



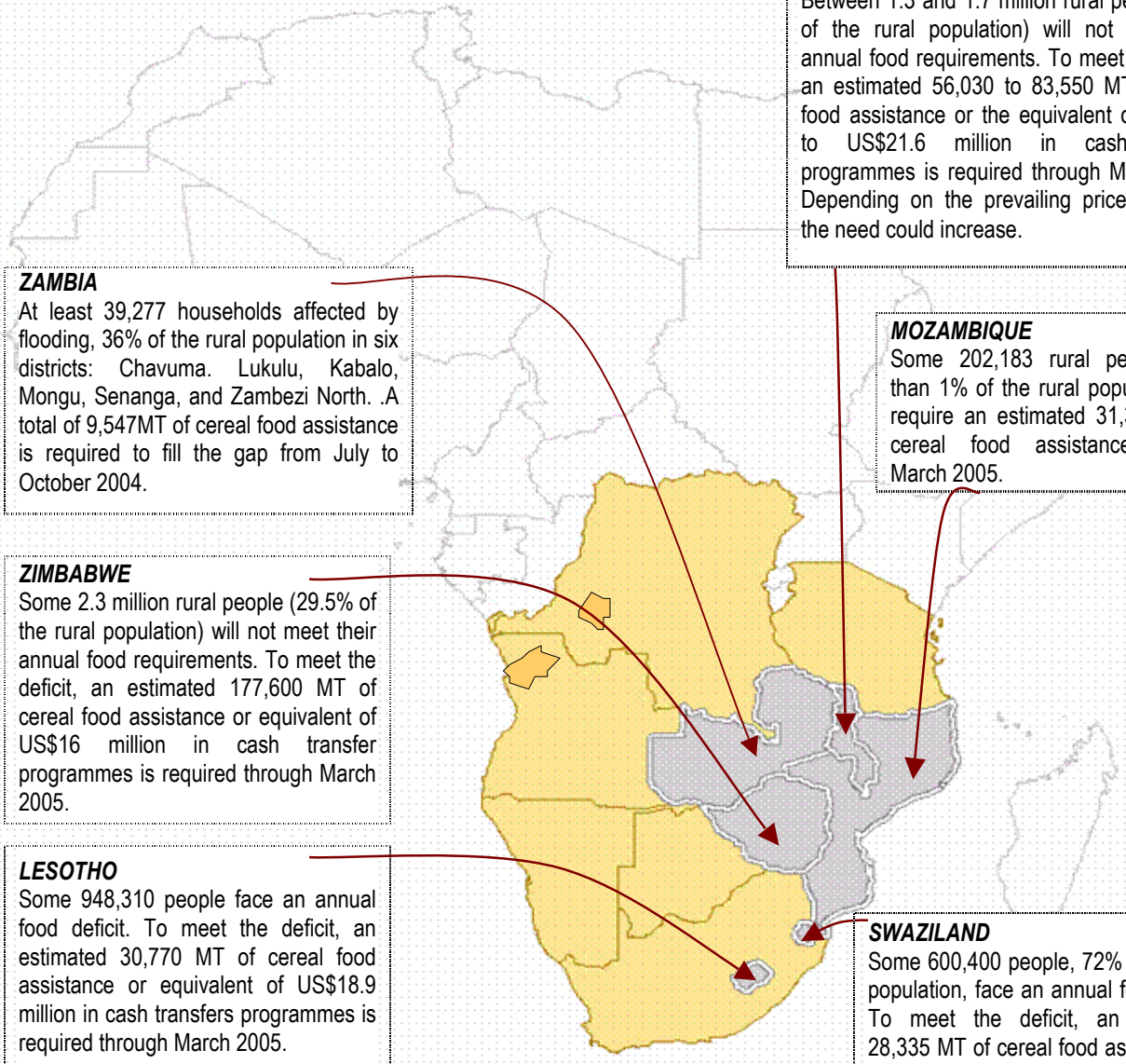
SADC FANR
Vulnerability
Assessment
Committee



The State of Vulnerability in Southern Africa

June 2004 Regional Report

Covering: Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe



ZAMBIA

At least 39,277 households affected by flooding, 36% of the rural population in six districts: Chavuma, Lukulu, Kabalo, Mongu, Senanga, and Zambezi North. A total of 9,547MT of cereal food assistance is required to fill the gap from July to October 2004.

