

**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 concerns surrounding GM food. 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. The Government is still allowing the milling and distribution of GM content food stocks in the refugee camps of the country.

*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.

## **Annex I**

### **Mission Activities by Country**

#### **Lesotho 3-4 September 2002**

In view of the need and opportunity for the Special Envoy to hold discussions with Heads of State from the region in Johannesburg, he was unable to travel to Lesotho as planned. The mission was therefore led by the Deputy Emergency Relief Coordinator, Carolyn McAskie.

On arrival in Lesotho on 3 September, Carolyn McAskie addressed a welcome reception hosted by the Minister of Agriculture. In her address, she stressed that the intention of the mission was to highlight the emergency humanitarian needs of those most affected by the current crisis. While it was appreciated that there was a requirement for sustained engagement to support the Government in addressing the causes of poverty in Lesotho, the mission would focus on lending weight to the arguments for immediate donor support for lifesaving interventions.

Discussion with the UN country team highlighted the capacity constraints both within Government as well as among the small international assistance community resident in Lesotho. It was recognized that with better analytical capacity, the UNCT could do more to ensure available resources were used for greater effect/ impact. Such capacity would also help leverage better support from donors.

On 4 September the mission visited the District of Mofale Hoek, some 100 kilometers from the capital of Maseru. The district is one of the hardest hit by the crisis with 61,000 people in need of emergency food assistance. The mission was informed of the Government partnership with WFP and World Vision International and of the mechanisms for targeting and provision of emergency food in the district. The mission visited recipient communities including child-headed households, the district hospital and witnessed food distribution to the most vulnerable.

A brief meeting with representatives of the local business community highlighted the importance of the provision of emergency humanitarian assistance in order to help the local community return to productive economic activity. The business community reassured the team that while food aid may create short term pricing distortions, the impact would be more than offset by the ability of people to participate fully in economic activity if provided with lifesaving assistance.

Meetings with the Minister of Agriculture and the Minister of Planning and Finance reemphasized the Government's call for international assistance to support their efforts to provide food aid, to strengthen agricultural production in the immediate and longer term and to address the nutritional needs of the most vulnerable.

The mission underlined the importance for Government to elaborate and give emphasis to its strategy for addressing the HIV/AIDS pandemic within the context of the current crisis as well as other health issues that contribute to people's vulnerability.

## **Zimbabwe, 4-7 September 2002**

The mission arrived in Harare late evening on 4 September and was given a short brief from the Humanitarian/Resident Coordinator, Mr. J. Victor Angelo, who outlined some of the main features of the relationship between the UN system and the Government. The following morning a short meeting was held with the UN Country Team, which highlighted some of the challenges and priorities for agencies. Aside from food aid and the food gap, the main priorities identified included the urgent need for seeds and fertilizers (\$10 million) for the fast-arriving planting season in October, water and sanitation programmes (\$800,000), and emergency education initiatives (\$800,000). Needs for essential drugs and vaccines (\$5 million) and a program for foot and mouth disease vaccination (\$4 million) were also indicated.

The mission also met and was briefed by the Government. The meeting was chaired by the new Minister for Finance and Economic Development, Dr. H Murerwa. He was supported by the Minister for Public Service, Labour and Social Welfare, Mr. July Moyo, as well as the Minister for Health and Child Welfare, Dr. David Parirenyatwa. The meeting was also attended by representatives from the Ministries of Foreign Affairs, Agriculture, and Local Government.

Comprehensive briefings were given by the Ministers of Social Welfare and Health. The most pressing need identified by the Government was food to cover the estimated shortfall in the country of 700,000 Mt (n.b. WFP estimates this shortfall – food not covered by expected Government imports or food aid - to be 844,000 Mt). Additional humanitarian needs were identified and priority attention was given to needed support for therapeutic and supplementary feeding of children under five and children in schools (estimated 1.4 million children), HIV/AIDS interventions, and for the purchase and supply of essential drugs.

The meeting was significant because of three important commitments from the Government that were made:

- 1) It was stated that earlier that morning the Cabinet had taken the decision to accept GM maize into Zimbabwe, reinforcing the message given by President Mugabe during the Summit. The Government would still quarantine the WFP yellow maize and exchange it for non-GM white maize to be distributed by WFP. The yellow maize would then be milled by the Government and distributed.
- 2) The Government agreed to assist in expediting the approval of NGOs needed to expand implementation and food distribution capacity for WFP food. WFP currently has six NGO implementing partners, and at least another six are needed.
- 3) The Government reaffirmed its commitment to not allow any political influence in the distribution of WFP-sourced food and to support all efforts to ensure that the needs of the most vulnerable were met.

