

UNICEF HUMANITARIAN ACTION

SOUTHERN AFRICA

CRISIS

DONOR UPDATE 9 JUNE 2003

- The humanitarian crisis in the region continues
- Past improvements in child malnutrition rates stagnate and deteriorate
- Food security still fragile

1. EMERGENCY OVERVIEW

The crisis continues

Zimbabwe, Zambia, Mozambique, Lesotho, Malawi and Swaziland—six predominantly agricultural societies—continue to battle a humanitarian crisis characterised by massive AIDS epidemics and drought-induced food shortages. Approximately 1 in 4 adults in the six countries are infected with HIV/AIDS; increasing deaths and illness, particularly of women, are sinking households and whole communities to levels of poverty from which they cannot recover. Women aged 15 to 24 account for 67 per cent of HIV positive cases in many of the affected countries.

The outlook for children is especially bleak. There are now about 4 million children orphaned by HIV/AIDS in the Southern Africa region, with Zambia registering the highest number of orphans in the world. In Swaziland, the number of orphans is estimated to have doubled between 2000 and 2002. Child-headed households are also bearing the brunt of the crisis. In the absence of adult caregivers, these children are particularly vulnerable to exploitation, abuse and HIV infection. In Zimbabwe, for example, girls, especially those from child-headed households have been forced into commercial sex, early marriage or child labour as a means of survival.

The impact of the humanitarian crisis on children in the context of the HIV/AIDS pandemic has also been reflected in the stagnation or deterioration of what was until recently a steady improvement in the rates of childhood malnutrition across the region.

Drought-affected Countries in Southern Africa, June 2002



The boundaries and names shown do not imply official UN endorsement.

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Furthermore, nutrition information reveals pockets of highly vulnerable children with levels of acute malnutrition requiring an immediate comprehensive response not only in terms of treatment but also in improving child health and caring practices by mothers.

A report by the SADC FANR Vulnerability Assessment Committee (2002) looked at impacts of HIV/AIDS on food insecurity in the region during the current crisis. The findings presented in the report show that the impact of HIV/AIDS is systematic, affecting all aspects of rural livelihoods, and the pandemic has significantly increased the vulnerability of households to acute food insecurity. The report suggests that the impacts are complex and will require urgent and innovative responses in 2003 and beyond to prevent, slow or even reverse the downhill slide of HIV/AIDS affected households into poverty and destitution.

Assessments underway

FAO and WFP have completed crop and food supply assessments in the region to determine food crop production, livestock conditions, and cereal import requirements for 2003–04. FAO will be presenting the findings during a stakeholders' meeting in Johannesburg on 11 June 2003.

There are indications from other sources that food security in the region is still at peril. In Mozambique, the Famine Early Warning Systems Network (Fews Net) issued an alert for the country on 28 February on the quasi-total failure of crops for the main harvest in the south and centre of the country. This is increasing the vulnerability of inhabitants in those areas. In Zambia, the mapping of crop failures shows that more than 40 percent of rural households are facing total crop failures in several districts of the Southern, Western and Northern provinces. In Zimbabwe, there is still no clear picture of the current maize harvest although the Zimbabwean government has publicly stated that they will be making an appeal to the international community for further aid for the coming agricultural season.

The SADC Vulnerability Assessment Committee (VAC) is carrying out its third round of assessments since 2002. The information gathered—on food supply and availability; markets and prices; household income and expenditure; education; health, including HIV/AIDS indicators; water and sanitation; and household coping mechanisms—will give a comprehensive picture of household vulnerability in each of the six crisis-affected countries, and revise beneficiary numbers. In Mozambique, Swaziland and Malawi, the assessments are on-going whilst in Zimbabwe, Zambia and Lesotho fieldwork has been completed and draft reports are being finalised.

2. UNICEF RESPONSE: ACHIEVEMENTS AND ACTIVITIES

Child nutrition in jeopardy

UNICEF organised a stakeholders meeting on 3 April 2003 to present the findings of a comprehensive nutrition review undertaken with the support of a technical team from Tulane University. The aim of the review was to establish the impact of the humanitarian crisis in Southern Africa on the nutritional situation among children under five years of age. The team reviewed nutrition surveys that have been conducted over the past two years as well as data from Demographic Health Surveys (DHS) and Multi Indicator Cluster Surveys (MICS) over the past ten years to draw out nutrition trends over time.

