

**Mission Report:
Lesotho, Malawi, Zambia, and Zimbabwe
22–29 January 2003**

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I. Introduction

The world knows that HIV/AIDS is fatal. The world also knows that southern Africa, where some of the highest HIV prevalence rates are found, has suffered from serious food shortages affecting millions of impoverished people. But the world clearly does not yet realize the immediate and long-term implications of a crisis caused by the conjunction of HIV/AIDS with chronic poverty, erratic rainfall, problematic government policies and natural resource degradation, or the urgent need it signals for a profound shift in humanitarian and developmental strategies.

In the six countries¹ currently suffering food shortages in southern Africa, the HIV/AIDS pandemic is endangering the lives and livelihoods of millions of people and unravelling the social fabric of society to the extent that the stability and security of the region as a whole is at risk. Only recently have the governments of some of the most affected countries in southern Africa begun to comprehend the crisis that is upon them – a reality that has driven some political leaders in the region to speak of the threat of extinction. It has taken the loud emergency of a severe food shortage affecting 15.1 million people to demonstrate to the United Nations and its partners the insidious potential of HIV/AIDS to undermine entire societies and nations and turn crises into catastrophes.

From 22 to 29 January 2003, the Special Envoy of the Secretary-General for Humanitarian Needs in Southern Africa, James Morris, was joined by the Special Envoy of the Secretary-General for HIV/AIDS in Africa, Stephen Lewis on a mission that visited four affected countries in southern Africa – Lesotho, Malawi, Zambia and Zimbabwe.² Both Special Envoys had been to the region in the previous few months, and both recognized the need for an unusual joint effort to tackle this unprecedented crisis. The mission was made up of senior officials of the Food and Agriculture Organization (FAO), the Office for the Coordination of Humanitarian Affairs (OCHA), the Southern African Development Community (SADC), UNAIDS, the United Nations Development Programme (UNDP), UNICEF, the World Food Programme (WFP) and the World Health Organization (WHO) (see Annex VII). Dr Prega Ramsamy, Executive Secretary of the SADC, was also a member for part of the mission. The high-level representation and the diversity of the mission are evidence of the seriousness with which the various agencies are taking this situation.

In general, humanitarian organizations have responded quickly to the crisis in southern Africa, and donors have been generous with their support for these efforts to date. A famine has been averted. The majority of the response strategies and resources have concentrated on the immediate goals of saving lives with food assistance and stabilizing the nutritional situation, which have met with success. Starvation and death have been staved off, but vulnerability remains; the region is a long way from being able to say that it is no longer in crisis. The mission was struck in particular by how food shortages appear to aggravate the impacts of HIV/AIDS by accelerating the progress of the

¹ **Lesotho, Malawi, Swaziland, Zambia and Zimbabwe** are within the United Nations consolidated appeal process (CAP), while the situation in **Mozambique** is noted in the CAP regional overview. The separate, though undeniably large, needs of Angola are covered under an individual United Nations mechanism.

² Mozambique and Swaziland were not visited during the mission due to time constraints.

disease in HIV-positive individuals. Governments, United Nations agencies, regional bodies, non-governmental organizations (NGOs) and donors are still struggling to re-tool their responses to ensure that a region already weakened by chronic poverty, poor governance, natural disasters and the HIV/AIDS pandemic will be able to recover in the medium to long term.

Over and over again, mission members were confronted with the stark realities of the underlying AIDS crisis: child-headed households; grandmothers taking care of numerous orphans; dying teachers and extension workers; and the seemingly surreal statistics of declining life expectancy. Perhaps the most disturbing realization came with a better understanding of the impact that this crisis is having on the region's women. It was evident to the mission that although the prevalence of HIV infection is highest among women and girls -- who also take on nearly all the responsibilities of caring for the sick and orphaned, in addition to their regular obligations such as providing food for their households -- very little is being done to reduce women's risks, to protect them from sexual aggression and violence, to ease their burdens or to support their coping and caring efforts. The apparent lack of urgency, leadership, direction and responsibility in the response of the United Nations, national governments, and the international community to the pandemic's effects on women and girls is deeply troubling. For example, the early adoption of mainstreaming approaches to gender within United Nations agencies, funds and programmes has made gender issues everyone's concern but no one's responsibility. Whereas gender policies and principles are widely discussed by the United Nations, governments and NGOs, the urgent actions flowing from those discussions must be implemented. So far, that does not appear to have happened.

The first mission of Special Envoy Morris in September 2002 concluded that the traditional response patterns for humanitarian emergencies or for development contexts are simply not adequate to address the crisis in southern Africa. It is time to transform this observation into action. **An immediate, strongly led and broadly implemented joint effort to take action on gender and HIV/AIDS must be initiated without delay. The effort should feature leadership from the United Nations, the active engagement of governments and substantially increased support to civil-society organizations, including remarkable grassroots initiatives.**

Food aid will be essential for some time to come, but it must be combined with radical agricultural strategies and labour-saving technologies that increase resilience to erratic rainfall, help to generate income, and re-stimulate local food production without adding extra burden on households that are affected by HIV/AIDS. Relevant actions in education, health, nutrition, water, hygiene, and sanitation-related interventions will also be necessary. The pandemic's steady weakening of national governments and its erosion of their social services call for measures that go beyond building capacity; it is time to speak of capacity replacement and replenishment. The urgency of providing anti-retroviral drugs to extend life and hope is literally heightened every day with thousands of additional deaths from HIV/AIDS. Medicines for helping people cope with opportunistic infections and condoms for prevention of disease transmission must also be made available. Orphans and children from HIV/AIDS-affected households desperately need life skills, guidance, love and care. All of this needs to be done through a framework of assistance that will support women, who have been fittingly described by the Secretary-General as the "lifeline" of communities in Africa.

II. Context

Following the July 2002 launch of a consolidated appeal for a humanitarian assistance programme for six countries in the region, Special Envoy Morris was asked by the Secretary-General to review the humanitarian situation and to make recommendations on how to move towards long-term agricultural sustainability and food security. However, the evidence, gathered in a mission in September 2002, of the overwhelming impact of the HIV/AIDS pandemic on levels of vulnerability led to the conclusion that the traditional pattern of humanitarian assistance was not a viable option to adequately address the needs.

That first mission report of the Special Envoy of the Secretary-General for Humanitarian Needs in Southern Africa gave prominence to the fundamental threat that HIV/AIDS poses to millions of people across the region. The report made a number of key recommendations that charted a course of action for the United Nations system. It was recognized that actions were required to ensure that the gravity of the crisis was more widely understood and to precipitate a more comprehensive and appropriate response.

Strengthened coordination structures at the regional and national levels have helped to enhance the partnerships required to address the crisis. The expansion of the United Nations Regional Inter-Agency Coordination and Support Office (RIACSO) in Johannesburg has provided a strong platform for concerted planning and response, an arrangement that will need to continue into next year. A broad-based stakeholders meeting jointly facilitated by RIACSO and UNAIDS has contributed to the growing consensus on the type of response required to address the dual nature of acute and chronic crises. High-level consultation within Executive Committee for Humanitarian Affairs (ECHA) and the Inter-Agency Standing Committee (IASC) has helped to bring focus on the impact of the pandemic and in particular its interrelationship with food insecurity.

The mission undertaken by the Special Envoy of the Secretary-General for HIV/AIDS in Africa, Stephen Lewis, in early December not only reaffirmed the dramatic nature and long-term implications of the crisis, but also gave much greater substance to its impact – particularly on women and children. It is in this context that the Secretary-General deemed it appropriate and necessary for both Special Envoys to travel to the region together, and in the process explore the need for a comprehensive international effort that put women at the centre of efforts to fight AIDS. The terms of reference of the mission (Annex VI) emphasize the importance attached to identifying new ideas on how humanitarian assistance and development approaches can be employed to deal with the profound impact of HIV/AIDS.