The meeting was positive and conducted in a congenial atmosphere.

Immediately following the meeting with Ministers, a number of team members met with President Mugabe. During discussions, President Mugabe confirmed the Cabinet's stated position with respect to acceptance of GMO food. Views were exchanged on the prevailing situation and the needs of those affected, including farm workers and their families uprooted by

the land reform policies. President Mugabe was also encouraged by the mission to advocate with neighbouring countries in the region on the GM issue.

At meetings later in the day, the donor community shared their concerns over the equitable and unhindered distribution of food to the most vulnerable. They urged the UN to put in place an effective monitoring mechanism. The Humanitarian/Resident Coordinator and the Country Team are following up on this issue. Donors also expressed concern on the current restrictions imposed on international journalists and requested the UN to do what it could to encourage the Government to allow more international coverage of the humanitarian crisis.

The NGO community remains concerned over the procedures required for their accreditation. Similarly they expressed frustration and requested the UN's assistance to encourage the Government to streamline procedures to speed up food imports. They also urged the UN to engage with them in a process of contingency planning in the event that the current food gap remains unfilled.

During two field visits, the critical nature of the food needs and gaps in the health sector became apparent. It was possible to see both Government-sponsored efforts to bring food relief to the vulnerable as well as those undertaken by WFP in partnership with World Vision. In locations in the north (Mashonaland Central) and south (Matabeleland) of the country, capacity constraints in the health sector were visibly apparent. Declining numbers of health care staff and intermittent and inadequate supplies of essential drugs are putting immeasurable stress on the remaining health care system.

A press conference in Harare allowed an opportunity to brief both international and local correspondents on the priority needs and impressions of the mission. The fact that several international journalists (Reuters, RFI, New York Times, AP, Le Monde, Kyoto News) were granted visas by the Government to accompany the mission in Zimbabwe was significant. The precedent it sets is an important one, and perhaps marks another step in forming a good relationship with the Government and highlighting the extent of the humanitarian crisis. It should be noted, however, that several key media outlets such as CNN, British media, and some other European journalists were not granted visas.

It should be noted that two other interesting meetings were held during the mission, with representatives of the Movement for Democratic Change (MDC), including Morgan Tsvangirai, and with a group of individuals involved in the private sector in Bulawayo.

### **Zambia, 8-9 September 2002**

The UN Country Team in Zambia briefed mission members on ongoing agency programmes, as well as the status of the national CAP. FAO announced that \$5.2 million had been pledged by several donors for an expanded program to promote conservation farming, seed multiplication, and dissemination of cassava (the original project in the CAP was only \$2.6 million). UNICEF is addressing water and sanitation issues in southern Zambia through a \$2.1 million CERF loan and has been supporting nutrition assessments, therapeutic feeding programmes, and measles and polio immunization. WHO is beginning to examine how to address deficiencies in the health system, but is somewhat frustrated by a lack of capacity within the Ministry of Health. UNHCR continues to deal with a sizeable population of refugees

throughout Zambia, and given the authorization of the GoZ to mill GM maize for camps, has a stable food supply with WFP for the next three months.

The World Bank has fielded a mission to Zambia with the intention of implementing a set of short-term mitigating measures to reduce the social and economic impact of the humanitarian crisis. \$45 million is likely to be disbursed by the World Bank, providing the GoZ with foreign exchange to buy necessary assistance items such as seeds and fertilizers. This also raises the importance of information sharing and coordination, where the UN can play a pivotal role.

Following the meeting with the Country Team, the mission met with a number of senior Government officials. The meeting was chaired by Vice President Enoch Kavendele, supported by the Ministers of Health, Education, Agriculture, Information, Community Development and Social Services, Sport Youth and Community Affairs. The meeting was also attended by representatives from the Ministry of Foreign Affairs, including the Deputy Minister.

Initial discussions focused on the position of the Government with respect to receiving GM food. The Vice President was candid in his comments, admitting that in part the position taken was out of fear rather than based on scientific understanding. It was for that reason that the Government was seeking further information and guidance and were sending a mission to Norway, Belgium and the USA before making a final decision on acceptance or otherwise. It is clear that the debate had taken place in the context of a strong anti-GM lobby, which had advised the Government to take precautions. The mission noted its respect for the Government's thoughtful approach, and promised not to interfere in the process of deliberation.