ZIMBABWE

Some 2.3 million rural people (29.5% of the rural population) will not meet their annual food requirements. To meet the deficit, an estimated 177,600 MT of cereal food assistance or equivalent of US\$16 million in cash transfer programmes is required through March 2005.

LESOTHO

Some 948,310 people face an annual food deficit. To meet the deficit, an estimated 30,770 MT of cereal food assistance or equivalent of US\$18.9 million in cash transfers programmes is required through March 2005.

MALAWI

Between 1.3 and 1.7 million rural people (12% of the rural population) will not meet their annual food requirements. To meet the deficit, an estimated 56,030 to 83,550 MT of cereal food assistance or the equivalent of US\$11.7 to US\$21.6 million in cash transfer programmes is required through March 2005. Depending on the prevailing price of maize, the need could increase.

MOZAMBIQUE

Some 202,183 rural people (less than 1% of the rural population) will require an estimated 31,300 MT of cereal food assistance through March 2005.

SWAZILAND

Some 600,400 people, 72% of the total population, face an annual food deficit. To meet the deficit, an estimated 28,335 MT of cereal food assistance or equivalent of US\$21.6 million in cash transfer programmes is required through March 2005.

GABORONE, BOTSWANA

A collaborative report of the National Vulnerability Assessment Committees in Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe; the SADC FANR Directorate; FAO; FEWS NET; OCHA; SC UK; UNICEF; WFP with financial support from National Governments, DFID, WFP and USAID

1. INTRODUCTION AND CONTEXT

The SADC Regional Vulnerability Assessment Committee (RVAC) in conjunction with National Vulnerability Assessment Committees (NVACs) in six countries initiated rolling vulnerability assessments in June 2002. This report provides a regional overview of the fourth such assessments. The assessments project food deficits in Zimbabwe, southern Malawi, northwestern Zambia, eastern areas of Swaziland and Lesotho for the period ending March 2005. The more recent assessments have a broader analytical base, moving from a calculation of the food gap to understanding the underlying causes of vulnerability and food insecurity, including their linkages to HIV and AIDS, health, education, gender and water and sanitation. Hence, based on the Food Security and Vulnerability Assessments carried out in six southern African countries¹ in March/April 2004, this report provides information and analysis on food security and livelihoods in a way that can inform early warning, rural development strategies, poverty reduction, safety nets programming, and food security policy formulation.

The VAC reports of April/May 2004 reconfirmed that the problems of food insecurity and vulnerability in Southern Africa are largely an outcome of growing poverty aggravated by a steady erosion of household assets, increased negative impacts of HIV and AIDS on livelihoods, consecutive below normal rainfall seasons, in some areas, and consequent reduced harvests, policy related shocks and failing livelihoods with a reduced availability and affordability by households to basic services and commodities such as education, health, water and agricultural inputs.

