INTER AGENCY REGIONAL HUMANITARIAN STRATEGIC FRAMEWORK FOR SOUTHERN AFRICA

1. CONTEXT

The strong development gains evident in many countries in southern Africa during the eighties and nineties are rapidly being reversed. The reason for this is largely due to the impact of HIV/AIDS. Indeed, the goals of sustainable development, the Millennium Development Goals, shared by national governments, United Nations, NGOs, civil society, communities and individuals, are under threat. Every effort is needed to help stop and reverse the current downward trend in human development indicators. This paper provides a strategic framework for *humanitarian* interventions geared to support these efforts. It is an extension, or operational observation, of the UN's 'Next Steps' and 'Triple Threat' papers of April and October 2003 respectively. The 'Next Steps' paper introduced the concept of immediate actions to address both short- and long-term needs. The 'Triple Threat' paper (which identified food insecurity, HIV/AIDS and reduced capacity for governance as critical issues in southern Africa) asserts that given the combination of short-term shocks and long-term challenges associated with the crisis, the dichotomy of 'humanitarian' and 'development' assistance must be overcome; instead an approach should be composed of 'developmental relief' and 'emergency development'.

Whereas the 'Next Steps' and 'Triple Threat' papers address UN operations only, this paper places the discussion back in to the realms of both UN and NGOs. It focuses on the need for urgent activities, typically classified as 'humanitarian'. Two types of humanitarian interventions are being proposed. The first one is addressing the 'classic' emergency situation, where a trigger event, often a climatic extreme such as flood or drought, stresses local communities to the point where external assistance is needed. This may be from national government or civil society, or, if beyond their resources, the international community. The second one addresses the immediate impacts of the 'new' type of emergency caused by the HIV/AIDS crisis, interwoven with deepening poverty levels.

Glossary of terms

- *Vulnerability*: the characteristics of a person or group in terms of their capacity to anticipate, cope with, resist and recover from the impact of a natural or man-made hazard.
- *Humanitarian needs*: the product of actual threats and vulnerabilities, in relation to the concerns of protecting life, health, basic subsistence and security (protection).
- *Humanitarian action*: 'is concerned with alleviating suffering and preserving human dignity, in particular with regards to protection of life, health, subsistence and physical security'.
- *Humanitarian crisis or emergency*: 'any situation in which life or well-being is threatened unless immediate and appropriate action is taken, and which demands an extraordinary response and exception measures' or 'any situation in which there is an exceptional and widespread threat to life, health or basic subsistence, that is beyond the capacity of individual and the community'.
- *Safety nets:* 'mechanisms that mitigate the effects of poverty and other risks on vulnerable households. They are formal and informal measures that protect people from the worst effects of low income and poverty. They usually include means to provide or substitute for income, such as cash transfers, food related programs, prices and other subsidies, public works, micro-credit, as well as means to ensure people's access to essential public services, such as: school vouchers or scholarships, fee waivers for health care services'.
- *Livelihood:* 'A livelihood comprises the capabilities, assets (including both material and social resources) and activities required for a means of living. A livelihood is sustainable when it can cope with and recover from stresses and shocks and maintain or enhance its capabilities and assets both now and in the future, while not undermining the natural resource base. '

The difference between the two types of humanitarian interventions is largely geographic and with regards to timeframes for action. Whereas in a 'classical' emergency scenario the geographically contained 'emergency-development continuum' holds, in the 'new' scenario, the complementarity between

developmental and humanitarian interventions lies in the scaling up of community and household level interventions to the national level. The problem in addressing the 'new' emergency scenario is that it does not fit the existing operational mould of delineation between emergency and development, a mould that carries through to institutional operations and funding mechanisms. Therefore, this humanitarian strategic framework *must* be considered in the context of the larger picture of sustainable development and should be understood as a component of an overall approach needed to reverse development declines in southern Africa through enhanced support to its most valuable asset, its people.

2. INTRODUCTION

Between 2002 and 2004, southern Africa was very much on the radar screen of those monitoring and responding to humanitarian needs. The needs of the region were captured and made visible through the UN's Consolidated Appeal Process. Today, as the world's attention drifts between Tsunami affected Southeast Asia and other more visible crises in Africa, such as Sudan's Darfur region, the needs in southern Africa are seemingly disappearing off the humanitarian radar. This is in part because of the limited attention span of the world's media and body politic and also due to the changed drivers of the emergency in the region. Humanitarian needs that are understood as having been caused by a single event or by a visible causal factor, such as a drought, are easily depicted. Multiple and deep-seated causations are much harder to understand, define and respond to. The emergency in southern Africa falls into the latter category. The humanitarian needs remain, as does the need to respond.

The UN humanitarian agencies and their NGO partners (operating under the umbrella of the IASC designated regional coordination mechanism) developed this Inter-Agency Regional Humanitarian Strategic Framework in recognition of the importance to draw attention to the remaining humanitarian needs in the region. The purpose of the framework is a) to provide a clear rationale and orientation for ongoing humanitarian support, b) to demonstrate the solidarity among the assistance community to address the immediate needs of the region in a complementary and mutually supportive way, and c) to serve as an advocacy tool for specific humanitarian programming and resource mobilisation at the country level. The strategic framework has been developed from a regional perspective but has been guided by operations and views from countries across the region. As such, the framework is intended to be in support of the ongoing national efforts.

The framework has been developed under the auspices of work initiated by the SG's Special Envoy for Humanitarian Needs in Southern Africa. A major aspect of the work of the Special Envoy over the coming months will be to continue advocacy with Governments, regional bodies, donors and others to ensure that the unfinished humanitarian work is carried out in a timely manner and at scale. Indeed, unfavourable climatic conditions in the later part of the 2004/2005 crop-growing season and its potential effect on food security in the region later in 2005/2006 have made this more urgent. It is intended that this framework will help to provide for and support this work.