The Vice President requested WFP to assist in sourcing other food commodities to help provide for the most vulnerable. WFP informed the Vice President that it was fielding a mission to northern Zambia this week to look into the potential for local purchases in that region. The Government outlined its own efforts to help fill the food gap through both its own purchases and those it has authorized the private sector to procure. Reference was made to discussions to be held with the World Bank later this week on emergency credit to help finance critical relief measures. The mission enquired whether wheat could be used for food aid in Zambia, and received a positive response. In addition, importation permits were requested for shipments of non-GM maize from South Africa and peas from the US. The Vice President gave his assurance that the issue had been resolved.

The need to address the health impact of the crisis was highlighted as a key area of concern. Reference was made to commitments made at the recent meeting of Health Ministers convened in Harare by WHO. In view of the limited capacity of the Health Ministry to fight the HIV/AIDS pandemic, the mission was requested to advocate for the early disbursement of \$19 million already earmarked for Zambia from the Global Fund for Health to help fight HIV/AIDS, TB, and Malaria.

A breakfast meeting with national and international NGOs highlighted the importance of emergency food provision. Concern was raised over the impact of a possible break in the food pipeline given the current position of the Government not to accept GM food. Similar concerns were expressed over the impact of food shortages on the coming agricultural season. In addition to food provision for the agricultural workforce, seed protection programmes were identified as a priority concern in order to ensure that seed was planted rather than eaten.

Access to those in more remote regions is of major concern, particularly for flood-prone areas during the rainy season.

Widespread declining food availability and caring capacity were identified as major contributing factors to increasing levels of malnutrition and mortality, particularly among those affected by the AIDS virus. The depletion of productive capacity caused by the high rates of HIV/AIDS was having a negative effect on subsistence farming. The UN was requested to help to build capacity among local NGO partners as part of the effort to integrate emergency food assistance programmes with longer-term development objectives. Generally, the mission found the NGOs in Zambia to be an active and impressive group.

Field visits in the afternoon highlighted the devastating impact of the food crisis combined with the high prevalence of HIV/AIDS on the urban poor. The mission was able to witness WFP support for an urban center providing for more than 700 orphans and street children. A visit to a peri-urban Hospice highlighted the plight of families plagued by HIV/AIDS and the limited amount of institutional support that is currently available to provide for those affected as well as those children and elderly who are left behind.

The Minister of Health organized a special meeting with two members of the mission team (WHO and UNICEF), the WHO Country Representative, and senior ministry officials. The meeting identified critical support areas in establishing a consolidated nutrition and disease surveillance system and needs for supplementary and therapeutic feeding.

### **Malawi, 10-12 September 2002**

A briefing from the UN Country Team illustrated the extent to which the United Nations system has scaled up in recent months to address emergency needs in the country. Funding from donors has enabled a significant increase in the coverage of food distributions, although additional funding support will be critical to maintain the food pipeline through the upcoming rainy season months.

Underlying chronic poverty remains the root of many of the immediate humanitarian problems faced in Malawi. The Resident Coordinator emphasized the importance that the Country Team attaches to ensuring that immediate assistance activities achieve coherence with long-term development objectives and activities.

The mission met with senior members of the Government at a meeting hosted and chaired by the Minister for Agriculture and Irrigation, Mr. Aleke Banda. Also present were the Minister for Poverty Alleviation and Disaster Management, the Minister of Education and representatives from the Ministries of Foreign Affairs, Local Government, Finance and Economic Planning. A significant absence was the Minister of Health.

The Government was very clear in the articulation of its priorities. While committed to doing all it could to address the current food needs, it stressed its commitment to a policy of 'never again' and its intention to become food self-sufficient. In this respect, the Minister for Agriculture underscored the need for support of investment (\$77 million) in irrigation and crop diversification (including the new focus on winter cropping). In the immediate term, expansion of the provision of agricultural starter packs supported by UK/DFID and the EU was identified as

an important initiative. Assistance is also being sought from the IMF and the World Bank, particularly to enable the Government to procure and disburse food at subsidized prices to enable wider access through the commercial market, though this initiative is still under discussion.

The impact of the current food shortages on the needs of children was identified as a critical concern. With assistance from WFP, school feeding programmes are being expanded from 50,000 to 150,000 children to address declining attendance rates and vulnerability of school-age children. Eventually, the Government would like to see an expansion of school feeding to all districts in the country. A number of agencies have cooperated to make fortified supplementary foods available for targeted children and pregnant/lactating women. The incidence of HIV/AIDS has placed greater emphasis on the need to provide for the increasing number of orphans who has dropped out from the schooling system. The Government requested further support from the UN to help provide food to all children attending primary schools. Health-related interventions including immunization, Vitamin A supplements, and chlorination of water are also being pursued.