III. Mission Findings and Recommendations

i. Confronting the HIV/AIDS emergency

The Special Envoys' mission confirmed that this food crisis is different than any before it, and its unique nature has prompted the need for both a different definition of emergencies and a different set of responses. Bad weather and harvests, policies, and politics have collided many times in the past to push people to the brink of famine. In some memorable humanitarian disasters, massive death occurred before circumstances were reversed; in countless other instances -- including the present one

-- help arrived soon enough to stave off disaster. But in every case, some measure of stability was eventually restored and the severe crisis came to an end.

Southern Africa's current food shortage can eventually be resolved³, but its crisis will not, if the developmental approach remains "more of the same". While international efforts to support the adoption of policies conducive to social and economic development are important, capacity to implement and take advantage of these policies is being severely eroded. The first distinguishing characteristic of this food emergency is the fact that it was dramatically deepened by HIV/AIDS. HIV/AIDS first took hold in countries in the region one to two decades ago and has been steadily targeting healthy, productive adults ever since – especially the people who produce, transport, and market crops and those who gather, grow and prepare food for households. Layered on top of a pandemic that has particularly targeted women -- Africa's main guarantors of food security -- and has decimated the robust, leaving millions of impoverished, sick, very old and very young behind, today's southern African food crisis has dealt an added blow to once-resilient systems that are now too weak to bounce back.

A second distinguishing characteristic of this emergency is the fact that HIV/AIDS is both a cause and a consequence of the food shortage: households that have lost breadwinners and caregivers to AIDS are poorer and more vulnerable to starvation. In turn, those who are hungry are more vulnerable to HIV infection and to the rapid progression of the virus into full-blown AIDS.

The third and most alarming factor that makes this crisis unique is its prophetic nature. Rather than anticipate the conclusion of this crisis, the affected populations, governments and the international community are concluding that this crisis marks the start of an unwelcome trend: health, education and other sectors are equally vulnerable to collapse under assault by HIV/AIDS.

Recommendation:

- The mission reasserted that HIV/AIDS is the most fundamental underlying cause of the southern African crisis. Combined with food shortages and chronic poverty, HIV/AIDS becomes even more deadly. The link between food security and HIV/AIDS must be fully recognized in all government, United Nations international and NGO efforts to address food emergencies and in their support of HIV/AIDS-affected populations.

ii. The need for new and different responses

The governments of countries with high rates of HIV prevalence, and the development and humanitarian assistance communities, are now faced with AIDS -provoked emergencies that possess all the immediate and deadly force of a volcanic eruption or a cholera outbreak, but with the added ability to take root in societies and linger on for generations. Given indications that the HIV/AIDS pandemic has yet to peak, the mission felt the urgent need to refocus efforts to deal with the underlying causes of this new type of emergency. New approaches that combine infusions of emergency aid with long-term measures to strengthen the coping skills and ease the burdens of households

³ The strong likelihood of severe food deficits in the 2003/2004 marketing season in Zimbabwe, however, represents an immediate threat to food security throughout the region and will need to be taken into account in recovery strategies.

and sectors under siege are required to prevent repeated food shortages among poor and vulnerable populations, as well as a series of breakdowns in sector after sector.

Three especially destructive phenomena brought on by the AIDS pandemic were identified as priorities in need of urgent action. These include the further subordination of women and their increasing vulnerability, the preponderance of children growing up alone, and the decimation of societies' most productive, strong, skilled and educated members.

The untenable burdens of domestic and informal-sector labour on African women and girls, coupled with their socially constructed vulnerability, low social and economic status and severely limited autonomy, must be addressed with full-scale and immediate interventions. The current willingness to assign additional responsibilities related to HIV/AIDS to already overburdened women and girls threatens to undo the limited progress made to date towards gender equality. Necessary interventions range from legislation to uphold women's human rights, technological advances to reduce the physical and social toll of their labour, and financial or social compensation for labour assumed in the absence of social systems to deal with HIV/AIDS-related sickness, death, hunger and dependency.

The phenomenon of orphaned children requires immediate and broad-scale interventions both to ensure that children's needs are met and to avert disaster when those children grow into adulthood and bear children themselves. The children of parents whose childhoods were spent without adult guidance or supervision may have little exposure to social and life skills and no inheritance of such intergenerational knowledge as basic agricultural competence.

The loss of much of the productive, skilled, and educated workforce is also disastrous for societies in the region. Social sectors are on the verge of collapse due to capacity depletion. Radical strategies to combat this trend are necessary.

The mission therefore recognized the need for the United Nations and its partners to adopt new approaches to emergency assistance seen through the lens of HIV/AIDS, and accelerated approaches to ongoing development work. These approaches should recognize that an AIDS emergency underlies every effort at long-term development, and that an AIDS-affected African population requires new ways of coping, especially under stresses such as food shortages. To that end, the mission concluded that emergency appeals should now view the provision of drugs to keep HIV-affected populations healthy and alive longer as an urgent humanitarian imperative.

Recommendations:

- The last decade or more of internationally supported development planning has had little or no impact in containing the spread of HIV/AIDS. Moreover, development gains in other areas are being reversed. The mission recommends a complete revision of the current approach of the United Nations system to the provision of assistance.
- It is urgent that the United Nations system dramatically re-organize its way of doing business in southern Africa in the short and medium term. All agencies should review the appropriateness of their development and emergency operations in the region. Tools normally employed in emergency settings (CAP) or development contexts (Common Country Assessments [CCAs],

United Nations Development Assistance Framework [UNDAF] and Poverty Reduction Strategy Papers [PRSPs]) should be reviewed for their effectiveness in the current crisis, with SADC fully engaged in the exercise. The inter-agency cooperative approach in southern Africa (RIACSO) should be continued at least until the harvest season of 2004.

- The combination of HIV/AIDS and economic migration in southern Africa is causing serious human resource depletion in the most affected countries. In some cases, the situation is beyond “capacity building”. The international community and affected governments must now pursue a policy of “capacity replenishment”. An expanded programme of United Nations Volunteers, making best use of national volunteers, may represent one means of facilitating the replacement of lost capacity.
- The prevailing agricultural development paradigm, which assumes the availability of surplus labour, is no longer valid. More radical agricultural strategies and delivery mechanisms, including mechanization, need to be considered in order to lessen the burden on women farmers and HIV-affected households. This also applies to commercial producers, who will need to adjust their employment strategies.
- Women in HIV/AIDS-affected households, particularly those who are themselves HIV positive, must receive direct financial and social support that will include basic care kits, training on how to care for HIV-positive sick people, child-care support, and assistance to reduce domestic and agricultural labour demands.
- The funding and implementation calendar of the CAP cycle does not allow sufficient time for the effective distribution of necessary agricultural inputs within the start of the main rainy season. OCHA should sensitize donors to this, and FAO should consider pre-placing draft proposals with donors to ensure faster delivery.
- Labour-saving and intensified agricultural strategies such as conservation farming, crop diversification, and winter cropping should be immediately expanded, incorporating ways of lessening the workload of rural HIV-affected households. FAO needs to facilitate “study tours” for Ministry of Agriculture, donor and NGO personnel from across the region to visit projects that are showing success.
- Proper nutrition is key to slowing the progression of HIV to AIDS. People fighting infection, including those who are HIV positive, have heightened nutritional needs. It is particularly important that the protein and micronutrient needs of people with HIV are met in order to help them to maintain vital body functions, including fighting off opportunistic infections. The provision of micronutrient-fortified blended foods should therefore be a priority in food aid strategies to mitigate the impact of HIV/AIDS.
- The situation of orphans represents a humanitarian catastrophe and a violation of the rights of children. The apparent inability of the United Nations system and the international community to adequately support national governments in their response to the needs of the huge number of orphans in the region is unacceptable. A multi-sectoral, comprehensive solution must be

implemented immediately to ensure that every child has an adult overseeing his/her health, nutrition, education, protection, skills development and socialization into adulthood.