3. HUMANITARIAN ACTION IN REVIEW

In July 2002, an appeal was launched to respond to the needs of 14 million people in Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe. This appeal was followed in July 2003 by a second appeal for six million people, who proved unable to recover because of the triple threat. The second appeal ended in June 2004 and has not been followed by a third inter-agency appeal given the need to move towards a more holistic approach to programming and resource mobilisation. This is not to suggest however that the emergency in the region is over. It is estimated that still some 6.7 million people in Angola, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe are unable to meet their own food requirements until the next harvest in mid 2005[1], despite relatively reasonable conditions during the 2003/2004 crop growing season.

The 6.7 million does not include a substantial number of people in urban areas, who face many of the same problems as their rural counterparts but have not been adequately incorporated in the (latest rounds of) assessments. Including the vulnerable urban population would bring the number of people that are unable to meet their own food needs to close to 10 million. Nor does the 6.7 million include the potential effects on the

[1] Figures compiled from national VAC reports where available (Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe) and WFP PRRO/EMOP (Angola & Madagascar)

number of vulnerable and food insecure people as a result of the untimely dry spell in February 2005, which effects on food security will only be felt after mid 2005.

Not all, but a good number of these food insecure people require some form of international assistance to tie them over. Simultaneously, millions of people in these same countries require vital life sustaining assistance in health, water, sanitation, education and protection, some of which will need to be provided through international sources.

To help meet the demands of the emergency in southern Africa, the UN has embarked on a radical reform process that included the establishment of a single, strong southern Africa Regional Directors Team to support country teams in their response to the Triple Threat and efforts towards the Millennium Development Goals. The humanitarian agenda within this setup is to better understand the causes and manifestation of vulnerability in the region in order to improve the overall response.

For each of the six countries that were subject to the Consolidated Appeal for 2003–2004, the UN family requested the international donor community to support immediate actions to address immediate needs and immediate actions to address long-term objectives. In addition to the programme objectives and project activities identified for each country, assistance efforts were supported at regional level from the Regional Inter-Agency Coordination Support Office (RIACSO). Activities were designed to secure the effective targeting and distribution of food assistance, strengthen assessment and analysis of the nutrition and health situation as well as address the needs of orphans and vulnerable children. Additional components of the regional effort included initiatives to strengthen disaster management capacity and prevention of sexual exploitation and abuse.

Over the course of the two appeal periods, the concerted efforts of governments, United Nations agencies and NGOs have enabled over 14 million severely vulnerable people to survive through the worst ravages of the regional crisis. More than US$800 million was raised through the appeals that among other things provided food assistance for more than 10 million people, nutritional support for 2 million children, measles immunization for 7 million children and agricultural support for 5.5 million people. Humanitarian interventions were combined with HIV/AIDS prevention and awareness activities where possible, for example training humanitarian workers on prevention of sexual exploitation.

4. THE HUMANITARIAN SITUATION IN 2005

A variety of reflections of the humanitarian response to date have largely considered the humanitarian international assistance effort over the course of 2002-04 as successful in preventing increases in acute malnutrition and deaths arising from hunger. Similarly however, there is widespread recognition that more could have been done to shore up health and non-food interventions. Analysis has also made it clear that the humanitarian response has not taken the most vulnerable far enough away from the edge of survival to the point where sustainable livelihoods are possible. Vulnerability throughout the region remains high, as evidenced by the current 6.7 million food insecure people despite relatively favourable conditions last year. There is a collective belief that overall levels of vulnerability will increase in the absence of some urgent and acute interventions, while sustained support such as initiatives to enhance public sector and CSO/NGO capacity for service delivery, required to address the underlying problems in the region, are being scaled up.

The continued erosion of coping capacities of families, communities and States can only mean that the next ‘shock’, be it climatic or otherwise, will place more people on the critical list. It is now feared that this premonition may come true sooner than expected. Prospects of a good harvest in 2005 have been shattered as a result of an extended period of dry spells between Mid January and Mid March - a period considered to be the most critical to the maize crop development. Preliminary assessments compare the situation to the 2001/02 agricultural year. The worst affected are Malawi, Mozambique, Zambia and Zimbabwe.

4.1 FACTORS AFFECTING THE HUMANITARIAN SITUATION

The emergency in southern Africa can best be described as one of severe vulnerability. Both drivers and consequences of the emergency culminate in extreme vulnerability at the household and community level causing an increase in demand for basic social services and protection from exploitation and abuse, while at the same time the delivery of such services is being weakened by the crisis. Currently there are two deep-seated drivers of the emergency that are mutually influencing and aggravating one another: HIV/AIDS and

extreme poverty. The situation is regularly compounded by the consequences of disasters such as droughts, cyclones, floods or epidemics; as well as the impacts of socio-economic shocks. The combined effect is having a profound impact on vulnerability.

HIV/AIDS
HIV/AIDS has become the main driving factor of vulnerability in southern Africa. Whilst previously thought of as a consequence, ever-increasing prevalence rates, ranging from 14% to 42%, have elevated HIV/AIDS to the core of the problem. Eight countries in southern Africa (Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe) have negative human development index trends as compared to 1995, mainly because of the massive drop in life expectancy caused by HIV/AIDS (UNDP HDR 2004). HIV/AIDS is not only affecting families and communities, it is also undermining the State's ability to plan, budget and respond to humanitarian and development needs. It is devouring scarce State resources and eroding the professional base within the State apparatus and in so doing constraining service delivery.

