



SOUTHERN AFRICA: THE CYCLE OF POVERTY CONTINUES

Two years ago, Southern Africa was the focus of attention for the humanitarian community and for public concern. Between the 6 focus countries of a regional appeal (Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe) and Angola, over 16.5 million people were estimated to be in need of emergency assistance to meet their food needs.

In the period up to April 2005, the number of people predicted to be food insecure is 60% lower than two years ago, and aid agencies are scaling-down activities rapidly and supporting residual "vulnerable groups". Save the Children does not believe that it is a case of "mission accomplished" and that we can now shift our collective energies to other acute crises. In the short term, over 6 million people are in need of assistance. Crucially, however, looking at developments over the last 3 years there is a clear pattern within Southern Africa of crises continuing or recurring after a previous improvement in some countries, while longer-term indicators highlight the inevitability of crises recurring throughout the region. We should be beginning to address the chronic problems in the region that are maintaining – and in most cases worsening – a cycle that will keep children and future generations in an unacceptable state of poverty.

In addition to providing necessary emergency assistance, Save the Children urges donors to provide greater support that acknowledges the chronic nature of the problems in the region. This includes funding investment in basic services such as education and healthcare, supporting livelihood recovery, enhancing safety net provision, scaling-up of activities to prevent, mitigate and treat HIV/AIDS, and continuing to support food security and livelihood information systems. Children must cease to be viewed a 'sector', rather ministries and donors should ensure that resource allocation prioritises children across all policies.

The Importance of Tackling Childhood Poverty

Children make up the majority of the population of Southern Africa, and their development is the only hope for the region's future. Childhood is the key point at which the cycle of inter-generational poverty can be broken. As long as most Southern African children are born into desperate poverty, suffer malnutrition and ill-health, and have access to inadequate health services and education or none at all, neither they nor the region itself can hope to fulfil their potential.

There are two broad requirements for breaking this cycle. The first is universal access to high-quality health services and education. Since poor households cannot afford to pay for these services at their full cost, this requires a substantial level of public spending to finance them, and the support of donors and institutions backing national poverty reduction strategies. Equally important is sustainable livelihoods – allowing households to generate incomes adequate to fulfil children's right to a standard of living adequate for the child's physical, mental, spiritual, moral and social well-being. As well as being rights in themselves, health, education and sustainable livelihoods all interact and reinforce one another in a variety of ways.

While the need for sustainable livelihoods requires measures for social protection (financial safety nets), which add to the need for public spending, more importantly, it also requires policies which ensure that the economy itself generates economic opportunities providing an adequate and stable level of income for all, without undermining future well-being through adverse environmental effects.

The Longer-Term Situation for Children

The process of development has stalled or reversed in most of Southern Africa over the last 10 years. In Zambia and Zimbabwe the level of human development measured by UNDP peaked almost 20 years ago and has been in decline ever since. Only Mozambique has managed to achieve sustained improvements, though it still remains the least developed country in the region.

The performance of the region in relation to the Millennium Development Goals has been very discouraging. Three key goals relating to children's well-being to be achieved by 2015 are: halving the prevalence of under-nutrition among under-5s; reducing the under-5 mortality rate by 2/3; and achieving 100% enrolment of children in primary school. The table below shows the progress made across the region to date from the baseline year towards the targets for each indicator.

Country	Hunger (% Under-5s Underweight)			Under-5 Mortality (per 1000)			Primary School Enrolment (% enrolled in primary school)		
	Baseline	Situation 2001	Target 2015	Baseline	Situation 2002	Target 2015	Baseline	Situation 2001	Target 2015
Angola	61%	49%	31%	260	260	87	58%	30%	100%
Lesotho	27%	25%	14%	148	87	49	73%	84%	100%
Malawi	49%	33%	25%	241	183	80	50%	81%	100%
Mozambique	69%	53%	35%	240	197	80	45%	60%	100%
Swaziland	10%	12%	5%	110	149	37	77%	77%	100%
Zambia	45%	50%	23%	180	192	60	79%	66%	100%
Zimbabwe	43%	39%	22%	80	123	27	86%	83%	100%

