

**Executive Summary of the First Mission of the Special Envoy
to Lesotho, Malawi, Mozambique, Swaziland, Zimbabwe, and Zambia
3-15 September, 2002**

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I. Introduction

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

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

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

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

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

the pace of development programming and to provide a greater focus on how limited international resources can be more effectively targeted to address the root causes of poverty.

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

II. Background

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

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

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

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

international support and awareness, and provide recommendations on how to improve what is being done currently.

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

III. Summary Mission Findings and Recommendations

i. Food Needs and Responses

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

ii. The Impact of HIV/AIDS

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

iii. Nutrition

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

iv. Health Sector

- In many countries the response to the health needs created by the crisis has been slow and limited by a rapidly diminishing capacity. Crucially, surveillance systems in some countries are weak or have failed to detect critical health problems. With support from donors, UNICEF and WHO must work closely with Governments to strengthen these systems.

- The availability of essential drugs throughout the region is extremely limited. Additional donor resources are urgently needed for the purchase of basic supplies and drugs for epidemic-prone diseases such as measles, meningitis, cholera, polio, malaria and other opportunistic ailments.

v. Agriculture

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

vi. Linkages Between Immediate and Longer-Term Assistance

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

vii. Advocacy and Resourcing

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

viii. Coordination

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

ix. Security Concerns

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