

HIGHLIGHTS

- Erratic rains in the past few weeks have had a negative effect on crop growth in large parts of the region. Lesotho, Southern Mozambique and the Swaziland lowvelds are worst affected.

- A cholera outbreak in Mozambique, which started in November 2003, has claimed ten lives out of 1,889 cases. A response has been set in motion.

- Implementation of new financial regulations by the Reserve Bank of Zimbabwe (RBZ) caused panic in the financial sector and a massive withdrawal of depositors' funds. Four major asset management companies have, as a result, reportedly collapsed.

- Following the Namibian Government's emergency appeal for assistance, and as a result of the findings of an OCHA, WFP, UNICEF and WHO rapid assessment mission, WFP is formulating a six-month Emergency Operation for Namibia.

- WFP Zimbabwe's cereal supply remains critical and for the second consecutive month, beneficiaries received reduced rations in January.

- Private doctors in Zimbabwe recently increased their consultation fees by 500% (a visit to the doctor now costs around US\$ 50.00) and announced they would only accept cash up-front.

Southern African Humanitarian Crisis Update

A report prepared by



UNRIACSO

*United Nations Regional Inter-Agency Coordination Support Office
for the Special Envoy for Humanitarian Needs in Southern Africa*

*Bi-monthly Update
21 January 2004*

RIACSO provides support to the national efforts in addressing the southern African crisis and ensures cohesion and complementarity of the effort at a regional level. In addition, RIACSO supports the UN Secretary General's Special Envoy for Humanitarian Needs in Southern Africa, Mr. James Morris, in his mandate to raise awareness of the situation, its underlying causes and to provide recommendations on how to strengthen the humanitarian response and mobilize donor support for the affected countries.



Photo: UNICEF/Clelia Barbadoro

Children in Lesotho "We have a right to education"

REGIONAL AND COUNTRY SPECIFIC DEVELOPMENTS

Weather conditions again adversely affect crop growth in the region

Erratic rains in the past few weeks have had a negative effect on crop growth in large parts of the region. The situation in **Lesotho** remains of most concern. Lack of rainfall for a prolonged period has significantly reduced the potential for agricultural production. The cessation of Government-subsidized agricultural inputs has further affected production prospects as most households have limited access to commercial suppliers. The Government of Lesotho has announced that it would soon launch a request for international assistance. The situation in the

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- WHO RIACSO organized a seminar on Wednesday 14 January 2004 at RIACSO to have an update on strategies for implementation of the WHO 3x5 initiative. It was reiterated that WHO cannot achieve this important goal alone and that strategic partnerships with other Agencies and organizations are needed in order to make it happen.

- In Zimbabwe, people living in Harare and outlying areas are now getting a steady supply of clean water. This breakthrough is the result of the combined efforts of the United States Agency for International Development (USAID) and the United Nations Development Program (UNDP), who provided funding for water-treatment chemicals.

- Vulnerability among children in Zimbabwe has risen considerably, manifesting itself through an increase in cases of child abuse, sexual exploitation, child labour, increased school drop out and malnutrition.

- The OCHA Regional Office in Johannesburg is coordinating inputs for the Mid Term Review of the Consolidated Appeal for southern Africa, which will be used to highlight the changing needs, particularly in the face of the deteriorating food security situation.

Swaziland lowveld is of equal concern. FAO and partners have suspended distributions of agricultural inputs due to the lack of planting opportunities. FAO has agreed to supporting an emergency assessment in February. Rainfall in the southern and central parts of **Mozambique** has been poor and as a result conditions in the south are becoming critical. Better conditions are reported for the North of the country. The same pattern is observed in **Malawi**. Rainfall data and soil moisture imagery show that conditions in the southern parts are deteriorating while the North is receiving enough rain. Satellite imagery for **Zimbabwe** suggests that growing conditions are generally good in the north, but poor in the southern and eastern areas. The biggest problems, however, are associated with poor economic conditions of the farmers, limiting their access to inputs, and the sub-optimal utilization of the high potential agricultural areas. Reports from **Zambia** are generally good with sufficient rains and agricultural inputs distributed on time. Planting in the Southern Province was reportedly interrupted due to intermittent rains.