Performance under all the goals has been disappointing. According to the most recent official figures for the period 1999-2001 – i.e. before the recent crisis – Zambia and Swaziland had higher rates of under-nutrition than in their baseline period, while Zimbabwe and Lesotho made only marginal progress in reducing hunger. More recently, a regional review of nutrition data in Southern Africa by Unicef in 2004 found that although levels of acute malnutrition had largely been kept under control during the recent crisis, levels of under-nutrition and chronic malnutrition have been worsening.

Zambia, Zimbabwe and Swaziland have all seen child mortality increase since the baseline period. Among the remaining countries, only Lesotho appeared to be on track to meet the target by the end of 2002, although it remains to be seen whether the current crisis combined with a very high HIV prevalence rate will enable enough progress to be made.

The picture for school enrolment is mixed. While Malawi, Mozambique, Swaziland and Lesotho have made progress on this goal, most are not expected to meet the target. In Angola, Zambia and Zimbabwe, however, the rate of enrolment has actually declined since 1990. Again, data on these goals does not reflect the impact of the recent crisis.

The lack of progress in achieving the Millennium Development Goals reflects a host of diverse underlying problems in the countries of Southern Africa. Economic growth is failing in all countries in the region except Mozambique. The average growth rate has been negative in Angola, Zambia and Zimbabwe since 1990, while Malawi, Lesotho and Swaziland have experienced only very limited increases in growth.

HIV/AIDS continues to be a huge and growing problem in Southern Africa, with HIV prevalence rates and deaths from AIDS being higher than anywhere else in the world. There are significant differences within the region, with prevalence ranging from a high of 38.8% in Swaziland to an estimated 5.5% in Angola. There are currently almost 3 million orphaned children in the region as a result of AIDS. With 5.7 million people currently living with HIV/AIDS that figure can only increase in the future, putting even greater strain on families' and households' ability to support one another. The situation for young women and girls aged 15-24 is particularly troubling in Southern Africa. In Zambia and Zimbabwe, their rate of infection is almost 4 times higher than that of males in the same age group, mainly due to

their relatively low social status and their vulnerability to exploitation and abuse particularly resulting from poverty.

The Result: The Emergencies Continue

The humanitarian community's response to the Southern Africa crisis over the last 3 years has been largely successful in preventing increases in acute malnutrition and deaths arising from hunger. However, our collective responses to date have failed to address the underlying problems in the region, and as a result we are seeing a situation where "crisis" becomes a recurring feature, with a small trigger enough to push people over the edge again.

Vulnerability Assessment Committees across the region estimate that approximately 6.6 million people will require emergency assistance in the form either of food aid or cash relief to enable them to access their minimum food needs. The greatest needs are concentrated in much of Zimbabwe, Lesotho and Swaziland, and in southern Malawi, and flood-affected parts of western Zambia. In Angola the greatest needs are concentrated in the central plateau and in the south-east.

To relate the problems this year again to climatic factors is to miss the point somewhat. It is certainly true that adverse weather conditions have resulted in below normal harvests in many of the areas affected. But our knowledge of the livelihoods of the region developed over the last 3 years clearly shows climate is only one factor among many affecting agricultural performance, and agriculture is often the largest but by no means the only source of livelihoods for the population in the region.

Malawi is a concerning example of the fragility of livelihoods in the region and of the likelihood of crises recurring on a regular basis. The situation in Malawi in early 2002 was the prompt for much of the response to the crisis in the region, and 3.6 million people in Malawi were estimated to be in need of assistance in 2002-03. The following year, however, the numbers in need fell to a point where there was considered to be no need for national level emergency assistance. However, this year, poor rains contributed to a partial crop failure in the south of the country, and as a result of their high underlying vulnerability even to small shocks, over 1.5 million are again estimated to require assistance.