- Social–safety-net strategies should include “value-added” components where possible, which would teach skills and build capacity at the same time as providing necessary assistance. Combining school gardening initiatives with school feeding is one such example.
- The education sector will need to be supported in the region in the face of declining numbers of teachers and increased labour demands on children resulting in large part from the HIV/AIDS pandemic. School feeding initiatives should be continued and expanded where necessary to encourage children to stay in school. Teacher-training programmes are also crucial to replenish lost capacity.
- As social capital implodes, innovative ways of bolstering and revitalizing community self-help capacity, including traditional safety nets, should be sought and supported on a large scale.
- In all the countries visited, health systems are weak and overstretched, sometimes to the point of collapse, and particularly when faced with shocks such as food shortages. HIV/AIDS-prevention programmes and drugs for treatment of opportunistic infections and AIDS, including ARVs, should be part of emergency relief supplies, and included in CAPs where possible.

iii. The need to better understand and measure today's complex crises

The mission met with donors and other partners in every country. While anxious to proceed with addressing the joint crisis, the donors and partners expressed concern that targeted approaches were made difficult by the lack of in-depth understanding or the measurement of new phenomena (e.g., the impact of HIV/AIDS on the functions of households and sectors, on agriculture and on populations; and indicators signalling imminent collapse to which assistance can respond in a timely fashion). The mission again concluded that emergencies must now be viewed through the lens of HIV/AIDS, that development efforts must factor in the impact of HIV/AIDS on the capacity of populations' civil-society organisations and governments to engage effectively, and that HIV/AIDS must be viewed as a potential catalyst of broader humanitarian crises.

Recommendations:

- Food aid assistance has generally been effective in averting famine in countries across the southern Africa region. However, food aid needs in the crisis-affected countries are likely to continue into next year at similar levels, given poor harvest and ongoing fragile vulnerabilities at the household level, particularly in Zimbabwe. Revised estimates of food aid needs will be based on upcoming situation reports in February/March and the FAO/WFP food and crop assessments in April/May, in which SADC must be closely involved. Targeted food assistance should be provided with a continued focus on the nutritional needs of HIV/AIDS-affected populations. At the same time, care must be taken to minimize disruption to local market systems as the 2003 harvest season gets under way.

- Multi-sectoral vulnerability assessments are absolutely essential tools for establishing levels of required assistance and transparency in demonstrating to donors the logic for intervention. The current vulnerability assessment process needs to be extended beyond its current focus on food security to include all aspects of vulnerability, including health indices. SADC has a key leadership role to play in this development, which should take place immediately with the assistance of United Nations agencies.
- Quantitative and qualitative data collection and analysis methodologies need to be designed that are able to assess the impact of HIV/AIDS on social sectors and households. While there are encouraging efforts coming from a quantitative FAO study in Zambia, and there has been an improvement in the functioning of health and nutrition surveillance since the last mission, there is a need for greater coherence and sustained support for these efforts.

iv. The critical importance of partnerships

It was clear throughout the mission that the continent will not survive the onslaught of HIV/AIDS and complex emergencies without stronger partnerships of every kind. Indeed, cooperation among United Nations entities is crucial, but it was also recognized that addressing the profound problems of the region will require a broad effort involving all key actors, including the United Nations, intergovernmental regional bodies, International Financial Institutions, donors, large and small civil society organizations, activists and the private sector.

Recommendation:

- While the United Nations system needs a thorough review of its own activities and tools, it should do so with the full collaboration of the World Bank and the International Monetary Fund (IMF), who also need to be engaged in the effort to adequately address the impact of HIV/AIDS in the region. Joint programming between agencies, but also with IFIs and SADC, needs to be made a priority. Moreover, the United Nations must provide a powerful and energizing leadership, at the highest levels of the agencies, funds and programmes, in order for the pandemic to be confronted urgently at country level.

iv. The life-or-death imperative of good governance, sound national policies and the proactive engagement of the United Nations

The mission concluded that new types of emergencies require newly adapted responses to ensure that systems and societies remain intact and that policy decisions are implemented that *improve* rather than exacerbate the situation in southern African. It was also determined, however, that this may also be the time to consider revisiting previous methods of shoring up governments and populations in crisis -- including direct cash assistance to community-based organizations that subsidize social sectors, and direct support to ministries, organizations and institutions that are losing the human resources and skilled professionals required to function effectively.

Recommendations:

- As food security in the region improves, the impact of food aid on local markets must be monitored carefully in order to avoid distortions or disincentives. Direct food aid should be phased out as soon as possible. Food aid must also continue to be purchased locally and regionally as much as possible.
- Due to HIV/AIDS, the numbers of chronically food insecure and those requiring nutritional support can be expected to increase over the long term. There is a need to explore and institutionalize alternative mechanisms that provide access to sufficient food and adequate nutrition. This should be done in ways that encourage participation in programmes designed to optimize self-reliance and stimulate local and regional private-sector capacity to meet demand for food.
- There is a critical link between food gaps and the amounts of food available in countries from all sources. Tracking commercial and private imports and food aid deliveries in-country should be a collaborative effort by governments, transporters, implementing partners, SADC and WFP.
- In Zimbabwe, the United Nations is playing a role in facilitating dialogue between the Government and donors. This process should be further encouraged.
- Reaching the goals set out in the New Partnership for Africa's Development (NEPAD) and SADC's Regional Indicative Development Plan will be impossible for governments in the region unless they immediately assume more responsibility for revising policies and implementing programmes necessary to mitigate the impact of HIV/AIDS. To this end, the mission strongly recommends that priority attention be given to supporting rights and opportunities for women.
- While commitment on the part of governments in the region have shown some positive results in the decline of HIV infection rates, the United Nations system must continue to advocate and support governments to take a more proactive leadership role with respect to combating HIV/AIDS. The mission recommends that positive legislation be introduced that protects women, and that social reform be enacted that addresses the burden of care carried by women. The role of the highest levels of government in leading a visible effort against HIV/AIDS and in support of women cannot be underestimated and should be encouraged.
- United Nations agencies need to commit themselves to reviewing their emergency and development programmes in areas of high HIV prevalence through the "lens" of HIV/AIDS. Moreover, agencies should continue to advocate with their partners and donors for the need to fully integrate HIV/AIDS into their activities.
- It is clear that weak, insufficient, or inappropriate policies in several countries of the region, particularly Zimbabwe, are hampering both the ability of humanitarian assistance to be delivered and any serious consideration of long-term strategies. Donors are unwilling to continue funding programmes in poor policy environments. Policy environments need to be re-examined through the lens of HIV/AIDS, and other shortcomings in policy that affect food security (price controls, subsidies and other restrictions on commercial imports) and social services, including health, still need to be addressed.

Lesotho, 22–23 January

Summary

With a full one third of the Lesotho population infected with HIV, some Basotho have started to talk of their own extinction unless urgent and drastic action is taken. While the Government of Lesotho demonstrates a strong willingness to tackle the problems of the country and engage with the international community for possible solutions to the current crisis, it is clear that systems are not yet fully in place to address the impact of HIV/AIDS on their society.

HIV/AIDS is not the only barrier to Lesotho's recovery from crisis. Land degradation, capacity depletion and economic decline are also major obstacles to short- and long-term responses to humanitarian and development needs.

It is very important to reverse the downward trend in Lesotho. A successful intervention there would send a strong signal throughout the region that the disintegration of societies in southern Africa is reversible.