Extreme poverty
Extreme poverty is a second major factor of vulnerability. In Zambia, one of the poorest countries in the world, 63.7% - nearly two-thirds of the population – lives on less than 1 US$ a day. Even in a relatively 'rich' country such as Botswana, nearly a quarter of the population lives below the income poverty line of 1 US$ a day. The UNDP Human Development Report's 'Human Poverty Index'[2] captures well the potential deception of the classification 'medium human development country'. Namibia and Botswana for example, classified as medium human development countries, record higher human poverty then a low human development country such as Madagascar. Five countries in the region belong to the 15 countries in the world with the highest human poverty index (Lesotho, Malawi, Mozambique, Zambia and Zimbabwe). Unfortunately not enough data is available for Swaziland and Angola, but it is fair to assume that at least Angola, with two-thirds of its population living under the national poverty line, would have otherwise featured in this list. The high levels of poverty in the region have a devastating impact on people's ability to access basic needs for survival as well as on the State's ability to provide such services.

Natural disasters and socio-economic shocks
A plethora of recurring (natural) disasters such as droughts, cyclones, floods, hailstorms, crop and livestock diseases, locust invasions and epidemics, as well as socio-economic shocks serve as a trigger, speeding up the plunge of extremely vulnerable households and communities over the edge of survival. In 2004 alone, floods and cyclones affected over 1,000,000 people in the region. Erratic and dry weather conditions in some parts of the region affected the crop production of many more. Recent vulnerability assessments confirm that poor economic conditions constrain livelihood options, leaving households across the region with depressed employment opportunities, poorer casual labour opportunities, and rising prices of staples. In several instances, such as in Zimbabwe and Malawi, inflationary prices have put the livelihoods of hundreds of thousands in jeopardy. In Lesotho and Swaziland, the recent closure of some textile factories has severely affected the incomes of thousands of workers of these factories, but also reduced remittances for a number of households in rural areas.

4.2 HUMANITARIAN CONSEQUENCES OF THE SITUATION

The main humanitarian consequences of the crisis in southern Africa are increased mortality and morbidity rates, food insecurity, malnutrition, increased numbers of orphans and vulnerable children, and inadequate protection of the most vulnerable. The humanitarian consequences are again aggravated by a decline in the delivery of life saving and supporting services.

Mortality and morbidity
Last year alone, close to one million people died in southern Africa as a result of HIV/AIDS (UNAIDS Epidemic Update 2004) and the number of deaths is growing every year. Life expectancy in southern Africa has dropped with some 20 years between 1996 and 2004 to as low as 32.7 in Zambia (UNDP Development report 2004). Child mortality rates in Botswana, Zimbabwe and Swaziland are going up instead of down, also mainly because of HIV/AIDS (UNICEF State of the World's Children 2004). An estimated 13 million people in southern Africa are currently living with HIV/AIDS.

Women and Girls continue to bear the brunt of the epidemic both in terms of care and support as well as with regards to infection rates. New infections continue to be recorded in high numbers, predominantly among young girls. HIV/AIDS infection among young adolescents is low, but rises sharply as they grow

[2] Human Development Report 2004

older, especially among young women. The epidemic peaks in females in their early twenties. A critical window of opportunity exists to reach young people before they become sexually active in order to avert this pattern of rapidly rising infection.

Vaccine preventable diseases such as measles and meningitis, as well as diseases such as malaria and cholera have contributed their share to the total mortality and morbidity figures in the region, as have a number of natural disasters.

Food insecurity and malnutrition
A combination of dry weather conditions in some parts of the region and low agricultural production capacity as well as loss of livelihoods in other economic sectors has resulted in the inability of close to 6.7 million people in Angola, Lesotho, Madagascar, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe to provide in their own food needs. Research by UNICEF, WFP and other partners has shown a clear linkage between HIV/AIDS, food insecurity and malnutrition. Food insecurity reduces diet adequacy, while at the same time HIV/AIDS reduces productive capacity. People living with HIV/AIDS have increased nutritional requirements; whereas malnutrition in turn speeds up the progression of the disease as well as susceptibility to opportunistic diseases. Finally, food insecurity increases risky behaviour, which in turn could lead to the contraction of HIV/AIDS.

Orphans and Vulnerable Children
The high number of AIDS casualties has created more than 4 million orphans in southern Africa (UNAIDS Epidemic Update 2004), out of a population of 65 million children. In other words, 6% of the population of southern Africa under the age of 18 is orphan. For some of the hardest hit communities these figures are even more shocking. For example, in Sidzakeni village in the Manzini region in Swaziland, there are approximately 250 orphans within a population of 500 families. Societies are unable to cope with the increasing "orphan burden", giving rise to the sad phenomenon of "child headed households": left on their own, often infected, with no protection and no access to the basics for survival. In Sidzakeni there are 20 such child headed households.

Children are at the centre of the epidemic in many respects. They are extremely vulnerable to infection and HIV transmission and they suffer some of the worst impacts of the epidemic as they lose parents, educational opportunities, and are driven into poverty. At the same time, children are crucial players to achieve the societal and community responses needed to turn the epidemic around and reduce its longer-term impacts. As they are the parents, labour force and leaders of the future, investment in them today is the essential prerequisite for future national development.

Protection
With food insecurity compounding the situation of extreme poverty and HIV/AIDS, the nature and extent of vulnerabilities will change with increasingly more women and children at risk of sexual, physical, emotional, psychological and economic exploitation; being denied access to quality health care and other basic services; and children at risk of not being able to access quality education or dropping out of school. Exchanging sex for food or cash may increase, as may harmful child labour.

Migration from rural to urban areas or (illegally) across borders further increases the vulnerability of whole families to exploitation, abuse and destitution. This creates an important group of vulnerable and mobile populations, whose very mobility creates unique challenges to the delivery of assistance. Migration of children without their families specifically, places children at risk of trafficking for child labour and/or sex work, thus increasing the risk of sexual exploitation and abuse. These coping strategies place women and children, in particular girls, at high risk of HIV/AIDS infection. Hence more women and children will be in need of care and protection.

The prevalence of sexual and gender based violence (SGBV) in southern Africa is unacceptably high. This appears to be closely linked to socio-cultural beliefs and practices, compounded by increased vulnerability. These issues have to be given priority attention to uphold the rights of women and vulnerable children as well as young people, to have a life free of violence and deadly diseases, especially HIV/AIDS.