The Government of **South Africa** has announced disaster areas in six of the country's nine provinces as widespread drought has affected the production of maize. The declarations will allow national emergency funds to go to the areas in the provinces of KwaZulu-Natal (east), Eastern Cape (southeast), Mpumalanga (northeast), Free State (centre) and Northern Cape (south). The Government had allocated 250 million rand (34 million dollars) for drought relief in October.

Overall, rain-fed crop production in southern Africa is unlikely to show high surplus this season, with the exception of the more northern areas. The impact of the late December and early January rains are currently being assessed although it is notable that current maize market prices have already increased in South Africa.

Zimbabwe's financial sector in trouble

Implementation of new financial regulations by the Reserve Bank of Zimbabwe (RBZ) caused panic in the financial sector and a massive withdrawal of depositor's funds. Four major asset management companies have, as a result, reportedly collapsed. A secondary effect has been the loss of confidence in a number of indigenous commercial banks. Retailers and even government institutions (schools) reportedly refused payment with cheques from these banks. To restore confidence and halt the massive withdrawal of funds, the RBZ Governor had to assure that cheques issued by these banks were valid and would be covered by the Reserve Bank in case of non-payment.

Mozambique Cholera outbreak

A cholera outbreak in Mozambique, which started in November 2003, has claimed ten lives as reported by WHO/Mozambique on 10 January 2004. The highest number of cases was recorded in Maputo City, including Matola (1,273) seven of which were fatal. The Case Fatality Rate (CFR) in the City has been 0.55%. In Maputo Province, a further 184 cases were reported with a 0.54% CFR. In Sofala 348 cases were reported with no deaths (CFR 0) and in Gaza 84 cases were identified two of which were fatal (CFR 2.38). A CFR of more than 1% is considered the emergency threshold. Although the incidence is reported to have started decreasing, all the provinces are still at risk of cholera outbreaks, especially during the rainy season.

In response to the outbreak, the Minister of Health has declared it an emergency and has set up a task force with partners to plan a coordinated response. A list of requirements for all the 11 provinces of the country has been prepared for a total

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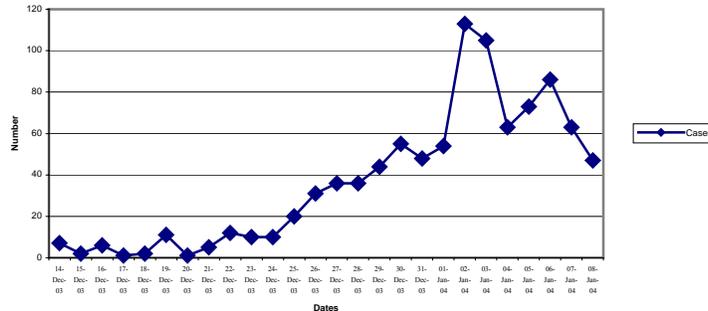
- In collaboration with the Ministry of Agriculture and Co-operatives (MACO) and partner NGOs, FAO Zambia has been running a monthly crop and livestock monitoring and forecasting system in 41 vulnerable districts of Zambia.

- Special focus: UNAIDS responds to Rian Malan's article "Africa isn't dying of AIDS" (published in *The Spectator* 13 december 2003)

- In order to financially close EMOP 10200, which operationally closed on 30 June 2003, WFP transferred in December all resource balances to the current EMOP 10290.

amount of US\$482,039. Some requirements may be met from existing stocks. Support/funds are required for the rest. Public awareness campaigns on prevention and control have been undertaken.

Cholera cases reported since December 14th, 2003 by Mavalane Cholera Treatment Centre, Maputo City, Mozambique .



SECTORAL DEVELOPMENTS

1. Food security

EMOP for Namibia

Following the Government's emergency appeal for assistance, and as a result of the findings of a rapid assessment mission of a joint OCHA, UNICEF, WFP, WHO mission, WFP is formulating a six-month Emergency Operation, which will target orphans and vulnerable children in drought-affected areas in Namibia. The EMOP will compliment the Government's drought assistance programme. **Also see WFP ODJ Regional Consolidated Report for southern Africa issue 6 of 31 December 2003.**

