

November 2002

Southern Africa Food Crisis

Overview

The numbers in need of food aid¹ are projected to rise to 14.4 million by March 2003 (an increase of about 10% on projections made in May 2002). This does not include the urban vulnerable (perhaps 850,000 in Zimbabwe). The increase in the numbers requiring food aid has resulted in an increase in projected food requirements (up to

31 March 2003) from 850,000 to 1,000,000 metric tonnes (MT).

The objective of feeding over 14 million people through to March 2003 remains achievable. But more resources are needed now – the numbers in need have increased, and there are underlying risks over resources, commercial inputs, logistics and political co-operation, any of which could derail the process. The potential for disaster in Zimbabwe remains deeply worrying.

Populations in need of emergency food aid and cereal requirements (MT) September 1, 2002 – March 31, 2003*

Country	Most vulnerable population in need of food aid at peak of crisis	Percent of population in need	Cereal Food Aid needs until March (tonnes)
Zimbabwe	6,700,000	49%	486,000 MT
Malawi	3,300,000	29%	237,000 MT
Zambia	2,900,000	26%	224,000 MT
Lesotho	650,000	30%	36,000 MT
Swaziland	270,000	24%	20,000 MT
Mozambique	590,000	3%	48,000 MT

* Numbers are rounded

Source: SADC

¹ For the purposes of the international response the UN has grouped Zimbabwe, Malawi, Zambia, Lesotho, Swaziland and Mozambique as countries where there are significant numbers of people needing humanitarian assistance and where governments cannot cover the deficit on their own. See back page for information on Angola.

Some one in five of the world's population live in extreme poverty. Governments worldwide have agreed to work together to halve the proportion of people living in extreme poverty by 2015, and to other targets including universal primary education and improved healthcare. The British Government is strongly committed to these targets.

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ZIMBABWE

Seven months after the Presidential elections, which the Commonwealth and the Southern African Development Community (SADC) Parliamentary Forum Observer Groups judged did not adequately allow for a free expression of will by the people of Zimbabwe, divisions in society are still deep. There appears to be little prospect of resumption of political dialogue; mismanagement continues to undermine a once prosperous economy; and the country is facing a severe food crisis directly arising from the policies of the ruling party.

It is estimated that 6.7 million Zimbabweans will be in need of humanitarian assistance (49% of the population) before next March and that some 486,000 tonnes is needed in food aid alone in that period. Zimbabweans make up nearly half of all those needing humanitarian assistance in Southern Africa. The problems in Zimbabwe represent a real cost to Africa: quite apart from the cross border effects on neighbouring economies, the United Nations has appealed for \$285 million for emergency aid for the country.

The Zimbabwean people face a complex set of interrelated problems:

Stresses in the economy. Zimbabwe will face its fourth consecutive year of economic contraction in 2002, with a fall of 12% in Gross Domestic Product expected. Prospects are for a further fall next year.

Lack of food. The overall food deficit for the 2002/3 marketing year is over 1.5 million tonnes. There is still a significant gap in planned food imports. The authorities have made substantial efforts to import maize, for which they have had to draw on a budget already in deficit, but are unlikely to fully achieve their target of 651,000 tonnes. The World Food Programme will also struggle to import its planned 288,000 tonnes of food, largely because of inadequate funding and capacity.

Increasing sickness burden and reduced access to services. The growth of HIV/AIDS prevalence in Zimbabwe is undermining livelihoods in the country and poses a regional threat. It is commonly estimated that 2000 Zimbabweans die weekly of AIDS. This statistic has not been updated for several years, and is likely to be an underestimate. Outbreaks of infectious diseases such as cholera are a major public health concern. A combination of staff shortages and limited budgets has reduced access to health care. Three quarters of primary health care posts have few or no essential drugs; one quarter of posts in the health service are unfilled. Education is also suffering as teachers leave rural areas, and families (up to 18% in an August survey) withdraw children from school to save money or supplement household labour.

Curtailed basic freedoms. At a time when it is increasingly important for the media, democratically elected opposition and civil society to articulate the needs of the poor, the authorities are using repressive legislation to harass these groups.