The mission raised several concerns with the Government. The GoM's ability to address the health aspects of the crisis is clearly in question. The national system is limited and support is urgently needed to reinforce health and nutrition surveillance systems.

Another major concern raised during the discussion focused on the 'food gap' that is still likely to exist after Government imports and WFP food aid quantities are taken into account. Assessments in May estimated that of the 600,000 Mt of cereals (excluding the 2001/02 harvests and 2002 winter harvests) that would be necessary for Malawi until next March, the GoM would be able to import approximately 250,000 Mt and WFP would cover 230,000 Mt of the needs. Private sector imports or other sources would need to cover the rest, although a Government universal subsidy policy to keep maize affordable for Malawians is likely to act as a disincentive. The means to address the gap of 120,000 Mt of the total 600,000 Mt of cereals required is of major concern. Logistical coordination will be extremely important during the rainy season since pre-positioning of food thus far has been impossible due to sluggish resources.

Many of the same issues were raised during a meeting with President Muluzi. Mission members informed the President that the 200 trucks (of which 60 to 65 are for Malawi) donated by the Norwegian Red Cross would assist in reducing logistical constraints for emergency response. The team also noted that a WFP Special Operation to rehabilitate 77km of the Nicola-Malawi rail corridor and provide 8 locomotives would speed up transport times to Malawi considerably (Canada and the UK contributed the necessary \$5.6 million for the project). President Muluzi volunteered the use of Malawian military trucks for food or emergency relief assistance transportation. President Muluzi also noted that the Government's cost estimates for milling GM-content food aid for distribution could be as high as \$20 million. The capacity in the country for milling maize is about 20,000 Mt per month.

In a separate meeting, NGOs expressed concern about the status of the GM debate, and whether the Malawian government would have the capacity and funds to mill the necessary amount of grain maize. Moreover, they questioned how GM issues would be handled in the future, given that next year climatic conditions may not improve in the coming season. The Special Envoy, Government representatives and mission members informed the meeting

participants of the regional policy steps being taken by SADC and the UN to create more coherent policy frameworks and international food safety standards. UNDP is assisting the GoM to put in place legislation that would cover GM food.

Some NGOs noted that while emergency programs were being scaled up, there was still a need to build capacity and secure additional funding for supplementary feeding programs. One representative noted that a “cohesive effort” was lacking in the area, although a new protocol for the programmes would be soon finalized, and help in coordinating the effort.

Site visits accentuated a number of the issues raised in meetings with the Government, NGOs and the Country Team. Mission members were able to look at a home-based care programme for HIV/AIDS that highlighted the lack of food for patients and their dependants, therapeutic foods and basic supplies for care and comfort. A district food distribution, a maternal and child health clinic, and a nutritional rehabilitation unit for severely malnourished children provided examples of different levels of targeting for food and medical assistance. Irrigation schemes, a reforestation project, and a youth development/HIV awareness project highlighted the importance of linking immediate response efforts with longer-term programming. A FAO-supported winter cropping project is expected to produce around 7000Mt of maize from a 100Mt seed input. This represents a saving on food aid imports of over \$2 million and illustrates the value of pro-active agricultural input support.

### **Mozambique, 10-12 September 2002**

The mission was received by the Vice Minister of Foreign Affairs, who noted Mozambique’s appreciation for the visit and the country’s pride in assisting landlocked nations in the region with logistics support. The Ministry had taken some steps already to facilitate region-wide movements, such as extending the hours of border crossing stations, and the Vice Minister promised to look into other issues related to third party transport arrangements and customs procedures for humanitarian goods. The Vice Minister also noted that the GoM’s position on GM food had not changed – they still plan to mill grain maize before it is distributed. The Special Envoy’s cooperation in finding funding and building capacity for the milling was requested. The mission was encouraged to hear that Canada was expressing interest in supporting milling and fortification.

A meeting with the Vice Minister of Transport touched on some of the logistical issues raised earlier, related to the capacity required to deliver one million tons of food to the region and the reliance that will be placed on the Mozambique infrastructure to achieve this. The Vice Minister provided assurances that Mozambique fully appreciated its responsibilities and would do everything to ensure the rapid transshipment through to recipient countries. Key issues concerning the use of third party transporters, customs clearance procedures and humanitarian waivers were raised. It was stated that the GoM had formed a Task Force to look into these issues. It was agreed that the forthcoming SADC/WFP-facilitated meeting on regional logistics, scheduled for the end of September, would help to streamline procedures and support understanding of how capacity constraints can be overcome.