Zimbabwe pipeline short

WFP Zimbabwe's cereal supply remains critical and for the second consecutive month, beneficiaries received reduced rations in January. Stocks of pulses and vegetable oil are also insufficient to meet requirements and urgent pledges are required to avert further reductions in rations. The pipeline constraints come at a critical period when the majority of people are running out of the little they harvested last season. The crucial period lasts from January through to April when harvesting begins. The food security situation throughout the country continues to deteriorate alarmingly and a rapidly increasing number of people are turning up at distribution sites to appeal for food aid. There is an overwhelming need to increase the number of beneficiaries, but inadequate food supplies seriously hamper WFP operations in the country. **Also see WFP ODJ Regional Consolidated Report for southern Africa issue 6 of 31 December 2003.**

2. Health

Cost of health care in Zimbabwe escalates

Private doctors in Zimbabwe recently increased the cost of consultations by 500% (a visit to the doctor now costs around US\$ 50.00. Doctors announced they would only accept payments in cash rather than payments through medical



insurance schemes. For many Zimbabweans this means that they can no longer afford private medical care. Doctors and nurses of public hospitals ended a strike that lasted for three months "on humanitarian grounds". The professionals demanded an 8,000% salary increase, which the government said it could not afford. Public hospitals are generally understaffed and increasingly lack adequate medical supplies and medicines.

3. HIV/AIDS

WHO 3x5 initiative

On World AIDS Day 2003, WHO committed itself to securing Anti Retroviral (ARV) treatment for 3 million people in developing countries by 2005. The goal of the programme is to prolong survival and restore quality of life for individuals with HIV/AIDS by progressively providing universal access to ARV as a human right.

In a country such as Malawi, this translates into putting approximately 65,000-85,000 people under treatment by 2005. This is a substantial increase from the 10,000 initially planned for under the Global Fund.

WHO RIACSO organized a seminar on Wednesday 14 January 2004 at RIACSO to be updated on the strategies for implementation of the 3x5 initiative. As a main conclusion, it was reiterated that WHO cannot achieve this important goal alone and that strategic partnerships with other Agencies and organizations, as provided for in the initiative, are needed in order to make it happen. Through the bold 3x5 statement, WHO is essentially challenging all development partners and host governments to respond to the treatment gap as an emergency, while ensuring that scaled-up treatment is augmented with prevention and continuum of care.

Some of the potential areas of collaboration that were identified are:

- FAO: support 3x5 by ensuring that needs of vulnerable farming households under treatment are being met;
- IMF: Support 3x5 by advocating that HIPC funds are allocated to meet funding gaps;
- UNAIDS: To ensure integration of 3x5 in the integrated UN Implementation Support Plan for the National HIV/AIDS Response;
- UNHCR: Support 3x5 in refugee settings;
- UNICEF: Support 3x5 by aligning Voluntary Counselling and Testing Services and expansion of the PMTCT programme;
- UNDP: Support 3x5 by strengthening national HIV/AIDS response coordination;
- UNFPA: Support 3x5 by linking it to prevention programmes;
- World Bank: Under the MAP support 3x5 through the National AIDS Council annual work plan;
- WFP: Support 3x5 by ensuring that the food needs of poor people under treatment are being met.

4. Water and Sanitation

Clean drinking water for the City of Harare, Zimbabwe

In Zimbabwe, people living in Harare and surrounding areas are now getting a steady supply of clean water. This breakthrough is the result of the combined efforts of the United States Agency for International Development (USAID) and

EVENTS CALENDAR	
All events are on the basis of invitation only	
Date	Event
18-22 Jan 04	WFP Country Directors Retreat
21 Jan 04, JB	Stakeholders Consultation on the Mid-Term Review
22 Jan 04, JB	Meeting of the WFP and UNICEF Country Directors with RIACSO-based UN Agencies
23 to 26 Jan 04, NY	Joint Meeting of the Executive Boards of the UNDP/UNFPA, UNICEF and WFP
18 Feb 04	Launch of the Mid-Term Review of the CAP
24 - 26 Feb 04, JB	Stakeholders Consultation on Vulnerability Assessment and Monitoring
3-4 Mar 04, Lusaka	UNAIDS Co-sponsors meeting of Principals



the United Nations Development Program (UNDP). The measure has helped avert possible outbreaks of water-borne diseases for some 1.4 million people.

Zimbabwe's economic crisis and foreign exchange shortages had made it impossible to purchase adequate water purification chemicals. As a result, the city could not provide a regular supply of clean water. A USAID grant of US\$ 200,000, channelled through UNDP, has allowed the purchase of chemicals needed for water purification. The grant has made it possible for Harare to increase its clean water stocks from enough for one day to as many as four day's worth.