Mission activities

The mission team arrived in Maseru on the evening of 22 January. Following a brief reception with the donor community, members of the team were briefed by the United Nations Country Team at a dinner hosted by the Minister of Foreign Affairs. The Government highlighted the major challenges facing the country, including extreme climatic events, HIV/AIDS, and the basic challenge to ensure that those who are in need continue to receive assistance. It was agreed that the next steps would include reviewing assistance programmes in light of HIV/AIDS, involving the private sector and civil society in response to the situation, and trying to build further momentum within SADC, particularly on HIV/AIDS issues.

On 23 January, the team split up to review activities on the ground. A group led by Special Envoy Morris visited Mokhotlong in the eastern highlands. Special Envoy Lewis led a group that reviewed the impact of the crisis in the urban and peri-urban areas around the capital, Maseru.

In the mountain areas of Mokhotlong District, visits were made to an area that had been affected agriculturally by frost and hail in October and November (in Mofolaneng), a WFP/Lesotho Red Cross food distribution activity (in Khatleli), and a grandparent-headed household (in Thabang).

It was clear that ongoing humanitarian programmes in Mokhotlong are preventing the situation from worsening. However, it was equally evident that needs were likely to continue until interventions were adjusted to support a longer-term development effort. Improved targeting is also necessary, particularly for the poorest members of the community and those clearly affected by HIV/AIDS -- primarily children and women.

The team also noted the need to act promptly to support agricultural operations in Lesotho, particularly in the mountain areas. As the ploughing and planting time in those areas is September, potential inputs sourced and distributed through the standard CAP cycle are most likely to be too late. The mission began to discuss mechanisms for pre-

planning resource availability and procurement, and the possibility of enhancing economic diversification in addition to agriculture.

The group reviewing the impact of the crisis in the urban areas visited the Queen Elizabeth Hospital in Maseru, a large textile factory on the outskirts of the city, and the campus of the University of Lesotho.

The visit to the hospital highlighted the impact the HIV crisis was having on the health sector, where 80 percent of all admitted patients were found to be HIV positive. The implication of this devastating statistic was highlighted by the departments of obstetrics, paediatrics and epidemiology. In each department, the demand for drugs and care outstripped hospital capacity. Of critical note was the shortage of antigen tests for children and of support for home-based care. Doctors highlighted the importance of nutrition as an effective defence against AIDS. The Government of Lesotho is looking for incentives to regenerate and strengthen the home-based care systems in the rural areas. Counsellors were identified as critical for providing support to People Living With HIV/AIDS and to their families.

A visit to Thetsane Industries on the outskirts of Maseru provided an insight into the effects of HIV/AIDS on the private sector and the opportunities for partnership to advance strategies for reducing the spread of the virus. Of particular note was the lack of government leadership or guidance to support private sector efforts to minimize the impact of HIV. The provision of condoms in the workplace was identified as an immediate need in addition to broad based support for employees and families living with AIDS.

The visit to the National University of Lesotho provided an opportunity for Special Envoy Lewis to address a large number of students (more than 600) and to enter a brief dialogue with them on how they saw the crisis as impinging on their lives and the future of Lesotho.

In a meeting with the Prime Minister and senior cabinet ministers, discussion centred on the negative transformations that HIV/AIDS had forced upon the population of Lesotho, a people accustomed to extremes of weather, geography and poverty and dedicated to self sufficiency but entirely unprepared for the current circumstances. The Prime Minister outlined his plans to restructure government to adjust to the new phenomena – including a new Ministry of Forestry and Land Reclamation. The Government appealed for assistance from all possible sources to deal with its crises (the pervasive food insecurity outstripping families' usual coping mechanisms, the increased urgency of nutritional support for large numbers of People Living With HIV/AIDS, accelerating land degradation and a proliferation of child-headed households).

Prompted by queries about where the United Nations could be of greater help, particularly in the area of capacity replenishment, the Prime Minister emphasized the need to promote the restoration of self-reliance rather than dependency. The discussion centred on basic primary education and guaranteeing children at least one free meal a day. The Prime Minister gratefully acknowledged the school feeding programmes established by WFP and the positive impact they were having on enrolment and attendance rates; he made a special appeal for expansion of the programme.

Discussions with His Majesty King Letsie II reaffirmed the importance attached to education, both to ensure the future for the country and to mitigate the immediate

effects of HIV/AIDS on the lives and stability of children. At a press conference prior to leaving the country, the Envoys made special mention of His Majesty's welcome outspokenness in addressing HIV/AIDS and countering the attached stigma.

Key observations

- The dual impact of land degradation and HIV/AIDS is devastating to agriculture, as those who are sick or caring for those who are orphaned or sick are unable to devote the necessary extra effort to cultivation. The Government's efforts to radically reformulate its agricultural systems in order to expand crop diversification and restore the productivity of the land without increasing labour needs should be proactively supported.
- Conservation agriculture technologies should be introduced on a pilot basis in Lesotho, as mentioned in the Government's agricultural strategy plan currently under development. FAO should organize a "study tour" for Lesotho government officials and local representatives of key donors and NGOs to witness and learn such techniques from ongoing projects in Zambia. Other options for agricultural advancement could include crop diversification, and reviving extension and research services in partnership with the private sector, NGOs and CBOs.
- Mechanisms should be put in place to advance project formulation relating to agricultural inputs, as the growing season occurs very early in the CAP cycle calendar.
- HIV/AIDS-related interventions must be fully incorporated in the Government's sectoral strategic plans, particularly the agriculture sector.
- Safety-net programmes will be necessary for some time, and should be supported. However, to maximize their effectiveness, skills training should be incorporated in the programmes. Jointly programmed school garden projects can combine school feeding with instruction in nutrition and agricultural techniques.
- HIV/AIDS is depleting the workforce of skilled professionals as well as the pool of unskilled labour. Opportunities exist for the United Nations to take a leadership role in supporting the Government in replenishing vital capacity, for example through the use of United Nations Volunteers.
- There is an opportunity for the United Nations to advocate for stronger private-sector responsibility toward its workers and their dependents infected with and affected by HIV/AIDS.
- The emergency nature of the impact of HIV/AIDS on food-insecure populations is acutely evident, as is the United Nations' lack of preparedness to support the Government's urgent, accelerated responses through the health sector. Improved coordination and complementarity among United Nations, the Government, NGOs and the private sector are highly desirable.
- The humanitarian emergency has resulted in a large burden of disease, driven by high prevalence of malnutrition and HIV/AIDS. Health services are not coping, due to insufficient human resources and materials, especially drugs. The United Nations should scale up its advocacy for non-food items in the CAP,

particularly supplies of drugs and other medical materials, at the same time as promoting capacity strengthening and replenishment in the health sector.

- The mission recognized the opportunity to work with the private sector to advance social-service provision for female (migrant) workers and People Living With HIV/AIDS.

Zimbabwe, 23–25 January

Summary

Zimbabwe presents a substantially different set of challenges from those in other countries in the region. It does share some of the same problems with its neighbours – a high HIV/AIDS prevalence rate, erratic rainfall patterns, over-stressed social safety nets – but the current policy environment is preventing the international community from moving beyond pure emergency programming towards supporting longer-term development efforts. It is clear that the political situation has severely hampered the high-potential agricultural areas from operating at maximum capacity for this growing season, which will lead to a significant food deficit for the 2003/2004 marketing season. Impacts from the dire situation Zimbabwe will ripple through other southern African countries, amplifying any food security problems that those countries may experience.

Discussions indicated that the Government was beginning to come to terms with some of the key obstacles faced by the assistance community in addressing the needs of the most vulnerable. This in itself suggests that there exists a greater realization of the difficulties the current policies have created. There is an urgent need for forward planning between the United Nations, the Government, donors and NGOs to address the worsening humanitarian crisis. Ongoing efforts mediated by the UN Humanitarian Coordinator are to be applauded and further encouraged.