A decline in the delivery of life saving services
Traditionally, communities are the first line of support when a family or a number of families within that community are unable to provide in their own survival needs. In many communities in southern Africa however, the number of vulnerable families is starting to exceed the ability of the other community members

to assist them, thereby increasing the pressure on the State to fill in the gaps. However, governments are also increasingly overwhelmed by the need for support. Research in Swaziland for example shows that people suffering from HIV/AIDS related illnesses occupy approximately 50% of the hospital beds. Research by FAO and partners shows that in some southern African countries output of agricultural goods has been cut nearly in half by HIV/AIDS – increasing the need for the State's support in the area of food security.

At the same time, the government's ability to respond is being undermined by the destructive combination of extreme poverty and HIV/AIDS. Human resources and technological capacities of the public sector, particularly in health, water and sanitation, education and agriculture, are extremely weak across the region. These systems were already suffering from chronic inadequacy as a consequence of budget constraints, inadequate training programmes and poor staff retention. The impact of HIV/AIDS has been tragically debilitating. In most cases, training institutions are unable to keep up with the attrition rate of teachers, extension workers and healthcare professionals because of economic migration or prolonged illness and deaths related to HIV/AIDS. In Malawi, the Ministry of Health reports a stunning 90 percent vacancy rate for physicians and a 60 percent vacancy rate for nurses in the state health system. The same is true for civil society's capacity to assist in the delivery of basic social services. As a result, people are not receiving the services they need, especially women, children, young people, the elderly and the chronically ill.

4.3 DECLINE IN HUMAN DEVELOPMENT

The massive increase in vulnerable households as well as whole communities is closely related to the overall decline in human development in most of the countries in southern Africa, resulting in the severely vulnerable being unable to provide for their own needs; and communities, civil society and states being increasingly unable to assist them. Any consideration of the necessity for the continuation of a humanitarian strategy in the region needs to be understood within this context. The table below provides a snapshot of some of the critical human development and human poverty indicators. The region's performance on these indicators shows the low livelihood base of millions of people throughout southern Africa and highlights the challenge to meeting the Millennium Development Goals for these countries.

COUNTRY	GDP (USD)	% POP BELOW US$1 DAY	LIFE EXPEC-TANCY (YEARS)	% HIV /AIDS PREVALENCE	% ADULT LITERACY	CHILD MORTALITY (PER 1,000)
Angola	857	Na	40.1	3.9	42.0	260
Botswana	3,080	23.5	41.4	37.3	78.9	110
Lesotho	402	36.4	36.3	28.9	81.4	87
Madagascar	830	49.1	53	1.7	67.3	126
Malawi	177	41.7	37.8	14.2	61.8	183
Mozambique	195	37.9	38.5	12.2	46.5	197
Namibia	1,463	34.9	45.3	21.3	83.3	67
South Africa	2,299	7.1	48.8	24.3	86.0	65
Swaziland	1,091	n.a.	35.7	38.8	80.9	149
Zambia	361	63.7	32.7	16.5	79.9	192
Zimbabwe	639	36.0	33.9	24.6	90.0	123

2004 Human Development and Human Poverty Indicators for southern Africa: obtained from the UNDP Human Development Report 2004; UNAIDS Epidemic Update 2004; and UNICEF State of the World's Children 2004

The experience of the past two years has demonstrated just how vulnerable the people of southern Africa have become. While poor weather was the trigger for the regional crisis in 2002, the depth of underlying vulnerability made the impact of these 'shocks' far worse than was the case in 1992/3 for example. Since then, weather conditions continued to be 'unfavourable' in some parts of the region, but not to the extent that it explains the current 6.7 million vulnerable and food insecure people. The situation presents a challenge that demands the formulation of approaches and strategies that account for the extended and structural nature of the crisis in livelihoods by ensuring that those who are unable to support themselves receive the necessary life sustaining support.

The situation has created a discrepancy between the region's development vision, namely reaching the Millennium Development Goals, and the actual development that is taking place. A number of studies[3] clearly point at HIV/AIDS in combination with extreme poverty as being the driving factor of the divergence.

5. THE 2005 HUMANITARIAN STRATEGIC FRAMEWORK

Reflections on the needs of the region over the past several years have concluded that the assistance strategies need adaptation in order to grapple with the new realities of the triple threat. There is widespread commitment within the UN system and among its partners to ensure adaptation of the traditional linear approach of recovery and development activities in the 'aftermath' of an emergency towards simultaneous interventions. What this means in practise is that while life saving support is provided to take the severely vulnerable away from the edge of survival, assistance is simultaneously aimed at empowering states, civil societies and communities to put in place safety nets to assist the most vulnerable in times of stress.

Southern Africa is at the forefront of a new type of emergency. This means that all response actors, from local to international community, are operating in a state of uncertainty. Organisations will need to remain flexible as the emergency draws out and able to adjust instruments, programming and strategies to ensure the right response is delivered. Crucial in this is a sound understanding of what constitutes vulnerability and what causes humanitarian needs.

5.1 COMPLEMENTARITY WITH DEVELOPMENTAL INTERVENTIONS

Emergencies destabilize progress towards longer-term development objectives. For example, in times of stress more children drop out of school, either because their parents cannot afford their school fees, because they are too hungry to attend classes, or because they need to assist the family to survive. In times of stress, families also tend to cut back on costs for health care and hygiene. Additionally, in times of stress, protection issues, such as sexual exploitation and gender-based violence, tend to become more prominent. In a protracted emergency such as southern Africa, children (particularly girls) are increasingly replacing adults as breadwinners as well as in their role to provide care and social support. This is resulting in a decline of school attendance, undermining development prospects for the younger generation.