The table below uses data from national Vulnerability Assessment Committee reports across the region from the last three years to show how the numbers in need of assistance have fluctuated in each year. Although the overall regional picture shows an improvement in each year since 2002/03, at country-level the picture is more diverse.

<u>Country</u>	Numbers in Need of Assistance			Change	
	<u>2002-03</u>	<u>2003-04</u>	<u>2004-05</u>	<u>04-05 as %</u> <u>03-04</u>	<u>04-05 as %</u> <u>02-03</u>
Angola (WFP-led)	1,400,000	1,400,000	1,051,279	-25%	-25%
Lesotho	740,000	1,202,250	948,310	-21%	28%
Malawi	3,600,000	no data	1,512,900	N/a	-58%
Mozambique	660,000	659,000	202,000	-69%	-69%
Swaziland	300,000	478,600	600,400	25%	100%
Zambia	2,800,000	60,000	no data	-100%	-100%
Zimbabwe	7,180,000	4,400,000	2,341,000	-47%	-67%
Total – All	16,680,000	8,199,850	6,655,889	-19%	-60%
<i>Total - 6 EMOP</i>	<i>15,280,000</i>	<i>6,799,850</i>	<i>5,604,610</i>	<i>-18%</i>	<i>-63%</i>

Given what is known of the fragility of livelihoods at present, it is vital that the early warning function is maintained. In addition to monitoring emergency needs, the more detailed understanding of livelihoods that these systems provide can also play a key role in identifying appropriate policies and programmes to enhance welfare. More emphasis is now needed on

building national technical capacity and on institutionalising such systems within national governments.

Recommendations: Breaking the Cycle

- The situation in Southern Africa must cease to be viewed either as a short-term crisis, and/ or as a “food security” problem. It is a chronic crisis of development with recurring episodes of acute needs, which must be addressed by donors, government and agencies from a long-term and multi-sectoral perspective.
- Emergency assistance to meet food needs, either through food aid or cash-based transfers as appropriate, is still currently required by over 6 million people in the region, and adequate funding must be provided to meet those needs.
- Greater emphasis is needed on livelihood recovery activities for households and communities following at least 3 years of crisis in the region. Programmes must be relevant to local needs, but may include livestock re-stocking, support for accessing agricultural inputs, and support for improved marketing of rural produce. Programmes should be adapted to ensure they also include youth and Orphans and Vulnerable Children (OVCs) many of whom will not have been fortunate enough to have had this information passed on to them from their parents.
- Donors and national governments must maintain and increase investment in national and regional food security information systems. As emergency needs and public attention declines, there is a risk that the need for quality information systems relating to livelihoods will be seen to decline also.
- Greater Government and public commitment to addressing HIV/AIDS, with donors committed to providing funds that support health system strengthening, essential for sustainable access to ARVs and treatment of opportunistic infections. PMTCT plus should be a key component of health services, keeping mothers alive is the ideal solution to reducing the numbers of OVCs. Responses to HIV/AIDS must be based on a good understanding of the causes and implications of transmission and infection among different ages and genders within the region.
- Considering the high levels of chronic poverty in the region and the ongoing impact of HIV/AIDS, safety net programmes will be required to support the poorest in the community over the long-term. Cash-based transfers to supplement income are likely to be the most efficient and appropriate means of doing this, though in-kind safety nets such as vouchers for education or health costs or for subsidised agricultural inputs will also be suitable in some circumstances.
- Poverty Reduction Strategies must take a pro-poor perspective that not only supports the livelihoods of the poor now, but makes sufficient provision in investment in services for children that the inter-generational cycle of poverty is broken. This includes the abolition of user-fees for education and healthcare, and devoting more public spending to enhancing the quality of basic services, including investing in the recurrent costs of key ministries. Children must cease to be viewed a ‘sector’, rather ministries and donors should ensure that resource allocation prioritises children across all policies. Conditions attached by donors and international financial institutions to aid and to debt reduction must focus less on short-term economic indicators such as reducing inflation and government budget deficits, and more on investment in human capital.