As of the end of October 2002, the response to the overall United Nations Consolidated Appeal for Southern Africa is 50%. The World Food Programme (WFP) Regional Appeal is 44% confirmed. We remain concerned about the lack of donor interest beyond the United States, European Community and UK. The response to the non-food appeals has been much lower.

The international community has pledged almost \$200 million through the United Nations (UN) to relieve the crisis. The UK has committed over £81 million through UN agencies and non-governmental organisations (NGOs) to the humanitarian crisis in Southern Africa since September 2001. The UK is the largest donor after the US, which has committed 500,000 tonnes of cereals to Southern Africa since the beginning of 2002, and the European Community which has committed approximately 300,000 tonnes in the same period (£21.3 million worth provided by the UK).

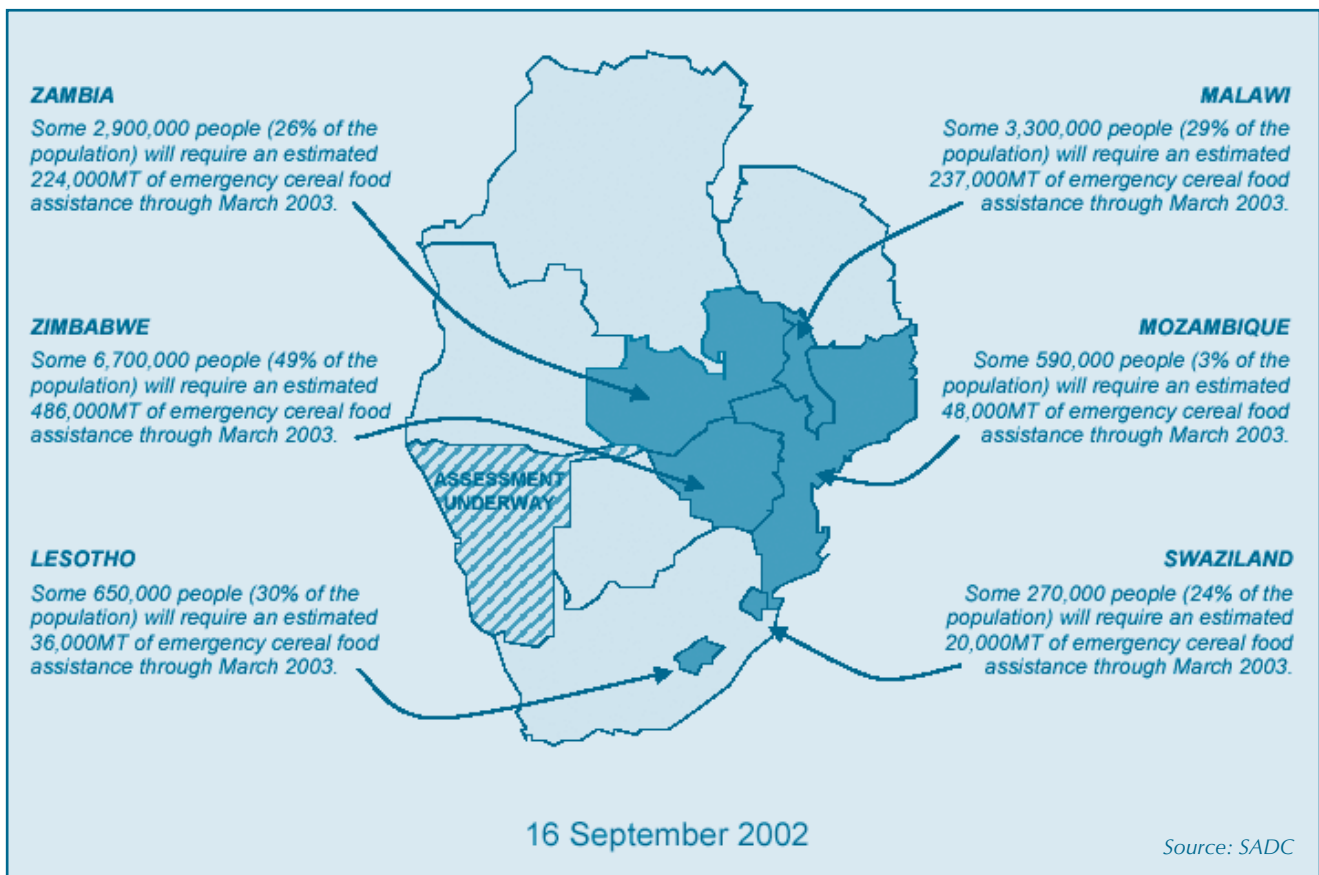
The UK has a team of humanitarian experts in Southern Africa working closely with the UN