While attending to the most immediate survival needs, it is important not to loose sight of these longer-term developmental needs as laid out in the Millennium Development Goals. Humanitarian action, as part of this wider approach, offers a unique opportunity to address some of the causes that slow down the progress towards attaining these goals. Despite the limitations of what can be done within the context of humanitarian operations (i) the critical period which humanitarian responses address, (ii) the direct access to communities and households it provides and (iii) the urgency in which it operates – cannot be underestimated.

In line with this, it is critical that humanitarian and development responses be strengthened on a continuous basis while at the same time ensuring greater and improved harmonization. The integration of HIV/AIDS prevention and care as well as mitigating its impact, must be strengthened as part of the current development interventions but must go beyond this and also be integrated into all humanitarian programming. In this regard, the HLCP points to the specific need for capacity building of emergency relief, including the engagement of Humanitarian Coordinators, to address the spread and impact of HIV/AIDS.

5.2 IMMEDIATE ACTIONS TO ADDRESS IMMEDIATE NEEDS

Although many households in southern Africa have currently been dropped from the critical list, there remains a group of severely vulnerable households that is in need of humanitarian assistance or otherwise close monitoring. Humanitarian assistance for these households continues to be aimed at reducing mortality and morbidity rates, food insecurity, malnutrition and reducing the possibility of exploitation. Child headed households are very much at the core of this group, as are female and elderly headed households caring for orphans, households without any assets or with chronically ill members, the sick and the malnourished.

Traditionally, humanitarian emergencies manifested themselves geographically. For example, emergencies occurred in specific areas due to drought, flood or a cholera outbreak. Humanitarian assistance is able to concentrate on these contained emergencies. In southern Africa, geographical targeting has become more difficult, as the multiple and deep-seated causations of the emergency are pervasive in almost every

[3] HDR 2004 names HIV/AIDS as one of the drivers of a decline in human development mainly because of a drop in life expectancy; The State of the World's Children 2004 names HIV/AIDS as one of the main reasons for countries with increased child mortality rates.

community. Not all of these households are however in need of external humanitarian assistance because of social support and kinship networks, which secure assistance for vulnerable community members from their neighbours. However, in some communities the burden of care has become disproportionately large and communities are unable to cope. Targeting should address those 'hot spots' specifically where people face imminent threats on their lives, health, basic subsistence and security. Typically, these areas show high levels of malnutrition, morbidity, and mortality. Within these hot spots, asset poor households or those with chronically ill members would be a secondary targeting criteria.

Humanitarian priority interventions for 2005 in assistance to the severely vulnerable households demands:

- Identification of the high-impact 'hot-spots';
- The development and delivery of a minimum package of services for these communities in order to ensure access to;
  - Food and nutritional services;
  - Adequate quantities and quality of seeds and tools;
  - Clean drinking water and sanitation facilities;
  - Health services, including home based care;
  - Education;
  - HIV/AIDS prevention, care and impact mitigation responses;
  - Protection from exploitation and abuse;
  - Protection from sudden onset (natural) disasters and epidemic outbreaks.

5.3 IMMEDIATE ACTIONS TO ADDRESS LONGER-TERM NEEDS

At the same time as support is provided to high-impact areas where people face imminent threats on their lives, health, basic subsistence and security, actions are also required in lower impact areas to address longer-term needs, such as sustainable access to adequate social services and livelihoods. These actions are broader, and may extend over a period of several years. Livelihood support and safety nets provide the main *humanitarian* intervention strategies to address the 'new' humanitarian scenario, as part of the larger strategy aimed at improving capacity for governance.

Humanitarian priorities for 2005 to address longer-term needs would concentrate on:

- Providing livelihood support (including micro-credits, diversifying sources of income, agricultural extension, vocational training, and ensuring sustainable access to markets);
- Ensuring access to safety nets (including cash transfers, food related programs, prices and other subsidies, public works, micro-credit, as well as means to ensure people's access to essential public services, such as: school vouchers or scholarships, fee waivers for health care services);
- Ensuring functioning and adequacy of social services, including ensuring sustainable access to HIV/AIDS protection and treatment;
- Addressing gender inequalities;
- Supporting national and local authorities in developing appropriate disaster risk reduction strategies, including disaster preparedness and response plans.

In order to achieve these objectives, agencies will need to work closely with governments to ensure that national policies and programmes adequately address the needs of vulnerable populations. Support will be particularly required to ensure that social services cope with the changing needs of vulnerable populations.

6. PROGRAMME PRIORITIES

Congruent with the quest for a more holistic approach to addressing the concerns in the region, the programme priorities presented below centre around four key humanitarian issues, while integrating cross cutting humanitarian concerns such as HIV/AIDS, skills development and risk reduction.

Targeting of areas for short-term intervention will focus on the most vulnerable. These will primarily be clustered in geographical hot spots, where high concentrations of individuals and communities are proving unable to cope with the increased stress. However, allowance must also be made, and potential interventions designed, for a more dispersed geographic approach, which presents some operational difficulties.

6.1 FOOD AND NUTRITION SECURITY

Food and nutrition security are a function of the availability of food, access to food and the utilization of it. While availability is related to production capacity, access is (also) determined by a household's purchasing power, and utilization by the health status of an individual. The overall goal of stable, improved food and nutrition security implies understanding these complex relations and provides an opportunity for synergies based on a multi-sectoral, holistic approach.

In response to the severely reduced harvests of 2005, the immediate goal is preventing deaths from hunger and disease, protecting livelihoods and safeguarding nutrition of the most vulnerable population in the worst drought affected areas. Long-term goals for improved food and nutrition security are to increase production, increase incomes through economic empowerment and asset creation and improve health status of individuals so that utilization increases. In essence, the medium-term responses of a humanitarian approach reflect the same aims as the longer-term, and can use transition to the latter as an appropriate exit strategy. However, emergency interventions also contain the important element of an additional safety net through broad-scale emergency food distribution.