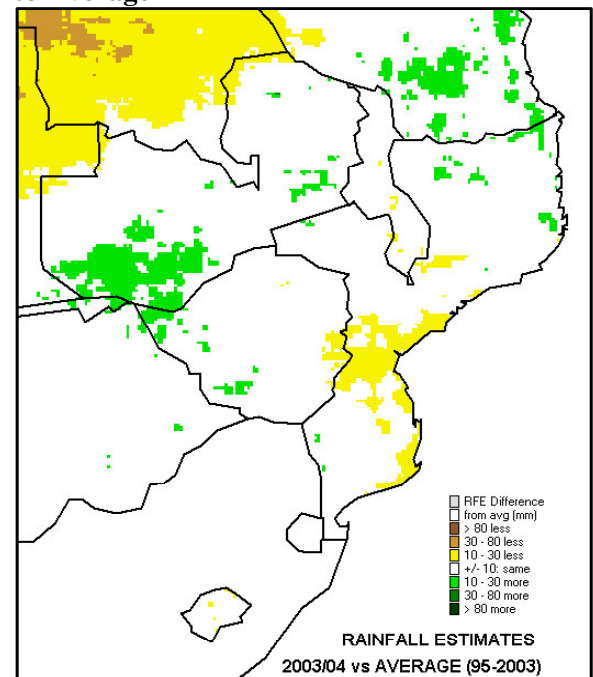
2. SEASONAL OUTLOOK

2.1. Description of the Rainfall Season

The first half (October to December 2003) of the 2003/04 rainfall season was generally poor for agricultural production due to a late start, with poorly distributed and erratic rains. These led to a reduction in area planted and poor crop establishment. By December, seasonal rainfall totals indicated that portions of central Mozambique, northeastern South Africa, Lesotho and Swaziland had received less than 50% of normal amounts. Conditions were also bad in eastern Zimbabwe, southern Mozambique and southern Malawi, with cumulative rainfalls less than 80% of average. In summary, initial rains received in all the six countries were not conducive for agricultural activities and crop development during the first half of the season. These conditions persisted into early January but performance improved towards the end of the month due to a quasi-stationary cyclone, Elita, in the Mozambique Channel, which brought substantial amounts of rainfall to the six countries and resuscitated crops that were extremely moisture stressed.

Rainfall activity intensified and was widespread towards the end of February and in early March due to cyclone Gafilo, giving cumulative seasonal totals that were near-normal (Figure 1), but that hide damaging temporal variation. Heavy rains in the Upper Zambezi river catchment resulted in floods in Botswana (Okavango Delta), Namibia (Caprivi region), northwest Zambia and Zimbabwe (Muzarabani). The flooding affected rural infrastructure, including roads and communications. From the mid-March onwards, light to heavy showers were received over the six countries as the Inter Tropical Convergence Zone (ITCZ) started retreating northwards. For the second half of the season, good rains supported development of late- and re-planted crops. However the yield varied due to the varieties planted and location, as well as amounts and distribution of rain since the growing period was shorter than normal.

Figure 1: Rainfall Estimates 2003/04 Compared to Average



¹ Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe

2.2. Agricultural Production Outlook

For SADC as a whole, a total of 24.967 million MT is expected, which is much higher compared to 22.751 million MT produced in 2002/03 season. In the six countries analysed here, maize and total cereal production in the 2003/04 season was much higher than the last three seasons, see Figure 2. However, in some countries, the widespread poor start to the season and erratic rains resulted in a general decrease in cereal production. Production in Malawi and Lesotho decreased and some reports also indicate a decrease in production in Zimbabwe¹, when compared to the 2.96 million MT cereal production used here (see Table 1).

Due to the overall improved regional production compared to last year, the food balance sheet for the countries also generally improved. Leaving aside replenishment of national Strategic Grain Reserves (SGRs) the SADC region has surplus stocks to requirements of over 1 million MT, if the production estimates are correct. However, a deficit of close to 1.5 million MT would exist if the SGRs were to be replenished to desired levels. For the six SADC countries herein, the total deficit is 0.8 million MT with SGR replenishment (see Table 1) and is close to 2 million MT if the Zimbabwe production estimates are based on unofficial sources.