Mission activities

The mission travelled to Zimbabwe from 23 to 25 January and was able to meet with a wide variety of stakeholders regarding the crisis facing the country.

A small group of mission members met with the Foreign Minister and President Mugabe on the morning of 24 January. Several issues raised by the Special Envoy in previous meetings with President Mugabe were revisited. Progress was noted on two issues: the number of NGOs accredited for humanitarian work with WFP had gone from four to twelve in the space of the last five months. Procedurally, there has also been progress on the use of genetically modified (GM) foods in Zimbabwe. However, there are still huge food shortages in Zimbabwe that will need to be met by commercial imports. In this regard, the Special Envoys indicated to the President that there was an urgent need to review policies of staple food price controls to allow the private sector to assist in meeting the demand. This is of particular concern with regard to the urban populations containing just under 1 million vulnerable people who suffer because of lack of access to and availability of food. Special Envoy Morris offered assistance from the World Food Programme to make available wheat that would be provided to urban millers for subsidized sale to urban populations. The Government expressed interest but noted that it would need to explore the issue further. The linkages between HIV/AIDS, food shortages and child vulnerability were also discussed, along with the growing problem of human resource depletion. The Government highlighted its concern with these issues. The issue of food aid politicization was raised, with Special Envoy Morris offering the Government United Nations assistance in monitoring of its distributions, in order to resolve external views that the Grain Marketing Board's (GMB's) food distributions were not freely available to all sectors of society. The Government noted the United Nations position but stated that monitoring procedures

were already in place with the Government. However, the Government agreed to discuss the matter further.

Concurrent to the meeting with President Mugabe, other mission members were provided with a briefing on the Regional and Zimbabwe (ZimVac) Vulnerability Assessments and met with NGO representatives. The latest ZimVAC assessment shows that the number of Zimbabweans in need of food aid until March 2003 has risen from 6.7 million to 7.2 million. The assessments, which were carried out at the community level, suggest a deepening vulnerability among rural and urban populations in the country, a trend that is inconsistent with the GMB's figures for national imports of food. While the GMB claims that 1.3 million mt of maize were imported from April to November (a number that should have led to a surplus of 200,000 mt in the country) 40 percent of communities at the sub-national level report that cereals are "not, or rarely" available.⁴ The ZimVAC concluded that there remains a 322,000 mt cereal gap up until March after both commercial imports and estimated food aid deliveries are taken into account. Other assessment conclusions showed an alarming lack of protein foods available at the community level, and that this year's harvest is unlikely to be much more successful than that of last year.

NGO representatives expressed concern over the worsening humanitarian situation in the country, fuelled by rapid economic decline. Representatives noted that the problem of food availability (rather than a lack of money) was responsible for increasing vulnerability in urban areas. The poor functioning of the private sector is one of the main causes of the problem. The private sector alone, however, cannot address the full needs of the urban areas and greater food aid programming efforts are required. It was suggested that the United Nations and the Special Envoy should take a more active leadership role to facilitate a more productive environment for programming, as they still see problems of political interference in GMB food distributions and experience operational constraints such as a lack of fuel. Programming in the areas of HIV/AIDS, agriculture, and support to women and children were noted as priorities. One representative noted that the crisis may actually present an opportunity to reach more people with HIV/AIDS awareness messages through combining these activities with other programming.

A few team members also conducted a field visit to Mashonaland East during the morning period and witnessed a food distribution to the most vulnerable. A visit on the following day to a World Vision-supported feeding centre in Harare for children under 6 underscored the importance and value of targeted interventions in urban areas. The ability of World Vision to quadruple its staffing in a matter of months indicated the potential for harnessing non-governmental and underemployed human resource capacity.

At a meeting with donors, the Special Envoys reported on the morning meeting with the President and Foreign Minister, and expressed their opinion that there is a growing general recognition on the part of the Government of the severity of the crisis. The donors expressed clearly that the political climate in Zimbabwe presented several barriers to being able to support programming that looks towards the long-term recovery of the country. The need to link short-, mid- and long-term recovery is clear, but without progress on key policy issues, donors' willingness to provide assistance in this framework is limited. In particular, serious concerns about the land reform process

⁴ Note that after the mission left Zimbabwe, the Government supplied the information that the cereal imported by the GMB in 2002 (excluding January 2002) totalled 685,784 mt.

were noted. It was also suggested that the United Nations should place more emphasis on monitoring food distributions in order to increase the transparency and credibility of the Government's efforts.

An afternoon meeting took place with the Cabinet Ministers of Finance, Labour and Welfare, and Health attending. The Minister of Finance gave an account of the outlook for 2003 and what the Government was doing to address the crisis. While rains have started in the northern parts of the country, the south is very dry, jeopardizing agricultural production. The shortage of foreign exchange is hampering the Government's ability to tackle the problems resulting from the drought. The additional need for responses to HIV/AIDS such as providing drugs and other medical supplies compounds this problem. The minister also reported that a two-year consultative process between the Government, labour leaders and business leaders to tackle the economic downturn in Zimbabwe was finally coming to a conclusion, with consensus almost reached on a joint plan of action. The ministers noted that despite the economic problems, the Government would continue to support programmes for drought support, agricultural development, public works, and anti-retroviral drugs for People Living With HIV/AIDS.

Special Envoy Morris noted that he felt progress had been made in the relationship between the United Nations and the Government in the last four months in several areas of work, but suggested that this partnership should be expanded to activities such as verification and monitoring of government food distributions. This could help the Government convince donors that their claim that there is no political interference in food distributions is valid. The Minister of Labour and Social Welfare agreed that further discussions should take place on the matter with the United Nations Humanitarian Coordinator. The Special Envoy said that monitoring procedures in place for WFP and NGO food assistance had convinced him that their distributions were without political interference. He stated that he would like to help the Government ensure that their distributions were as well.

The Minister of Labour and Social Welfare expressed his hope that there would be another consolidated appeal after June. He also highlighted the importance of strengthening logistical capacities in Zimbabwe and improving logistical coordination. He suggested that it would help to be able to reach vulnerable Zimbabweans more comprehensively. In particular, he noted that last year an unwillingness on the part of the international community to assist newly resettled areas led to a focus by the United Nations and NGOs on distribution of agricultural inputs in communal farming areas.⁵ He also expressed the hope that supplementary feeding programmes could be expanded in urban areas.

The massive problem of HIV/AIDS in Zimbabwe was also discussed during the meeting. The Minister of Health stated that 70 percent of admissions in hospitals were HIV-related. Out of 2.2 million Zimbabweans infected with the virus, 600,000 have developed full-blown AIDS. The minister highlighted the deadly combination of food shortages, malnutrition and HIV/AIDS, and noted the need for community-based care programmes, water and sanitation initiatives, and provision of anti-retroviral drugs (ARVs). Special Envoy Lewis suggested to the meeting that perhaps ARVs should be

⁵ This is explicitly stated in the consolidated appeal document for Zimbabwe. The ministers were encouraged to dialogue with donors on issues of support, and applauded for their participation in the bi-weekly meetings hosted by the Humanitarian Coordinator.

included in the consolidated appeal. It was agreed that the issue should be reviewed in May/June during the preparation of the next CAP.

Other health problems included the purchase and provision of regular vaccines. The Government hoped to vaccinate 90 percent of the population against measles and polio, but the shortage of foreign exchange would make this difficult to achieve.