A multi-sectoral approach addressing food and nutrition insecurity must include:

- Identification of problems from a holistic perspective, cross-referencing an understanding of livelihood strategies and access to services;
- Design of an exit strategy from the beginning, linking in to longer-term progression for the individuals and beyond;
- Coordination of efforts between all stakeholders at sub-national, national and regional levels.

Further, within a programmatic framework as outlined above, the technical focus at national level will be aimed at:

- Provision of direct food security support to asset-poor households in drought affected areas, including populations living with HIV/AIDS (PLWHA), and provide appropriate feeding and nutritional support for malnourished people living with HIV/AIDS;
- Strengthening and diversification of livelihoods in order to reduce the risk of food and nutritional insecurity, and contribute to the prevention of new HIV infections;
- Mitigation of the impacts of HIV/AIDS and drought through ensuring adequate access to resources, skills and knowledge, for particular resource poor groups affected by HIV/AIDS (e.g. resource and food nutritionally insecure widows, and orphans and vulnerable children).

6.2 BASIC SOCIAL SERVICES

Based on the health situation reflected in the analysis provided in this document, the overall goal of humanitarian action is to reduce avoidable mortality and morbidity. This can be achieved through halting the decline in service delivery and quality that has occurred over recent years and, while responding to immediate needs of vulnerable groups, contributing to future recovery and development.

The humanitarian response needs to contribute to a sustainable enabling environment for national health systems to effectively tackle HIV/AIDS and other major public health challenges. In this regard, UN agencies, IASC and other stakeholders will need to address three interlinked strategic areas of intervention: disease prevention and control, access to health services and strengthening of health systems. Linkages with other sectors, such as education, is paramount to ensuring comprehensive social support.

In the framework of this joint international effort, a strong coordination mechanism has to be established and sustained. The strengthening of country teams is essential for undertaking actions at country level and contributing to regional and cross border interventions.

The main areas of intervention would be the following:

Disease prevention and outbreak control

- Improve the capacities to prevent and control disease outbreaks associated with the protracted crisis, through:
  - Supporting the implementation of the Integrated Disease Surveillance and Response (IDSR) strategy and integrated health and nutrition surveillance;
  - Ensuring that critical gaps in health services are identified and filled through the availability and accessibility of essential drugs and the training of health staff;

- Improving vaccination coverage through strengthening of EPI efforts, especially for measles;
- Improving access to potable water through water quality controlling;
- Establishing, improving and expanding safe water systems for source development, distribution, purification, storage and drainage; providing a safe water supply, sanitation and hand-washing facilities in schools and health facilities; upgrading sanitation facilities to include semi permanent structures and household solutions and providing basic family sanitation materials;
- Supporting regular hygiene and sanitation promotion activities and longer term solid waste disposal;
- Awareness raising (Education, Information and Communication) on the prevention of HIV/AIDS and other infectious diseases, including ensuring condom availability;
- Improving blood safety;
- Strengthen malaria control programmes, including prevention through ITNs;
- Strengthening capacity to address opportunistic infections.

▪ Ensure that young people are sensitised early in order to reduce their risk environments, increase their capacity to keep themselves safe and assist them make and keep to healthy decisions, through:
  - Expanding primary and secondary school education, particularly for girls, and also including sexuality and life skills education;
  - Supporting socio-cultural operational research;
  - Promoting a gender and human rights based approach, and peer education and other community communication strategies.

  Approaches and strategies in this area are best adopted in combination. Involving young people actively in the design, implementation and monitoring of programmes, as well as key partners, such as parents, teachers, religious and other leaders and role models for youth is increasingly accepted as essential.

Access to health services

▪ Improve access to health services for vulnerable groups, in particular women and children, through:
  - Strengthening of home-based care (HBC) programmes to include ARV treatment, nutritional support and a link to psycho-social support groups;
  - Implementation of medico-psychological care of women victims of sexual and gender based violence (SGBV), through the training of health professionals and the promotion of consultation centres and support groups;
  - Provide training to hospital staff, community workers and traditional birth attendants in reproductive health and provide supplies and equipment for reproductive health services, in particular emergency obstetric care;
  - Support PMTCT Plus programmes in rural areas;
  - Advise and support health delivery agents (public and private sector, and NGOs) to increase beneficiary access to services.

Strengthening of health systems

- Promote health service recovery by contributing to re-building institutional and community level capacities;
- Support health services through the training of health workers (short-term medical trainings) and the strengthening of the medical material and drug supply chains;
- Promote access to treatment programmes for HIV/AIDS infected health workers;
- Support Ministries of Health in carrying out needs assessments, ensuring appropriate functioning of information systems and developing emergency preparedness plans;
- Advise and assist Ministries of Health to re-shape the organisation and structure of their services to contemporary realities.

Access to schooling

Linked to health, declining school attendance remains one of the major challenges, exacerbating particularly the risks of schools age children, especially girls to HIV/AIDS. A number of steps have been taken over the last few years to shore up the education system. Sector-wide approaches (SWAps) and direct budget support have provided funding at central level. Agencies will have to continue to work together in southern Africa on supporting interventions such as:

- School feeding;
- School gardens;
- Life skills (including prevention of sexual exploitation and abuse, HIV/AIDS);
- Capacity support, teacher training, provision of educational materials;

- Monitoring school drop out, quality and retention;
- School-based services in water, sanitation and hygiene.

Joint programming of school based interventions needs to be strengthened, through engaging senior level education policy makers, Ministers of Education, donors engaged in SWAPs and direct budget support.

Appropriate alternative education opportunities need to be provided for children and youth, who cannot attend regular school activities because they are engaged in care and productive activities at the household level. Formal and/or informal mechanisms focusing on practical skills that improve both survival chances and future opportunities are also needed to fill the gap created by the lack of skills and knowledge transfer between parents and children.

6.3 PROTECTION

The strategy encourages a holistic, integrated programming approach to supporting vulnerable women and children at risk as a result of the humanitarian situation in southern Africa.