In the long-term, however, the supply of clean water to Harare remains a concern. The city's two main reservoirs are downstream of the city's industrial area and are susceptible to pollution. Zimbabwe's dire economic situation makes it nearly impossible to fund repairs and maintenance of Harare's infrastructure, leading to such events as the rupture of pipes carrying treated water. Further, the city's growing population would indicate that the water system requires an upgrade.

5. Protection

Children in Zimbabwe becoming increasingly vulnerable

Vulnerability among children in Zimbabwe has risen considerably, manifesting itself through an increase in cases of child abuse, sexual exploitation, child labour, increased school drop out and malnutrition. The interplay between continued economic deterioration and HIV/AIDS is a significant factor contributing to this heightened vulnerability.

Although significant humanitarian effort has limited malnutrition rates to 5% nationally, the prevalence of under weight-for-age at 17% and stunting at 26% point to a high level of vulnerability. Full vaccination coverage stands at 76% of children nationally, compared to a minimum standard of 95%. Outreach services that contributed to improving coverage for hard to reach populations have been scaled down or in some cases suspended altogether because of logistical constraints. An acute lack of access to safe and adequate water and sanitation has led to gastro-intestinal disease outbreaks such as cholera and dysentery. Access to school and school attendance has equally been affected.

UNICEF Zimbabwe plans to concentrate its efforts in 2004 in a number of key priority areas: Support to the Expanded Programme for Immunization; monitoring of children's nutritional status, with specific attention to nutrition and HIV/AIDS; strengthening communities to support orphans and vulnerable children within their villages; improving the supply of and access to safe drinking water and sanitation facilities; improving access to primary education, specifically via the support of satellite schools.

COORDINATION

Stakeholders meeting on Mid Term Review planned for 21 January

The OCHA Regional Office in Johannesburg is coordinating inputs for the Mid Term Review of the Consolidated Appeal for southern Africa, which will be used to highlight the changing needs, particularly in the face of the deteriorating food security situation. To this end, RIACSO, with OCHA's facilitation, is convening a Stakeholders consultation on 21 January 2004 in Centurion, Pretoria, which will include representation from concerned Governments and UNCTs and donors.



The draft of the Mid Term Review document for Southern Africa will be submitted for review by the Inter Agency Standing Committee (IASC) on 2 February 2004. The formal launch of the document is scheduled for 18 February 2004.

Crop and livestock monitoring in Zambia helps early warning

In collaboration with the Ministry of Agriculture and Co-operatives (MACO) and partner NGOs, FAO Zambia has been running a monthly crop and livestock monitoring system in 41 vulnerable districts of Zambia (the districts have been identified as vulnerable through the VAC process). An update on the evolution of the agricultural season was produced monthly from January to June 2003 and used by the Government of Zambia, the donor community and NGOs as an early-warning tool, as well as a planning tool for the 2003/04 season. The results of the monitoring were also used as a basis for coordinating the input distribution programmes put in place by various organizations for the 2003/04 agricultural season.

The monthly monitoring exercise is a complimentary effort to the annual surveys of Crop Forecasting and Post-harvest production. The Crop Forecasting Survey (CFS) is an annual activity conducted by the MACO to establish early warning information on the expected production during a particular season. It also provides information used for determining whether the country will face a deficit or a surplus production during the year. The Post-harvest Survey (PHS), also an annual exercise, is used to establish the actual production levels achieved in a particular season, as well as to generate agricultural production trends for the country over the years. It is also used for determining the contribution of agriculture to the country's GDP.

The monthly monitoring exercise, which is a low-level budget activity, provides a continuous monthly inflow of agriculture information. It is largely qualitative and is able to provide sub-district information, such as specific areas of crop failure, which the two surveys (CFS and PHS) are not structured to provide. The first monthly report for 2003/04 season has recently been published.

FAO plans to continue to support the crop monitoring and forecasting programme as part of its preparedness activities in case of potential future emergencies. Support to the establishment of a database, in collaboration with Government and Donors, and continued coordination of Government, Donor, and NGO funded activities are further areas where FAO hopes to make valuable contributions.