Issues from several sectors were raised by various team members at the meeting. WFP explained that 300,000 mt out of a requested 452,000 mt of food had been resourced, meaning that by the end of March there would be a pipeline break. UNICEF agreed with the need for expanded vaccination programmes and noted progress made in supplementary and therapeutic feeding programmes. It was stated that temporary NGO registrations for humanitarian work should be made permanent. The World Health Organization (WHO) took note of the request for ARVs and vaccinations, and agreed to strengthen its position in the upcoming appeal. FAO noted the need to look to recovery of the agricultural sector, and highlighted the need to support livestock, with the diffusion of Foot-and-Mouth Disease affecting vulnerable households and spreading to neighbouring SADC countries. UNDP stated that the replenishment of human capacity was also crucial to recovery, given the rapid depletion of human resources resulting from HIV/AIDS, and suggested that United Nations Volunteer programmes could assist in this area.

A meeting with the United Nations Country Team provided an opportunity to brief agency heads on the outcome of discussions with the Government and hear their concerns and analysis of the situation. FAO noted that donors had to be convinced that support for agricultural inputs needed to be provided on a timely basis in order to be effective, stressing the interrelationship between the CAP and agricultural calendars. Others mentioned the difficulties involved in working in the difficult policy environment of Zimbabwe. There is a sense that there is a renewed interest within the Government regarding dialogue with the international community. The United Nations has an extremely important role to play in terms of linking the Government with donors. The Humanitarian Coordinator has been able to establish a forum for such a dialogue between the Government and donors. Special Envoy Morris noted that progress had been made in discussions with the Government since the last mission. Donor embassies in Harare also seemed to be looking for ways and means to engage the Government to discuss issues of interest to them.

Part of the mission also met with representatives of the Movement for Democratic Change (MDC). MDC representatives noted their concern regarding the crisis facing the country and expressed the view that more food was needed to meet the demand. They recognized that responding to the crisis needs cooperation on the part of all stakeholders.

At a well-attended press conference prior to leaving Harare, Special Envoy Morris drew attention to the fact that *The Herald* newspaper had erroneously reported the mission's endorsement of the land reform programme. Copies of a letter to the Editor of *The Herald*, correcting the mistake, were handed out during the press conference. Subsequent to the departure of the mission, two international journalists, among a group of journalists that had entered the country with the mission, were detained for questioning by government authorities at a GMB depot. They were released the following day.

Key observations

- There is concern over the capacity and willingness of the Government to address the deepening crisis, and concern with regard to the international humanitarian community's collective capacity to respond to increasing needs. Without significant changes in policy, the vulnerability of Zimbabweans will continue to grow.
- The vulnerability of Zimbabweans will grow throughout 2003 because it is clear that 2002/2003 agricultural production will fall far short of national needs. This deficit will also impact on neighbouring countries, exacerbating any problems therein. Also impacting on the economies of neighbouring countries is the spread of Foot-and-Mouth Disease, untreated in Zimbabwe because of a lack of foreign exchange for vaccines. FAO is encouraged to look for additional support to its current limited programme.
- The mission remains concerned about the extent to which the assistance community is able to perform its work and uphold humanitarian principles. While the Government has committed itself at the most senior level to ensuring access to all parts of the country and population, reports of restrictions and obstacles to the delivery of assistance at the field level persist. The Government and the international community must continue to work at all levels to facilitate the access and delivery of humanitarian assistance to vulnerable people throughout the country.
- The mission was encouraged by the agreement of the Government to continue to discuss the possibility of the United Nations assisting the Government in verifying the impartial provision of GMB food to affected populations.
- The relationship between the Government and donor governments needs to be strengthened and the United Nations is playing a unique role in facilitating continued dialogue. In recent months this arrangement has shown progress in terms of substantive dialogue, and should be encouraged.
- The mission was appreciative of the position taken by the Minister of Labour and Social Welfare, that the United Nations must address the needs of the most vulnerable populations in Zimbabwe and that objective assessments, therefore, must be undertaken to determine the needs of those so far not included in the humanitarian programme (particularly former commercial farm workers and vulnerable urban people).

Malawi, 25–26 January

Summary

The mission's visit to Malawi provided encouraging indications of what can be achieved through effective partnership between Government, donors, the United Nations, NGOs and the International Financial Institutions. Although the ailments of chronic poverty suppress the chances of any significant improvement over the short term for the majority of the population, the humanitarian endeavour over the last eight months has stabilized the situation. Food assistance and support for agricultural production have averted what could have been a major catastrophe. WFP and UNICEF are jointly supporting school feeding programmes and helping to redress the limited opportunities for children. The World Bank is currently fielding consultants to explore the possibility of supporting this school feeding initiative. Promising rainfall over recent weeks suggests that donor-supported crop production will improve significantly over the previous year in many areas, despite flooding in a number of districts. However, the prevalence of HIV/AIDS undermines any positive prognosis of a reduction in vulnerability in the immediate future. The United Nations needs to encourage the Government and other stakeholders to address the issue in a more dynamic manner and particularly to enhance the welfare of women.

Mission Activities

Following a comprehensive briefing provided by the Country Team, the Special Envoys and mission members attended a meeting with the Government hosted by the Minister of Health. The minister expressed the Government's appreciation for the actions taken by the United Nations during the previous eight months and its "swift protection efforts", which had prevented famine and starvation. The Government did, however, recognize that problems of access to food for many remained. The minister highlighted the steps taken by the Government to address food insecurity and the systems in place to improve the management of food and grain supplies and reserves.

The growing complexity of the crisis caused by the HIV/AIDS pandemic was underscored. The depletion of human resource capacity was seen to be reversing development and deepening poverty. The added shocks of extreme weather patterns were further contributing to the burden of the poor. The minister detailed the impact of recent flooding in 17 districts, which had adversely affected 80,000 families, and he appealed for US\$3.1million to rebuild damaged infrastructure, restore water supplies, replant fields and support immediate health interventions.

Special Envoy Morris assured the Government that the United Nations would continue to support the people of Malawi in all the ways it could, but that it was essential to make the case compelling in a world where competition for emergency needs was growing. Special Envoy Lewis expressed appreciation for the Government's shift in tone and its recognition of the emergency caused by HIV/AIDS.

A productive and wide-ranging meeting was also held with President Muluzi. Also in attendance were the Vice-President and several cabinet ministers. The President reiterated the combined impact of HIV/AIDS on a food-insecure population, and the potential for increased cholera because of the floods, while stressing the need for a transition to recovery and development to prevent the same problems occurring every

year. On HIV/AIDS, it was stated that action was necessary immediately since an initial decade of silence, up to 1994, had allowed the situation to get out of control. Potential interaction with WFP on management and rotation of the strategic grain reserve was discussed. Innovation and linkages to development were discussed as key components of emergency agricultural interventions.

An informal meeting with representatives of the donor community highlighted concerns over the management of food and grain supplies, as market forces have a major bearing on lives and livelihoods. The need for consensus on the required food aid component to balance with available supplies already in the country and private sector inputs was identified as a critical issue to be resolved. It was recognized by all that reliable and transparent data analysis was key. A deeper understanding of the impact of HIV/AIDS at the household level was also crucial to improve the effectiveness of aid delivery to address the pandemic.

At a meeting with NGOs, donors and representatives of civil society, the problems caused by the HIV/AIDS pandemic were highlighted and discussed. It was stated that, while 16 percent of the population was infected with HIV, the entire population of Malawi was living with HIV/AIDS, which was destroying the social order. While traditional communities were previously able to adapt and resist drought and famine, this was no longer the case. The extended family was unable to cope with the burden of care and women were shouldering much of the responsibility but without any additional support.

Special Envoy Lewis corroborated the need for gender equality as a means to alleviate the burden on women and to stimulate behavioural change. He stressed the need for a global campaign for gender equality and for a marked change in the response of the international community in response to the AIDS pandemic, and particularly through the Global Fund.

