/AIDS on levels of vulnerability and on the capacity of the Government to deliver services. The challenge of HIV/AIDS for food-insecure populations was increasingly evident in the northern areas of the country. The Red Cross warned of growing humanitarian needs and emphasized the importance of supporting a long-term strategy to strengthen disaster management.

While the evidence of the triple threat was understood, donors cautioned against overreacting with the possible consequence of creating or adding to the imbalances already prevalent in the country. Some reflected on the worsening business environment as the Government appeared to be pursuing policies that were having a negative influence on direct foreign investment.

The United States Ambassador mentioned that the Government had proved a reliable partner, particularly the Ministry of Health. Other donors felt that the Government could demonstrate more commitment to addressing the disparities in wealth across the country. The need to put in place safety-nets and to support livelihoods to address the needs of the most vulnerable people was highlighted.

### **Critical issues**

- Given that Namibia faces a situation similar to that in other affected countries in the region, RIACSO should provide systematic coordination and technical support to the United Nations country team in Namibia on the lines of what is provided to the other six countries covered.
- In view of the wide-ranging implications of HIV/AIDS, the Government of Namibia should be helped to respond to the pandemic using a multi-sectoral approach to ensure effective linkages with food security, nutrition, agriculture and gender issues.
- The SADC-led Regional Vulnerability Assessment Committee and United Nations agencies should help the Government of Namibia to undertake systematic assessments, mapping and monitoring of the most vulnerable people to ensure appropriate targeting of assistance.
- The United Nations should explore with the Government and donors the possibility of establishing a permanent presence in the Okavango/Caprivi region to address the growing vulnerability identified in the north of the country.
- The country team should be encouraged to pursue options for a more concerted United Nations effort to help the Government of Namibia to improve efficiency and synergies and to make best use of limited United Nations resources. Such an approach would be in accordance with recommendation 15 of the HLCP paper – rationalizing the small United Nations presence by placing all agencies in one office.

## ANNEX V

### Terms of Reference

#### Objectives

Following up on the recommendations and findings from the previous missions of the Special Envoy, the Next Steps paper and subsequent evolution of the HLCP paper on the triple threat, the mission will take stock of the humanitarian situation as well as the evolving coordination and programming mechanisms designed to move forward the actions and recommendations made by the HLCP.

#### Specific Tasks

The mission will visit selected countries in the region affected by the triple threat, including Malawi, Mozambique, Namibia and Swaziland in order to:

- meet with Government officials and representatives of the donor community in the countries visited,
- discuss changes in the humanitarian situation and response efforts with United Nations country teams and NGO representatives in the countries visited;
- address new or unresolved operational and/or policy impediments to the effective delivery of humanitarian assistance and provide recommendations on how to address them.
- review mechanisms for assessing, monitoring and reporting on vulnerability to ensure ongoing understanding of the humanitarian needs
- review the complementarity and comprehensiveness of assistance efforts, identifying gaps in programming, with particular attention to the availability and source of funding;
- review the adequacy of activities designed to assist the burgeoning number of orphans in the region;
- mobilize media support for reporting on the needs in the region;
- review the status of understanding and implementation of the HLCP recommendations to support long-term recovery such as in the agricultural sector, strengthening national government response capacities in the health sector, addressing the long-term impacts of HIV/AIDS, and others.
- report on progress made in assessing the capacity of United Nations Country Teams in the region to discharge the additional responsibilities entailed in the triple threat response;
- review the current regional coordination support arrangements and, in discussion with Regional Directors of relevant United Nations agencies, make recommendations to facilitate the smooth evolution of RIACSO.

The expected outcome of the mission will be to ensure understanding within the United Nations system and the national Governments concerned with respect to the future programming and assistance relative to the ongoing crisis of food insecurity, HIV/AIDS and residual emergency assistance requirements.

## ANNEX VI

### List of Mission Participants

<b>Name</b>	<b>Title/organization</b>
Mr James Morris	Special Envoy Executive Director WFP, Rome
Mr Mike Sackett	Regional Coordinator for the Special Envoy Regional Director, Southern Africa WFP, Johannesburg
Mr Mark Stirling	Regional Director Regional Support Team UNAIDS, Johannesburg
Mr Per Engebak	Regional Director, Eastern and Southern Africa UNICEF, Nairobi
Mr Sam Nyambi	Regional Manager UNDP, Johannesburg
Ms Nileema Noble	Deputy Resident Representative UNDP, Ethiopia
Mr Mukesh Kapila	Senior Adviser - Crises and HIV WHO, Geneva
Dr David Okello	Representative WHO, Swaziland
Mr. Oyebade Ajayi	Deputy Director Africa Division UNFPA New York
Dr Gebreamlak Ogbaselassie	Senior Humanitarian Response Advisor UNFPA, Johannesburg
Ms Marcela Villarreal	Chief of Population and Development Service, Focal Point for HIV/AIDS FAO, Rome
Mr Chris Kaye	Regional Coordinator OCHA, Johannesburg
Mr Robert Opp	Assistant to the Special Envoy WFP, Rome
Mr Michael Huggins	Regional Public Affairs Officer WFP, Johannesburg
Mr Christophe Boutonnier	Regional Security Adviser WFP, Johannesburg
Mr Vincenzo Sparapani	Security Officer WFP, Rome
Ms Nina Sandli	Programme officer WFP, Johannesburg