A meeting with the Vice Minister of Health highlighted the limited capacity of health outreach and the increasing negative effects of HIV/AIDS prevalence. Malaria continues to take a heavy toll of lives and livelihood, with the number of cases increasing in recent years to over 4 million

in 2001. The expanded programme of immunization coverage is hampered by both limited capacity, and poor access. Recent assessments have indicated that there are only some isolated pockets of severe malnutrition but that diarrhea prevalence in some areas was increasing. The Government was prioritizing donor support to allow for purchase and distribution of essential drugs (US\$30 million) as well as for resources to combat HIV/AIDS (US\$200 million).

A meeting with the Minister for Agriculture, Mr. Helder Monteiro Muteia, discussed the Government's well-developed plan of action to address the emergency and development requirements in the agricultural sector. The plan strives to expand agriculturally productive areas and crop diversity through investment in irrigation and other initiatives that promote growth of short-season and drought resistant crops such as beans, cassava, and sweet potatoes. The Government stressed the importance of preparedness and mitigation elements of the strategy in order to cope better with the regular effects of floods and droughts. The focus of the strategy is to increase small-scale production for self-sufficiency through the use of improved technology and better access to markets. It was recognized that enhancing food security was key to improving nutrition that in turn would help sustain those affected by HIV/AIDS. The Government is actively promoting investment in the agricultural sector and in this regard has welcomed migrating farmers from Zimbabwe and other countries.

During both meetings with the Ministries of Health and Agriculture, as well as a later discussion with Prime Minister Mocumbi, the integrated approach to disaster management led by the National Disaster Management Institute (INGC) was highlighted. The multi-sectoral national emergency plan allows for effective coordination among key Government Ministries as well as with the international assistance community. The Prime Minister noted the importance of the multi-sectoral approach, so that short-term assistance goals were coherent with longer-term recovery objectives.

Separate meetings with donors and NGOs revealed varied concerns. Donors asked about logistics capacities and contingency plans to move food into the region, milling capacities and costs, and local purchasing of food. NGOs sent a very strong message to the mission that the main factor that should be addressed in the current crisis in Mozambique is the impact of HIV/AIDS. Informal estimates have concluded that life expectancy is dropping to as low as 27 years. HIV/AIDS response in Mozambique is currently limited to prevention and awareness measures, as well as some limited home care initiatives. However, truly fighting a war against the disease would require not only stopping all new infections, but treating those who are sick with anti-retroviral drugs and other care measures. The pockets of drought and acute malnutrition in Mozambique are real, but HIV/AIDS is the underlying factor which renders communities vulnerable to the slightest shock.

A field visit to an irrigation scheme in the Moamba area saw Food for Work activities renovating systems originally destroyed in the 2000 floods, but also highlighted the need for infra-structural support such as new bridges to restore access. Other Food for Work projects featuring school and home construction illustrated the resource-poor environment of some communities and non-food needs. A chicken-rearing project featured diet diversification and income-generating objectives. All projects exemplified the importance of linking emergency response to longer-term development needs.

## **Swaziland, 14-15 September**

A meeting with the UN Country Team revealed the true extent of the HIV/AIDS crisis in Swaziland. The effects of erratic rainfall, experienced most acutely in the southern and eastern parts of the country for the last two years, have been devastating for some communities because of the high prevalence of HIV/AIDS.

The spread of HIV/AIDS in Swaziland was extremely rapid during the 1990's. Increased mortality rates began in earnest in 1999/2000. The country has gone through a serious shock, witnessing a large segment of its productive-age population dying from AIDS, and leaving a generation of orphans (around 40,000 as of 2000). Traditional social systems have tried to cope through accepting orphans into families of relatives, but it now appears that they are quickly becoming overwhelmed.

Government systems have begun to break down as well, due to HIV/AIDS but also as a general macro-economic decline (notably the retrenchment of mine workers from South Africa). As an example, child growth monitoring is still being done in some centres, but outreach programs have largely stopped. Nurses and other health staff are leaving the country, traveling to South Africa or the UK to take up better positions. Excellent school attendance rates that were previously achieved in Swaziland (95% in the mid 1990's) are now dropping, as families can no longer afford school fees, or children are required to work at home. Classified as a lower middle-income country, Swaziland does not receive the same donor support as other countries in the region, constraining the Government's ability to react to some of the problems being seen and possibly engendering some dissatisfaction.