agencies. DFID's officials in the region are helping to develop a regional strategy to deal with the crisis, and to improve international co-ordination.

The escalating crisis

In the 2001/2 agricultural season the countries of the Southern Africa Development Community (SADC) saw a small overall increase over the previous year in their maize production (2.9%) and in their production of all cereals (1%). The shortfall in the region was 7% of requirements. Yet this apparently relatively manageable shortfall coexists with a humanitarian crisis which will see 14.4 million people needing assistance by March 2003¹.

The problem is one of acute supply shortage in some countries balanced by surpluses in others (in South Africa and Tanzania), but also, primarily, one of declining access to food. The vulnerability of poor people to shortages of food and other essentials has developed over time through a combination of successive localised poor harvests, erosion of household and common assets, and the



burden of disease. At a national level a failure to come to grips with rural poverty, serious failure of governance, shortages of foreign exchange and poor information flows and planning have contributed to undermine food security.

The raw production statistics above hide the fact that the crisis is *concentrated*. Some 90% of the people in the six countries covered by the UN appeal live in southern and eastern Zambia, Zimbabwe and Malawi. Zimbabwe alone accounts for half the people in need and over half the food aid requirement. These countries (and to some extent Lesotho) are experiencing a major breakdown in their rural economy which will take more than one good harvest to put right. The fact that Zimbabwe, normally a food supplier and a key transit country, has suffered such a collapse in agricultural production has made the situation in neighbouring countries worse and weakened the prospects for recovery; for the longer term, it throws into question one of the bases of food security planning in Southern Africa for the last 20 years,

namely that surpluses would normally be available in Zimbabwe.

Poor governance has also played a major role, nowhere more so than in Zimbabwe. An assessment in May 2002 by the WFP and the UN Food and Agriculture Organisation of needs in Zimbabwe pointed to the ill-conceived land reform programme as having disrupted farming and contributed to the fall in maize and wheat production. The fact that the country's irrigated wheat crop is expected to be less than half of last year's at only 150,000 tonnes is entirely due to disruption caused by land resettlement. The effects of ZANU-PF's policies have included the creation of an entire new class of vulnerable people, farm workers and their families, who have lost their livelihood as a result of the land resettlement programme; a lack of foreign exchange to buy food; and the exclusion of the private sector from any role in importing.

In Malawi, despite a commitment to pro-poor growth and the needs of the rural poor,

GM FOOD AID IN SOUTHERN AFRICA

The Government of Zambia is the only country in Southern Africa that has refused to accept grain containing genetically modified material. The effect is to make it considerably more difficult for the WFP to meet emergency needs in the country.

All other governments affected by the shortages have accepted the import of GM food, subject to careful management and monitoring of its movement and use. It is a fact that a large proportion of the food available as food aid to the region this year is US maize. On the basis of the record of contributions so far, it seems unlikely that other sources of food aid will make up a deficit brought about by refusing GM food.

The World Food Programme is prepared to meet the concerns of importing countries by delivering supplies direct to millers so that whole grain does not enter the production cycle. Milled maize costs an additional \$24 per metric tonne for handling and milling, but this allows the WFP to fortify the milled grain (at another additional cost of \$8 per metric tonne) with micronutrients beneficial to the young, elderly and HIV/ Aids sufferers. GM technologies have the potential to provide significant benefits for poor farmers if applied safely and responsibly to the crops they rely on; and developing countries need to be able to make their own informed choices about whether to adopt GM technologies, or not, and build the capacity to manage their safe development and use.

macroeconomic management has not delivered the growth necessary to raise rural incomes, while work on safety nets, which would reduce vulnerability to external shocks, has yet to result in consistent national policy. In Zambia, consistent disregard of rural policy by the previous government has left small farmers without access to markets or off-farm income generation opportunities.