SPECIAL FOCUS

UNAIDS RESPONSE TO RIAN MALAN'S ARTICLE "AFRICA ISN'T DYING OF AIDS" (PUBLISHED IN *THE SPECTATOR* 13 DECEMBER 2003)

Rian Malan, by his own admission, has been away from AIDS for some time. While he acknowledges that "AIDS is a real problem in Africa", his central thesis in *Africa Isn't Dying of AIDS* (December 13) is that unsound estimates have blown the problem out of all proportion. It is difficult to understand how he can so easily dismiss years of sound research.

Every year, UNAIDS and WHO produce estimates on the state of the epidemic. The most recent, in November 2003 (see www.unaids.org), indicate that around 40 million people around the world are currently infected with HIV. These estimates are constantly being refined – in fact, the model to which Malan refers has not been used since 1999. The estimates are not produced, as he claims, by

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insular Geneva-based computer modellers. Rather, they are based on information provided by countries' own public health services – for example, population-based surveys prepared by countries like Mali, Zambia and Zimbabwe. Indeed, HIV estimates are amongst the most reliable and accurate of all global health problem estimates.

Without doubt, estimates help guide national and international responses to AIDS, but they only tell part of the story. The rest is told by the day-to-day experiences of healthcare professionals, community groups, employers, insurance companies, religious and political leaders – all witnessing the real impact of AIDS on their communities. Anglo American plc, one of the largest companies in southern Africa, is no stranger to the epidemic. It calculates that twenty five percent of its 100,000 employees may be infected with HIV. According to Tony Trahar, its Chief Executive Officer, “No one can afford to be complacent about the devastating social consequences of the AIDS epidemic in sub-Saharan Africa”. Anglo American offers HIV prevention and treatment services to all its staff. Another example of action in the face of the epidemic comes from the South African Government, who recently announced a programme to provide AIDS therapy to all citizens who need treatment.

Yet so much more remains to be done. AIDS is an epidemic unlike any other and will be one of the defining challenges of this half-century. It spreads silently and rapidly. Its symptoms can take years to spread, and it particularly targets young people. The history of AIDS since 1981 has been one of underestimating the extent of the problem and its impacts – be it on business, on food security or most visibly, the increasing number of AIDS orphans. Perpetuating this myth is not only unsound science, it is plain wrong. Underestimating the scope of the epidemic may divert investment and interest in the epidemic. By doing so, outdated arguments based on unsound science could ultimately cost lives.

RESOURCING

Explanation behind changes in WFP Funding request

In order to financially close EMOP 10200, which operationally closed on 30 June 2003, WFP transferred in December all resource balances to the current EMOP 10290. The original budget of EMOP 10290 was based on net outstanding needs (US\$311,170,136 / 538,453 MT). The transfer aligns the budget of EMOP 10290 to the gross needs (US\$432,686,144 / 752,280 MT), which were initially estimated in the project document.

The transfer implies adjusting EMOP 10290 by 213,827 MT of commodities for a food value of US\$64,362,609 and associated costs of US\$49,203,753 (in total US\$113,566,362). Most of the balances have already been spent for food procurement, shipment, delivery and other costs. The adjustment is therefore a purely technical one and in line with the recently issued WFP directive on Procedures for Project Closure and Resource Transfer. As a result of the rectification, there is an improvement in the percentage of funds received, however, requirements in real terms (US\$/MT) remain equal. The unfunded balance is more than 127 million or 295,092 tonnes.



FUNDING FOR THE SOUTHERN AFRICAN HUMANITARIAN RESPONSE*
15 January 2004

Additional donations, which have not (yet) been confirmed to OCHA's Financial Tracking System, are not reflected in this table.

Sector	REQUIREMENTS (US\$)	CONTRIBUTIONS* (US\$)	
Agriculture	55,231,420	8,696,010	16%
Coordination	24,909,695	1,191,604	5%
Ec recovery	42,785,736	---	0%
Education	9,152,371	679,704	7%
Shelter	350,500	---	0%
Food	443,857,542**	305,535,009**	69%
Health	55,001,112	14,394,385	26%
Protection	10,764,105	---	0%
Watsan	12,362,060	2,415,436	19%
Total	654,414,541	332,912,148	51%

*As reported by UN-OCHA on 15 January 2004. Does not reflect pledges under negotiation.

**As reported by WFP Regional Office