A number of practical ideas were brought forward during the discussion on activities that could help to strengthen the collective response to the pandemic and reduce the burden of care. These included introducing and promoting labour-saving agricultural practices, modifying high-risk cultural practices, setting examples through revised benefit packages for staff and families of assistance organizations, strengthening partnerships with the private sector and advocating for supportive government legislation. There was broad consensus on the important leadership role the Government should play to widen appreciation of the crisis and on the actions required to contain it.

Part of the team undertook a field visit to flood-affected areas of Salima District. The visit highlighted the damage to homes and schools caused by the floods and the impact on agriculture and other livelihood activities. It also underscored the need for more effective contingency planning and disaster management measures, particularly as some of these same people were affected by drought last year and floods in the previous two years. A potential response through support to the winter cropping season is being explored by FAO as a component of the CAP Mid-term Review.

Field visits to Mchinji District by the other part of the team provided examples of efforts to enhance livelihoods through agricultural diversification. Access to micro-finance capital was identified as an ongoing constraint to expansion and sustainability. Discussions were held with local groups on HIV/AIDS, which demonstrated a high level of awareness in the village of Ndawamba and stressed the unequal impact on women

as carers. Issues of sexual exploitation, rape, abuse of children and loss of financial and property rights for women were brought to the attention of Special Envoy Lewis. A press conference was held prior to the departure of the mission that highlighted the team's findings.

Key observations

- The United Nations agencies and their partners have done a sound job in scaling up and responding to the crisis over the last eight months. Of particular note is the progress made in the health sector (e.g. cholera response) with support from WHO. The positive response from the donor community, especially in the agricultural sector, demonstrates the excellent cooperation that exists between all stakeholders.
- There is a need to reinforce moves to crop diversification and to introduce more labour-saving agricultural practices in order to enhance and sustain nutrition levels and to reduce the burden on households and People Living With HIV/AIDS.
- The existing practice of winter cropping in Malawi is an opportunity to boost local food production. FAO is attempting to source funds for such an intervention in coordination with similar government and bilateral responses.
- While nutrition levels have improved, it is imperative that even with an improved harvest, WFP's assistance is not scaled back too soon without clear alternatives to sustain household food security for the most vulnerable and especially people living with HIV/AIDS (PLWA). At the same time, care must be taken not to create disincentives to local production and marketing. There is an immediate need for all stakeholders to reconcile understanding of the latest vulnerability assessment data.
- Disaster management capacity, contingency planning and mitigation against recurring flooding in Malawi remain weak. UNDP has provided 24 national United Nations Volunteers (UNVs) to assist at the district level, but additional training and reinforcement of government efforts is needed. The United Nations should help to strengthen government efforts in these areas.
- The United Nations system must advocate and support the Government of Malawi to take a more proactive leadership role with respect to combating HIV/AIDS. Consideration must be given to positive legislation that protects women and legislation that redresses the burden of care carried by women.
- The mission was encouraged by the partnership forged between WFP, UNICEF and the World Bank and the joint efforts to support education through school feeding. Similar partnerships that make more effective use of scarce resources should be explored. Similarly, the developing partnership between FAO and UNICEF for gardens at Nutrition Monitoring Units is to be encouraged.
- The International Monetary Fund (IMF) should reconsider its decision to withhold balance of payments support in view of the desperate need to finance key social service provisions for PLWA.
- Capacity replenishment for skilled professionals who have succumbed to HIV/AIDS should be a feature of an expanded UNV programme.

Zambia, 26–28 January*Summary*

There is general consensus that the combined efforts of the international community and the Government of Zambia have prevented a catastrophe from unfolding in Zambia.

Continued erratic rainfall patterns are likely to have a negative impact on this year's harvest, particularly in the already impacted southern areas, but it is the combination of HIV/AIDS (the HIV prevalence rate is 21percent) and chronic poverty that will probably make the provision of humanitarian assistance necessary into next year. The more important implication, however, is that some of the underlying causes of vulnerability must be addressed, such as the policy environment for health, HIV/AIDS and assistance to women. The Government needs to be engaged directly on these issues.

Mission activities

The mission travelled to Zambia from 26 to 28 January. Meetings were held with the United Nations Country Team, donors, President Mwanawasa, and Vice President Kavindele, together with a variety of other stakeholders.

The Country Team (CT) provided an assessment of the current situation and actions to date. Response to the CAP has been good and the CT feels that a catastrophe was averted through quick action from the United Nations community. Substantial progress has been made in several sectors – 700,000 children have been vaccinated against measles, over 250 boreholes have been drilled or restored, the Resident Coordinator's Office capacity has been strengthened, conservation farming has been promoted, and a humanitarian working group has been formed. Despite the Government's decision to ban all GM food aid, WFP has been able to mobilize funds for a relatively healthy pipeline of non-GM food, with around 20,000 mt of food being delivered to 1.5 million people each month. Priorities for the country at present included strengthened nutritional surveillance, building government capacity in the health sector, and addressing labour constraints for women in agriculture (due to HIV-related pressures).

A roundtable meeting with NGOs, government officials, Members of Parliament, academics and other elements of civil society featured a focused discussion on addressing the impact of HIV/AIDS, with particular reference to women. Several participants recognized the value of labour-saving technologies and basic skills provision for women trying to cope with increased workloads related to HIV/AIDS. Literacy and accessibility to rural markets were also seen to be important in empowering women to improve their livelihoods. However, participants also noted that more hard data on how exactly the combination of food shortages and HIV/AIDS impacts women and households was necessary in order to support the logic for intervention. As an example, FAO has carried out questionnaire surveys in three districts and the quantitative results will be presented mid-March. It was also strongly suggested that the current policy environment was not conducive to assisting women, and government efforts to deal with gender issues were not well coordinated.

The President of Zambia presented the situation in his country as an emergency, most clearly manifested in dramatic food shortages and HIV/AIDS. With around 20 percent of

Zambians HIV positive, every aspect of life and society is impacted by the disease. He particularly stressed the devastating effect on agricultural production and depletion of the work force. The President assured the Special Envoys that he and his ministers spoke publicly on HIV/AIDS. His Government also launched a series of measures aimed at fighting the pandemic, which included special legislation, allocation of budgetary resources, anti-retroviral drugs, voluntary counselling and testing, and a pilot project to prevent mother-to-child infection. The President and his ministers for Health, Finance, Agriculture and Local Government appealed for additional resources.

While recognizing that the country was still in crisis, donors in Zambia expressed concern about the lack of specific data regarding vulnerability. An appeal was made for more information about how food aid would be targeted into next year without impacting local markets negatively. Other donors asked what the contribution of the Government was to dealing with the situation. The lack of a coherent agricultural policy was criticized, as important issues such as gender, HIV and appropriate technologies were not sufficiently addressed. Donors echoed views made earlier by some NGOs that there was a possibility of distortion of the food market if supplies and delivery of food relief continued with inadequate targeting beyond the harvest period.

At a meeting with the Vice President, the awful impact of HIV/AIDS on government capacities in key ministries was once again highlighted. Growing needs in urban areas were also highlighted as a concern. The difficulty of accessing some of the more remote rural areas was currently an issue, particularly in the midst of the rainy season. However, it was noted that an effective and appreciated partnership between the Government, WFP and NGOs was making progress in this area.

A press conference was held prior to leaving Zambia. On the same day, a response to an article on "Food needs in Southern Africa Exaggerated" in *The Times* newspaper (London) was issued by RIACSO, which refuted claims that numbers of people in need in southern Africa were being inflated.