The review of the data-sets focused on wasting, weight-for-height, as an indicator of the acute impact of the crisis, and on underweight, weight-for-age, as an indicator of overall child development reflecting both acute and chronic nutritional problems. In general, the crisis does not seem to have resulted in an alarming degree of weight loss among children under five years of age as normally reflected in wasting, weight-for-height. However, there are widespread geographical differences in the prevalence of acute malnutrition with some areas showing more cause for concern.

The review concluded that:

- Malawi and Mozambique continue to have unacceptably high rates of malnutrition.
- The slow national trend of improvement in the 1990s ceased, except for Lesotho; Zimbabwe and Zambia showed deterioration in 2001–02.
- National averages hide large sub-national differences, with some districts showing significant improvement, while others have deteriorated.
- Younger children are more affected by malnutrition than older children which indicates that food insecurity is not the sole cause of malnutrition.
- HIV/ AIDS correlated negatively with nutritional status, but positively with the deterioration of nutritional status.
- Nutritional status is worse among children who are orphaned
- The current HIV/AIDS pandemic will directly and indirectly increase young child malnutrition.

The review recommended that that nutrition surveys continue in all six affected countries twice a year and that efforts to standardise survey methodology, including the selection of age groups, continue. The importance of nutrition surveillance and the need to strengthen surveillance systems now and for the future was stressed. Furthermore, the need for increased monitoring of micro nutrient deficiencies was identified.

Recommendations for action advised that the emergency and development response be undertaken simultaneously and that the humanitarian response be targeted to HIV/AIDS affected areas and families.

The presentation of the nutrition findings along with the speaking notes can be viewed on www.sahims.net

Children benefit from feeding programmes

UNICEF-supported supplementary and therapeutic feeding programmes continue in the region. In Mozambique, around 80,000 women and children under the age of five are benefiting from a supplementary feeding programme in six crisis districts. Three new partnership agreements have been signed, which will expand this programme to almost 200,000 children under five and pregnant and nursing mothers. UNICEF has provided therapeutic milk, medical supplies, and technical support to therapeutic feeding in seven out of Mozambique's ten provinces. In Zimbabwe, 181,000 children in five districts have been part of a supplementary feeding programme since October 2002. UNICEF provides support for the development of national guidelines for treating severe malnutrition as well as direct support to 17 hospitals and 17 NGO-supported facilities running therapeutic feeding programmes in the country. In Zambia, food, drugs, and materials have been provided to 25 therapeutic feeding centres in the drought-affected Southern and Western provinces. In Malawi, 20,000 moderately malnourished children have been supported through a supplementary feeding programme whilst 1,230 severely malnourished children are cared for in 27 nutrition rehabilitation centres, supported by UNICEF. UNICEF and WFP are working together in Lesotho to feed 50,000 moderately malnourished children with UNIMIX in supplementary feeding points in two districts.

Preventing school drop out

To prevent children from dropping out of school due to food shortages, UNICEF and its partners are supporting school feeding programmes, providing school material and rehabilitating school water and sanitation systems in the six crisis-affected countries. In Mozambique, where dropout rates of 4 per cent were recorded towards the end of 2002, UNICEF provided educational kits for 240,000 children and 6,200 teachers in drought-affected districts at the beginning of the school year in 2003. Primary schools and their surrounding communities in Sofala, Manica, Tete and Zambezia provinces will soon benefit from the installation of 60 new water points near the schools.

In Zimbabwe, six districts are fully covered by school feeding while 38 districts benefit from partial feeding. In Zambia a survey in October 2002 found dramatic drop out rates of up to 40 per cent in the drought-affected Southern province. UNICEF and partners, WFP and Ministry of Education, are starting a pilot school project in the province, combining school feeding, water and sanitation rehabilitation, HIV/AIDS education and life skills training, provision of school kits, and school gardening. The project aims to reach approximately 10,000 children in three districts in the Southern province. In Swaziland, nearly 30,000 children from 80 primary schools are part of a school feeding scheme, and water and sanitation facilities in the same schools will be rehabilitated in the near future. Finally in Malawi, UNICEF staff visited schools in Lilongwe rural district to monitor school attendance after educational supplies were distributed at the beginning of the school year. They found that school attendance had indeed increased, particularly for standards one and two, and that teachers attributed the increase to the new school supplies. School feeding in Malawi takes place in more than 200 primary schools.