The devaluation of the Rand in South Africa by 30-40% over the last few years has had an immediate impact on the cost of food as maize prices in South Africa are still pegged to the world market price. In Lesotho, for example, there has been a tripling of the price of the staple diet as it contains maize.

Regional transport networks

All food movements into the region depend on five major corridors, of which three go through Mozambique. Malawi is particularly badly served, with long distances overland through other countries. All supply routes are likely to be under pressure as humanitarian supplies compete with commercial food and seasonal inputs such as fertilisers. An efficient and robust logistics system is absolutely critical to the success of the international humanitarian relief effort. Under the ideal conditions, the regional logistics infrastructure is sufficient to allow the import and movement of the required quantities of humanitarian food aid to those countries where it is needed. However, the issue of genetically modified (GM) maize, and the need to mill it before distribution, introduces significant complications and has the potential to disrupt the supply of food. The World Food Programme is revising its July 2002 implementation plan to take account of milling and increased requirements resulting from the latest assessment.

DFID is funding the rehabilitation of the Nacala rail route between Mozambique and Malawi to improve the transportation food supplies. The Nacala rail route is the most direct and cost-effective route for food imports. Malawi has the most difficult (length, cost, capacity) transport links

THE IMPACT OF HIV/AIDS

The effects of the food shortages on people's wellbeing is further exacerbated by the HIV/AIDS pandemic in the region. Comparisons between the 1992 drought, the last serious regional humanitarian crisis, and the current crisis inevitably focus on the significant differences made by HIV/AIDS.

Rates of HIV+ prevalence now range from 13% in Mozambique to 35% in Zimbabwe, with an average over the six countries of 24%. Not only has HIV/AIDS contributed to the erosion of household assets, it has also increased the numbers of labour-constrained (including child-headed) households, leading to lower agricultural production.

It has reduced the capacity of public services (particularly the health service) to respond to the crisis. It has implications for emergency feeding (because of the need to allow for larger household sizes and to vary the ration to take account of the need of HIV+ people for additional protein in their diet). The food shortages are in turn worsening the pandemic as people with HIV lose immunity through malnutrition and develop AIDS, and hunger forces women to trade sex for food.

with Indian Ocean coastal ports of any country in the region. DFID is to contribute £4.1 million of the £4.3 million costs.

Response

Food aid will be needed to meet about one third of the overall food deficit in the region. The rest will have to be met by national purchase and increased commercial operations. The private sector and Governments have imported commercially some 650,000 tonnes of cereals against an overall gap of 3.3 million tonnes required by March 2003. This is

less than was previously expected, with some countries (Zimbabwe and Mozambique) doing better in this respect than others (Zambia).

The World Food Programme launched an appeal in 1 July for \$507 million to cover nearly 1 million tonnes of food (www.wfp.org/operations/). This was based on an assumption that food aid imports of approximately 200,000 tonnes would flow through channels other than the WFP, and that government and commercial imports would be adequate to stop larger numbers slipping into vulnerability because of absolute shortages.

This appeal was intended to extend and build on WFP programmes carried over from the previous year in all the six countries except Swaziland. These programmes acted as a bridge to the main appeal and enabled feeding to continue while the larger scale operations were put in place.

At the same time it was widely recognised that this was a multi-sectoral crisis, and the WFP appeal was accompanied by plans for urgent inputs for the next planting season. This includes health inputs (especially for drugs and epidemiological surveillance), water and sanitation and protection of the extremely vulnerable. The UN agencies, with backing from donors, have treated the crisis as a regional one requiring a flexible regional response. The WFP set up a regional coordination and logistics unit in Johannesburg in May 2002, which now provides an overall humanitarian co-ordination role. At country level the response has been directed by the UN resident co-ordinators. The resources at their disposal have been strengthened in a number of ways:

- In Zimbabwe, a relief and rehabilitation unit, part funded by the UK, has been running since November 2001
- The WFP nominated new representatives in Malawi and Zambia and opened a new office in Zimbabwe in the last quarter of 2001 (the WFP office in Harare had previously been a procurement office)

- The UN Office for Co-ordination of Humanitarian Affairs has been deployed to support the Johannesburg unit and resident co-ordinators in Zimbabwe and Malawi.