Most agencies appear to be quite active in Swaziland. They all recognize the need to ensure that emergency programming is complementary to development objectives in the country. UNICEF is implementing a number of programmes, including integrated maternal-child health initiatives at the community level and school feeding/gardens programming with FAO. WFP works with a strong NGO consortium of 7 agencies to distribute food to targeted vulnerable families. FAO is working to put in place agricultural inputs before the short growing season begins as well as promote vegetable gardens and crop/livestock diversification. UNFPA is providing reproductive health kits to traditional birth attendants.

Swaziland also has been awarded a grant from the UN Foundation (Turner Foundation) to carry out inter-agency HIV/AIDS initiatives, and UNAIDS has a Country Programme Adviser in place. Unfortunately, Swaziland's proposal to the Global Fund on HIV/AIDS for expanded work in the area was not approved in the first round but the need is great.

Donors in Swaziland echoed the analysis offered by the UNCT, noting that the current humanitarian situation is intricately linked with HIV/AIDS. ECHO is currently considering around £30 million of regional support for HIV/AIDS and children programming, some of which would come to Swaziland. Regionally, the EU also is supporting the WFP program. FAO activities are supported by Sweden and FAO's internal Technical Cooperation Programme. Taiwan has assisted the Government with \$150,000, and is offering a donation of rice, although they do not have the money to transport it. UK/DFID has released £150,000 for food in Swaziland, and £75 million for HIV/AIDS programming regionally. Several small funding mechanisms are also available for local initiatives. The US has donated 4000Mt of food to Swaziland in response to the crisis.

During meetings with the Prime Minister and King of Swaziland, the concern of the government about the current situation was reinforced. They expressed gratefulness for the visit of the Special Envoy, and noted the need to carry out interventions in the immediate term, while looking for longer-term solutions as well. School feeding was discussed as an activity to expand in partnership with the UN that would help address some of the problems related to HIV/AIDS. The Government also noted ongoing initiatives in other areas such as irrigation, health, and crop diversification, and stated their disappointment in the rejection of the proposal that went before the Global Fund for HIV/AIDS.

Site visits reinforced the main messages received during the meetings. A UNICEF-supported church community group activity under the “Say Yes to Children” campaign was seen as an example of how communities are organizing to help children orphaned by AIDS through feeding programs, help with school fees and counseling. Household visits featuring child-headed households and grandparents taking care of children highlighted the stark effects of the crisis. A joint UNICEF/Save the Children school feeding program including school gardens and counseling services was also visited, again emphasizing the importance of keeping children in school. Visits and discussions at a food distribution site followed by smallholder farmers and implementing partners for agricultural inputs, reinforced the need for longer-term strategies, agricultural diversification, and the pervasive impact of HIV/AIDS on the availability of extension staff.

## **Annex II**

### **Terms of Reference First Mission of the Special Envoy of the Secretary-General for Humanitarian Needs in Southern Africa 3-15 September 2002**

#### **Objective**

The first mission of the Secretary-General's Special Envoy for Humanitarian Needs in Southern Africa will review the humanitarian situation in the region, providing recommendations on how to improve the effectiveness of response efforts and raise awareness among the international community to mobilize resources and support.

#### **Specific Tasks**

Specifically, the mission will:

- Visit the six most-affected countries in the region by the crisis: Lesotho, Malawi, Mozambique, Swaziland, Zambia, and Zimbabwe;
- Meet with Government officials and representatives of the donor community in the countries visited;
- Discuss the situation and response with UN Country Teams and NGO representatives in the countries visited;
- Review the humanitarian needs of the region and the ongoing response, taking into account latest assessments, contingency plans, and current levels of support for operations of various humanitarian actors;
- Review the impact of HIV/AIDS on the crisis and the special needs of People Living with HIV/AIDS;
- Assess the complementarity and comprehensiveness of assistance efforts, identifying gaps in programming and/or funding;
- Identify operational and/or policy impediments to the effective delivery of humanitarian assistance and provide recommendations on how to address them.
- Mobilize media support for reporting on the humanitarian crisis;
- Provide recommendations on actions necessary to support longer-term agricultural recovery and food security, and assist in establishing sustainable social systems.

## Annex III

### Team Members First Mission of the Special Envoy of the Secretary-General for Humanitarian Needs in Southern Africa 3-15 September 2002

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