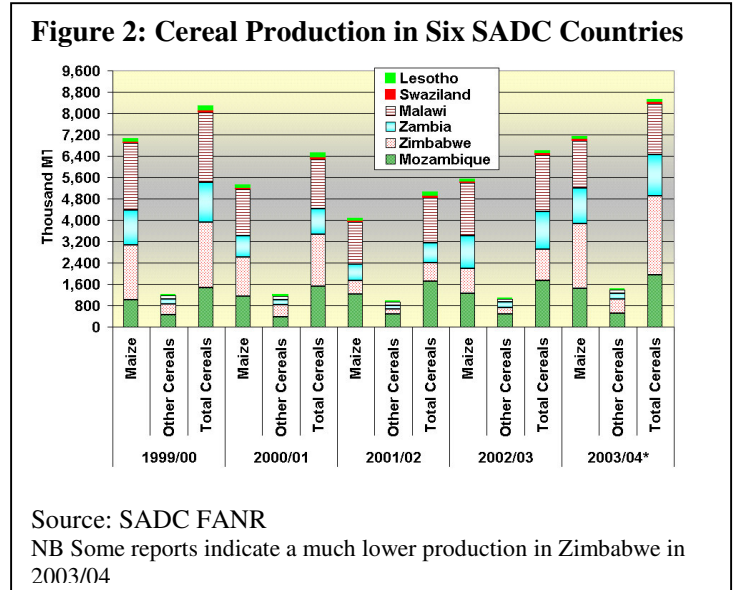


Table 1: SADC Cereal Supply and Demand Balance April/March 2004/05

Country	Maize Opening Stocks as at 01 April 2004	All Cereals Opening Stocks as of 01 April 2004	2003/04 Maize Production	2003/04 Cereal Production	Domestic Requirements /Consumption	Desired Carryover SGR stocks	Domestic Cereal Gap (Surplus/ Deficit)	Estimated Commercial Imports	Food Aid Imports stocks/ pipeline	Expected Exports	Remaining Cereal Gap/ Surplus
Lesotho	15	43	66	81	413	28	-317	305	22	0	10
Malawi	7	7	1,773	1,904	2,537	60	-686	308	15	0	-363
Mozambique	67	191	1,437	1,946	2,588	159	-610	652	133	175	0
Swaziland	8	19	78	78	199	8	-110	102	10	3	-1
Zambia	180	198	1,214	1,372	1,380	55	135	50	0	61	124
Zimbabwe*	200	237	2,431	2,956	2,163	250	780	140	60	0	980
TOTAL (6 countries)	477	695	6,999	8,337	9,280	560	-808	1,557	240	239	750
Angola	10	24	531	653	1362	31	-716	0	0	0	-716
Botswana	4	55	6	34	324	47	-282	297	0	3	12
Mauritius	1	4	2	2	199	10	-203	0	0	0	-203
Namibia	7	33	43	135	268	50	-150	142	0	0	-8
SA	2639	3579	8284	10701	12202	1559	519	1932	0	1111	1,340
Tanzania	190	336	3232	4928	5046	150	68	0	0	0	68
Total (other Countries)	2851	4031	12098	16453	19401	1847	-764	2371	0	1114	493
TOTAL SADC	3328	4726	19097	24790	28681	2407	-1,572	4742	0	2228	942

* Zimbabwe some sources estimate maize production around 1.2 million MT

Source: SADC FANR

3. ASSESSMENT APPROACHES / METHODOLOGIES AND CONSTRAINTS

The 2004/05 assessments in the six countries used a “livelihoods-based vulnerability analysis” (LBVA)² framework, based on combinations of household and community structured surveys, community focus group discussions/interviews and analysis of secondary data. The depth of the analysis and the extent of coverage of issues depended on the objectives of the country assessment. Generally most of the assessments were designed to (i)

¹ Some other sources of information indicate that maize production is around 1.2 million MT, increasing the regional cereal deficit by 1.7 million MT.