HIV/AIDS awareness during food distribution

In collaboration with WFP and UNFPA, UNICEF in Zambia teamed up with NGOs, CARE and World Vision, to carry out an emergency project. The project links food distributions around the country with HIV/AIDS communication and community empowerment activities. In November 2002, World Vision trained about 200 drama performers from 17 drought-affected districts on HIV/AIDS and participatory approaches to theatre. Since then more than 200 participatory drama performances have been conducted at food distribution points in rural areas, where people usually wait for hours for their share of food. The performances provide information on HIV/AIDS and trigger group discussions on community vulnerability and response. CARE has trained 180 of its own food monitors and staff on basic facts about HIV/AIDS and supervised drama performances at 140 distribution points in six drought-affected districts, and World Vision has implemented 60 such plays. Condoms are also made available, and UNICEF-printed fliers and brochures on HIV/AIDS are distributed. Coca-Cola has provided support by transporting and distributing 180,000 brochures.

With the addition of a mobile video van donated by UNFPA, and funding support from WFP, UNICEF partner NGOs are expanding activities in Zambia's Southern province to rural and urban areas surrounding food distribution sites. Educational videos on HIV/AIDS will be shown, and counselors will be available after the shows for discussions. UNFPA-donated condoms, as well as HIV/AIDS brochures will be distributed.

In Malawi, some 400 young people were trained to conduct HIV/AIDS awareness campaigns during food distribution, a collaborative effort between UNICEF and WFP. The issues covered included voluntary counseling and testing, stigmatisation and discrimination of HIV positive people, nutrition and HIV, safe sex, and the dangers of sexual exploitation. The campaign, which took place in five districts, used various channels of communication such as interactive drama, songs, poetry, and focus group discussions.

3. APPEAL REQUIREMENTS AND RECEIPTS

Under the Consolidated Inter-Agency Appeals for Southern Africa covering the period of July 2002 – June 2003, UNICEF requires a total of US\$ 54,375,307 to address the humanitarian crisis in the region. The table below shows the contributions against the Consolidated Appeals, by donor:

Table 1: SOUTHERN AFRICA CRISIS: FUNDS RECEIVED AGAINST THE CONSOLIDATED APPEAL BY DONOR AS OF 6 JUNE 2003			
DONOR	RECEIVED (US\$)	DONOR	RECEIVED (US\$)
<i>Governments</i>		<i>UNICEF National Committees</i>	
Sweden	4,174,528	United Kingdom	1,519,051
United Kingdom	4,137,810	Germany	991,546
ECHO	3,298,966	Canada	499,404
Canada	2,332,894	Netherlands	262,082
Norway	673,445	Spain	212,460
United States	1,099,800	Ireland	200,000
Netherlands	1,039,688	United States	190,000
Italy	600,000	Denmark	133,330
Denmark	530,371	Portugal	161,116
Finland	215,286	New Zealand	142,332
Ireland	192,951	Sweden	142,077
New Zealand	93,896	Finland	98,522
South Africa	19,358	Norway	244,488
		Belgium	73,385
<i>Other</i>			
UN System (WHO)	225,677		
SUB-TOTAL:	18,634,670	SUB-TOTAL	4,869,793
GRAND TOTAL		23,504,463	

In addition to the contributions shown above, UNICEF has also received funds through the regular country programme framework to support the activities related to the Consolidated Appeal. UNICEF is specifically thankful to the following donors for their generous contributions to support its ongoing interventions for the affected population in southern Africa.

Table 2: SOUTHERN AFRICA CRISIS: FUNDS RECEIVED OUTSIDE THE CONSOLIDATED APPEAL BY DONOR AS OF 6 JUNE 2003	
Donor	Income/Pledge (US\$)
Government of Canada	331,125
Government of Norway	224,220
Australian National Committee	105,777
Canadian National Committee	109,000
Dutch National Committee	198,800
German National Committee	197,847
Irish National Committee	200,000
UK National Committee	986,173
Total	2,352,942

Further details of the Southern Africa emergency programme can be obtained from:

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