Key observations

- Donors and other stakeholders are justifiably asking for more specific data regarding HIV/AIDS and vulnerability of households. As emergency relief needs shift to livelihood protection focused on women and HIV/AIDS -affected households, establishing this link will become increasingly important.
- While there is a growth of anti-AIDS initiatives, resources for prevention, care and treatment for People Living With HIV/AIDS remain inadequate. It is crucial that successful programmes that can be brought to scale are identified and the requisite resources found to support them.
- Conservation farming (CF) techniques are yielding successful results in parts of Zambia. The techniques developed and lessons learned from these efforts should be replicated as appropriate in other parts of the region. FAO has contracted an independent assessment of the impact of its CF inputs, which will direct future interventions.
- There is concern over achieving a balance between food aid needs and encouraging local markets and production. Food aid should be increasingly targeted, with the amounts directed by preliminary situation reports in February and March, followed by the larger FAO/WFP Crop and Food Supply Assessment Mission in April.

- A policy environment that comprehends and supports the particular needs of women should be put in place in Zambia. Literacy, basic skills provision, labour-saving technologies and other initiatives should be promoted.
- The combination of economic migration and HIV/AIDS has taken a devastating toll on the human resource capacity within the Government and society. The agriculture, health and education sectors have been particularly affected and emergency replenishment of capacity from national and international UNVs and from the diaspora is vital.

Final Mission Press Release

29 January, 2003

**WORLD MUST GALVANIZE TO COMBAT HIV/AIDS AND
STAVE OFF A COMPLETE AND TOTAL
DISASTER IN SOUTHERN AFRICA**

JOHANNESBURG – The international community has so far succeeded in averting a humanitarian catastrophe in southern Africa, but the monumental proportions of the HIV/AIDS pandemic is unleashing a disaster which threatens the very existence of countries,” warned two United Nations Special Envoys after a week-long UN inter-agency mission to four southern African countries.

“While responding to the severe food crisis in southern Africa, an even greater disaster has been unearthed. The HIV/AIDS pandemic is compounding the premature death of thousands of productive people – particularly women – across the region, and is wrecking the livelihoods of millions more while sowing the seeds of future famines,” said James T. Morris, the UN Secretary-General’s Special Envoy for Humanitarian Needs in Southern Africa.

The calamitous conjunction of HIV/AIDS, severe food shortages and chronic poverty has left more than 15 million in need of assistance across the region. Meanwhile, the pandemic is changing the nature of famine in Africa. It is cutting agricultural productivity, weakening and decimating the population and undermining people’s ability to recover from natural and man-made shocks.

“Without a radical and urgent approach, which addresses the terrifying reality of the pandemic and how it is indelibly woven with chronic food shortages, even worse crises will stalk vulnerable people for generations to come. I am overwhelmed by the very real prospect of nations of orphans,” said Morris.

“When the body has no food to consume, the virus consumes the body,” said Stephen Lewis, the UN Secretary-General’s Special Envoy for HIV/AIDS in Africa. “The incredible assault of HIV/AIDS on women in particular has no parallel in human history. Women are the pillars of the family and community – the mothers, the care-givers, the farmers. The pandemic is preying on them relentlessly, threatening them in a way that the world has never yet confronted.”

The unique and pressing nature of the humanitarian crisis in southern Africa prompted the inclusion of Lewis on Morris’s second mission to the region. It is also Lewis’s second tour of southern Africa in the past two months, reflecting the priority given to tackling the pandemic by the UN and Secretary-General Kofi Annan himself.

Following their mission to Lesotho, Zimbabwe, Malawi and Zambia, the Envoys will pass their findings back to the UN and issue a report calling for a bold, new approach from the entire international community. In particular, they will advocate that current and future programmes of every UN agency be formed through the lens and reality of HIV/AIDS and its impact on women and children.

The mission also reviewed current responses to the humanitarian crisis in southern Africa. Millions of the most vulnerable people in the worst-affected parts of the region have benefited from international food aid, while many communities have been provided with essential non-food items, such as seeds and medicines.

“When I last visited in September, southern Africa was facing a catastrophe, but this has been averted by a remarkably swift and effective response from international donors, regional governments, UN agencies and NGOs,” said Morris. “There is still an enormous amount of work to do and hurdles to overcome over the next few months, but we are in a position to prevent the current crisis from becoming a tragedy in the longer-term.”

In Lesotho, erratic weather has already undermined chances of an improved harvest this year, while in Swaziland and southern Mozambique a lengthy dry spell after planting has once again hit crop potential across large swathes of the country. In Malawi and Zambia, recent rains have fuelled hopes of a much-better maize harvest than last year but the situation – although stabilized by international assistance – remains precarious with millions of people still vulnerable.

The situation in Zimbabwe is cause for serious concern, with over half the population currently in need of assistance. Along with continued political turbulence and economic decline, people in Zimbabwe will experience continuing food shortages in the coming year due to a combination of dry weather, lack of affordable food on the market, and a dramatically reduced amount of land under cultivation.

The UN is working with local institutions to closely monitor the remainder of the rainy season and crop development with an eye to determining appropriate levels of emergency food aid beyond the upcoming harvest in April/May.

“This current crisis is far from over but the response has already illustrated what the UN does best – saving the lives of thousands of people and preserving the livelihoods of millions by working with governments, donors and NGOs,” said the Envoys. “We know that the world’s attention is focused elsewhere at the moment but it is crucial that the UN and the international community continue to channel their efforts into refocusing on and responding to the crisis in southern Africa and across the continent.”

Prega Ramsamy, the Executive Secretary of the Southern Africa Development Community (SADC) and Julia Taft, Assistant Administrator for UNDP and Director of the Bureau for Crisis Prevention and Recovery, were among the mission members, which also included representatives from UNICEF, UNAIDS, WFP, OCHA, WHO and FAO.

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**Terms of Reference for the Mission to
Lesotho, Malawi, Zambia and Zimbabwe
22-29 January 2003**

of

Mr James T. Morris

*Special Envoy of the Secretary-General
for Humanitarian Needs in Southern Africa*

and

Mr Stephen Lewis

*Special Envoy of the Secretary-General
for HIV/AIDS in Africa*

Objectives

Following up on the recommendations and findings from the first mission, the second mission of the Special Envoy will reassess the humanitarian situation in the region, review response efforts and coordination mechanisms implemented to date, and place special emphasis on the impact of HIV/AIDS on the region, including its long-term food security implications. In this respect, the mission will focus on how assistance measures can better serve the needs of women whose lives are most at risk and who provide the lifeline for most communities. Advocacy and raising international awareness of the crisis and its overall humanitarian needs will also remain key objectives.

Specific Tasks

The mission will visit selected countries in the region affected by the crisis, including Lesotho, Malawi, Zambia and Zimbabwe in order to:

- Meet with government officials and representatives of the donor community in the countries visited as well as the leadership of SADC;
- Discuss changes in the humanitarian situation and response efforts with UN Country Teams and NGO representatives in the countries visited;
- Review the overall humanitarian situation in the region, taking into account latest assessments, contingency plans, and current levels of support for operations of various humanitarian actors;
- Encourage the sharing of assessment plans and assessment outputs among all humanitarian actors, and promote OCHA's Southern Africa Humanitarian Information Management Service (SAHIMS) initiative so as to allow cleared data to become widely available to all;
- Address new or unresolved operational and/or policy impediments to the effective delivery of humanitarian assistance and provide recommendations on how to address them.
- Review the impact of HIV/AIDS on the crisis, particularly on women 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;
- Mobilize media support for reporting on the humanitarian crisis;
- Identify the region's medium- and long-term priorities such as addressing the long-term impacts of HIV/AIDS, rebuilding of the agricultural sector, strengthening national government capacities and reversing the 'brain-drain' in the health sector, in addition to others.

Expected Outcome

Through the recommendations produced by the mission, it is expected that a clearer set of ideas and strategies will emerge on how the United Nations system in southern Africa can work collectively to address some of the fundamental structural problems that are impacting the region. In particular, the mission should generate new ideas and thinking on how humanitarian assistance and developmental approaches can be employed jointly to deal with the profound impact of the HIV/AIDS pandemic on the crisis.

ANNEX VII

List of Mission Participants

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