With regards to children specifically, priority areas must be underpinned by the Global Framework for the Protection, Care and Support of Orphans and Children living in a world with HIV/AIDS (2004): expansion of the protection, care and support for orphans and children affected by HIV/AIDS. As per UN Declaration of Commitment on HIV/AIDS (2001), countries will be assisted to implement their National Plans of Action, through technical support and mobilising political, civil society and financial will and capacity, including the mobilisation of parliamentary action on Children and HIV/AIDS.

Regional priorities:

- Advocate with national Governments, leadership and especially Parliamentarians for integration of protection issues in emergency responses and preparedness planning and allocating budget and resources for the implementation of these strategies and interventions;
- Support SADC and AU to integrate protection issues in their emergency strategy for the region, especially in support of women and children made vulnerable by HIV/AIDS and at risk of/involved in sexual exploitation;
- Leverage resources for more holistic interventions which include protection, from international community and donor agencies;
- Continue to actively promote UN and partner coordination on protection efforts in emergency planning and interventions in the region;
- Build capacity and provide leadership for the prevention of, and promote zero-tolerance towards, sexual exploitation, abuse and violence against women and children;
- Provide support to countries to follow up and implement action plans and recommendations on sexual exploitation in humanitarian situations, following the regional based training initiative of 2003-2004.

Key programming priorities:

- Capacity building of key district and local and national institutions responsible for service delivery to assure protection of vulnerable women and children through ensuring access to quality social services including, health, education, water sanitation etc;
- Ensure that all child- and elderly- headed households, orphaned and vulnerable children, elderly and PLWHA in vulnerable areas identified are proactively linked, on a priority basis, to all relevant basic services and humanitarian interventions. Use child registration as a strategy to avoid stigmatisation and singling bias in the case of orphans;
- Prevention and delaying of orphan hood through increased access to PMTCT+ interventions;
- Improved access to, and completion of quality education by strengthening policies to guarantee access by vulnerable children (orphans, girls etc);
- Prevent sexual abuse and exploitation of children and women by a) monitoring, reporting and advocating against instances of sexual violence, b) providing post-rape health and psychosocial care and support and the expansion of access to reproductive health services including condoms;
- Reappraisal and development of social protection mechanisms, including social safety nets to respond to the needs of families and communities affected by HIV/AIDS, including increasing coverage of vital registration; monitoring school attendance and drop out and health and nutritional status;

- Support implementation of community-based and managed efforts to provide childcare and psycho-social support, monitor care arrangements, respond to cases of abuse and exploitation;
- Improve children's codes, family and penal law and related policies to take into account the impact of HIV/AIDS, including attention to care arrangements, inheritance, etc;
- Ensure and support the development of clearer guidelines to incorporate interventions to mitigate the socio economic and psychosocial impacts of HIV/AIDS in the macro-economic and key development planning frameworks of the country such as Poverty Reduction Strategy Papers.

These strategies and interventions should be linked to planned and ongoing events, strategies and recommendations in the regions such as:

- The upcoming annual African Development Forum in June to advocate key messages and actions;
- The UN Secretary General's Task Force Report on Women, Girls and HIV/AIDS in Southern Africa;
- Recognising the relationship between violence against children and HIV/AIDS in regional inputs to the UN SG's Study on Violence against Children;
- National Plans of Action on OVC;
- National Plans of action on sexual exploitation, violence and abuse;
- Recommendations and action plans on prevention of sexual exploitation and abuse in humanitarians situations in Southern Africa;
- Proposal by WFP and UNICEF on Minimum package of school based interventions in southern Africa.

6.4 DISASTER RISK MANAGEMENT

Disaster risk management is a process that includes the identification, analysis, treatment, monitoring and evaluation of risks. Societies must be able to reduce the risks they are facing through informed choices. Little attention has been given to strengthening national and local capacities to manage risks.

In 2005, the UN will support the preparation of a national plan of action on capacity building for disaster risk management to strengthen national capacities at central and local level. The national plan of action will allow for better coordination, prioritisation and planning of capacity building interventions.

Disaster risk management 5 areas of analysis:

Political commitments and institutional aspects – including:
- Policy and planning;
- Legal and regulatory framework;
- Resources and organizational structures (includes coordination mechanisms).

Risk identification – comprising:
- Risk assessment;
- Impact assessment;
- Early warning system;
- Risk mapping capacity;
- Vulnerability analysis capacity.

Knowledge management – including:
- Information management and communication;
- Education and training;
- Public awareness and research.

Risk management applications/instruments such as:
- Environmental and natural resource management;
- Social and economic development practices;
- Physical and technical measures e.g. land use applications;
- Urban and regional development schemes;
- Structural interventions.

Preparedness and emergency management:
- Structural and organizational preparedness;
- Information preparedness;

- Emergency planning;
- Coordination;
- Emergency response.

Sectoral interventions to strengthen national and local capacities in managing risks must complement efforts to strengthen the response capacity of the State and the communities to disasters. Reducing the exposure to risks can be done through a thorough assessment of the community/country hazard exposure and analysis of their vulnerabilities.

It is proposed to support countries to identify risks posed by hazards in light of existing vulnerabilities. The objective is to refine knowledge of risk with a view of integrating this understanding with development practice and supporting the preparation of appropriate risk reduction strategies. The consolidated results of the risk identification will provide opportunities of identifying how national authorities, regional institutions and development partners can strengthen their support for a more efficient management of disaster risks and for genuine risk reduction.

At the level of the central government, programming will strengthen the capacity of national institutions to analyse and reduce risks (risks of hazards such as epidemics, natural hazards, pest etc). This could be done through supporting the capacity of risk identification.

At community level, risk identification, advocacy efforts, support to early warning systems and mechanisms, strengthen data collection and risk identification will be supported.

6.5 COORDINATION

A significant contributing factor to the success of assistance efforts over the past two years has been the high degree of collaboration across the UN and between the UN and other key stakeholders including national Governments, SADC, donors and NGOs. It is paramount that such broad based engagement continues. Securing a commitment to address the underlying causes of acute and chronic vulnerability collectively is key to maintaining this cooperation.