The UK Government believes that the UN system has geared up to meet the crisis, although coordination between the agencies could be further improved.

UK role in alleviating humanitarian suffering

Total DFID support for humanitarian assistance and recovery programmes in Southern Africa since September 2001 is £81million (excluding support for Angola). In addition, we estimate that our contribution to commitments by the European Community to date is about £21.3 million.

The UK is the second biggest bilateral donor after the US and has provided a fifth of the total European response (EC and member states).

DFID has been monitoring the situation and responding across the region through the WFP and NGOs providing food, logistical support and inputs for the next planting season.

UK Response

Date	Country	Description	Total (£ million)
Sept 2001	Zimbabwe	NGO feeding programme	4.0
	Zimbabwe	WFP Emergency Appeal	3.5
	Malawi	Targeted Inputs programme	3.75
Jan-May 2002	Malawi	NGO feeding programmes	4.4
	Malawi	Winter Inputs programme	1.2
June 2002	Zimbabwe	WFP Regional Emergency Feeding Operation	7.0
	Lesotho	WFP Regional Emergency Feeding Operation	1.56
	Malawi	WFP Regional Emergency Feeding Operation	5.0
	Swaziland	WFP Regional Emergency Feeding Operation	0.25
	Zambia	WFP Regional Emergency Feeding Operation	5.0
	Zambia	NGO food for work programme	1.02
	Region	WFP logistical support in Johannesburg regional hub, Lesotho and Zimbabwe	0.51
	Region	Southern Africa Development Community (SADC) vulnerability assessments to improve targeting	0.2
	Region	International Federation of the Red Cross (IFRC) feeding HIV/AIDS affected people	2.5
	Region	World Health Organisation (WHO) regional health operation	0.13
	Malawi	Targeted inputs programme	6.8
	Zimbabwe	NGO agricultural inputs	5.0
	Zimbabwe	WHO essential drugs and medicines	2.5
	Sept 2002	Zimbabwe	NGO feeding programme
Malawi/Region		Nacala Rail-link	4.1
Oct 2002	Zambia	Agricultural recovery through NGOs and FAO	1.5
	Zambia	Improved nutrition programme	1.2
	Zambia	Support to the health sector	0.2
	Region	UN Office for the Co-ordination of Humanitarian Affairs (OCHA) Southern African Humanitarian Information Service	0.11
	Region	Southern Africa Humanitarian Crisis Unit for monitoring and liaison	0.5
	Lesotho	Livelihoods recovery through agriculture programme	1.0
	Zimbabwe	Epidemic preparedness	1.2
Zimbabwe	Improved nutrition programme	1.1	
Total since Sept 2001		Humanitarian assistance and recovery programmes	81.23

Breakdown by Country (since Sept. 2001)

Malawi	25.25	Zimbabwe	40.3	Lesotho	2.56
Swaziland.....	0.25	Zambia	8.92	Regional	3.95

In addition, the UK's contribution to commitments by the European Community to date is about £21.3 million.

ANGOLA

DFID is stepping up its humanitarian response in Angola in the light of the dire conditions revealed after the ceasefire when large areas of the country were opened up. But Angola is a resource-rich country and we are also in dialogue with the government about its need to devote a larger proportion of national resources to looking after the poor.

The UN estimates that a quarter of the population – 3 million people – would require food and other assistance in the next few months. The WFP estimates that at least 1.9 million are in need of nutritional support. The WFP food pipeline is secure until next year but the ability to transport and distribute food is more uncertain, given the logistical difficulties of access to remote areas and the imminent rainy season.

DFID has already responded to the 2002 UN consolidated appeal for Angola, to UN Office for the Co-ordination of Humanitarian Affairs (OCHA) to meet urgent needs in the quartering areas, and to the International Committee of the Red Cross (ICRC) and Médecins Sans Frontières to respond to health issues within the ongoing crisis.

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