Institutional set-up
The Regional Directors Team, involving FAO, OCHA, UNAIDS, UNDP, UNFPA, UNICEF, WFP, and WHO, was established to support country teams in their response to the Triple Threat and efforts towards the Millennium Development Goals. The IASC community, including the humanitarian UN Agencies and their NGO partners, are represented within this mechanism through OCHA.

UN Agencies and NGO partners meet every other week as part of the regional coordination forum. Through this forum considerable progress has been made in transparency and participation between organizations at the regional level in situation analysis, advocacy, formulation of the response and coordination in the response.

Occasional stakeholders meetings are organised where host governments, donors, NGOs and UN representatives (including those from the countries) can give their comments and inputs in order to shape the humanitarian response.

Several working groups were functioning under the regional coordination mechanism (health task force, food security group, advocacy group), ensuring day-to-day interaction at technical level. Although these working groups largely ceased to exist, it is recognized that a lot of the multi-sectoral, innovative joint programming originated from these groups. Revamping of some of these working groups should be considered.

OCHA-SAHIMS has established an inter-agency information management *system*, to facilitate the effective management of humanitarian information flows. This information management system is used to optimise the information exchange between partners to support the analysis of the different causes of vulnerability in the region, including food insecurity, access to health care, HIV/AIDS and natural hazards. SAHIMS will continue to expand its partnerships and services to its growing user base.

Linkages with the national efforts to curb the emergency are ensured through the Resident/Humanitarian Coordinator System and through interaction with coordination fora at national level. Linkages with national

governments and donors are ensured through dialogue at country level as well as through the occasional stakeholders meetings.

In recognition of the interaction between HIV/AIDS and emergency situations in the region and in support of the implementation of the newly released *IASC Guidelines on HIV/AIDS Interventions in Emergency Settings*, UNAIDS and OCHA are working closely together to ensure inter-linkages between the humanitarian and HIV/AIDS coordination forums at regional as well as at national levels in the region.

Understanding the needs
One of the key components of the regional humanitarian strategy is to achieve a consistent and accurate picture of the scale and nature of humanitarian needs. Key vehicles for this are the Vulnerability Assessment Committees (VAC), currently operational in seven countries in the region (Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe), with support from a Regional VAC housed within SADC. VACs are mandated to keep abreast of and encourage co-ordinated developments in the field of vulnerability and livelihood assessments. Recognising that vulnerability is a function of multiple, interrelated factors, the VACs comprise of a multi-sectoral set of players, from different ministries, NGOs and UN Agencies.

Over the past two years, the VAC system has significantly contributed to increased coordination between regional institutions, government departments, UN agencies, NGOs and donors. It has been widely recognised that the VAC-led assessments contributed to building a common understanding among stakeholders about the magnitude and nature of vulnerability in the region. The results of these assessments have not only been essential for planning the humanitarian response to the southern African crisis, they have also proved useful for informing longer-term policy formulation and programming.

In several instances, special studies are commissioned to complement the information provided by the VAC system. These studies facilitate deeper understanding of common regional issues and help clarify causal inter-relations between the ingredients of the southern African crisis. Academic institutions and research institutes are increasingly associated with these activities. Additional efforts are required to explain the socio-anthropological dynamics that drive the pandemic and influence its impact.

7. STRATEGIC MONITORING

While the monitoring and reporting on the impact of interventions are undertaken at the national level, qualitative and quantitative analysis of progress across the region will enable the identification and sharing of best practise. Standardisation of systems, approaches and mechanisms for monitoring and reporting will also facilitate more reliable comparative analysis. While individual agencies and NGOs will continue to take responsibility for monitoring and analysing the impact of their respective agencies, collective sharing of these results will foster deeper awareness and understandings of the linkages across the programme priorities.

The continued development of the assessment and analysis of vulnerability is fundamental to the ability of the assistance community to effectively monitor the needs and responses at the national level and across the region. Considerable investment has been made to strengthen the RVAC and NVACs by international and national entities under the leadership of SADC. These efforts will continue throughout 2005 pursuant to the 5-year plan currently under preparation. Some of the fundamental tasks that will be undertaken during the course of 2005 in this respect will be to support the development of a common conceptual framework for conducting vulnerability analysis and to support the development of a sectoral module approach in which sectoral assessment and monitoring activities are coordinated and synchronised to enable the timely production of relevant information. A key component will be to support the development of an inter agency information exchange platform for region-wide vulnerability analysis. It is recognised that a comprehensive RVAC/NVAC system will not be in institutionalised in all countries at the same level. However, all organisations subscribing to this plan remain fully committed to support the institutionalisation of the VAC system under the leadership of SADC.

Agencies that are part of the regional coordination mechanism will also remain committed to using the established ways to evaluate developments in the region and their impact on populations. This will be achieved through the regular bi–monthly information exchange meetings, regular technical meetings on key areas (health, nutrition, OVCs, advocacy etc,), wide circulation of the monthly “RIACSO” bulletin, and the collection, collation and dissemination of information and key data through web portals such as

www.SAHIMS.net and www.irinnews.org. The IASC regional coordination mechanism will continue to facilitate stakeholder consultations on issues of critical importance as appropriate.

The role of the UN's Regional Directors Team will be key to ensure humanitarian efforts inform, and are informed by, developments that serve the longer term, macro needs of the region. This is in recognition that the humanitarian efforts of the agencies concerned form part of a much larger fabric of assistance efforts in the affected countries. The establishment of an accountability framework between the Regional Directors Team and the UNCTs will help to ensure closer monitoring of progress against targets and goals set over the short medium and long term. The continued role of the UN Secretary Generals Special Envoy for Humanitarian Needs in Southern Africa will also ensure that developments in the region are closely monitored and reported on at the highest level.