² A livelihood can be defined as the sum of ways in which people make a living. Vulnerability refers to the level of exposure of a household or community to particular shocks (external vulnerability) and their capacity to cope with that shock (internal vulnerability)

identify numbers and locations of households likely to face food / income deficits between April 2004 and March 2005; (ii) identify the reasons for household deficits, (iii) understand the coping mechanisms employed by households (food, income, expenditure strategies), (iv) delineate types of vulnerabilities of households by socio-economic group and geographical area, and (v) propose relevant responses by government, donors and non governmental organizations. Some countries such as Mozambique and Zimbabwe included a detailed analysis of household data on HIV and AIDS, health, education, gender, water and sanitation, focusing on their linkage to food security and vulnerability. The Zambian assessment specifically focused on the flooded areas in the northwestern parts of the country.

The design of the assessments in each country ensured that there was adequate coverage of the livelihood zones (Food Economy Zones under the SC UK approach) in the areas sampled, through representative samples of villages for each zone in the analysis. As an example, in Malawi 8 out of the 17 livelihood zones were covered and analysis was disaggregated down to the Extension Planning Area (EPA) and administrative zones. Similarly, in Zimbabwe 90 communities and 2343 households were interviewed, covering all 24 livelihood zones. In Swaziland all livelihood zones were covered with interviews in 43 chiefdoms, representing 16% of the total households in the country. Similarly, the Lesotho VAC covered all livelihood zones, through 60 villages being visited during the fieldwork. For each country, fieldwork lasted an average of 10 days.

At the analysis stage, secondary data were collated with the primary data collected in the field. Each respective NVAC carried out detailed analysis to understand: food sources, food access issues, income sources, expenditure patterns, coping mechanisms, with some NVACs investigating utilization issues by looking at consumption patterns. For most countries, the analysis was primarily by livelihood zone, with results extrapolated to cover different geographical areas such as administrative areas, mostly district level, while others were stratified by wealth groups. In the country analyses, with the exception of Zambia, a baseline was used for comparison with the current year. In Lesotho, Malawi and Swaziland, livelihood zones baseline data were used for comparison with the current year, whilst in Zimbabwe and Mozambique the current year was compared with the previous season.

Irrespective of the approach used by any particular NVAC, the analysis had one thing in common - that of understanding how people survived in the most recent year and using that to project into next year by analyzing the effects of shocks on future access to food and income. By and large, the assessments ran as planned with the major constraint in some countries being timely financial management, insufficient time to complete final reports in time for a Regional Stakeholders meeting held in June 2004 and difficulties in accessing information at the district level.

4. KEY FINDINGS

4.1. National Food Insecurity Trends Since 2002.

	2002/03		2003/04		2004/05		Food Requirements in MT		
	Pop in need	% of Total Population	Pop in need	% of Total Population	Pop in need	% of Total Population	Food Gap 2002/03 (MT)	Food Gap 2003/04 (MT)	Food Gap 2004/05 (MT)
Lesotho	650,000	30%	270,000	15%	948,310	52%	36,000	32,940	27,470
Malawi	3,300,000	29%	400,000	4%	1,300,000	12%	237,000	30,600	49,970
Mozambique	590,000	3%	659,000	4%	202,000	1%	48,000	127,152	31,300
Swaziland	270,000	24%	217,000	26%	600,400	72%	20,000	23,904	28,335
Zambia	2,900,000	26%	60,000	55%	39,277	36%	224,000	1,369	9,547
Zimbabwe	6,700,000	49%	5,422,634	70%	2,300,000	30%	486,000	388,642	177,000
TOTAL	14,410,000	25%	7,333,634	31%	5,389,987	23%	1,051,000	604,607	323,622

The food insecurity status in the six countries has improved over the last three years, as measured since the start of the rolling assessments in 2002. The number of people facing food deficits has progressively decreased from 14.4 million in 2002/03 to 5.4 million in 2004/05. The grain deficit, which can also be thought of in income terms, decreased from one million MT in 2002/03 to 323,600 MT in 2004/05 (Table 2 above). The difference in the gap levels across countries is mainly attributed to the depth of household needs and the methodology used. Despite the overall decrease, Lesotho, Malawi and Swaziland have shown a general increase in population in need compared to

last year. This decrease in the food gap could be attributed to the estimated general increase in agricultural production in the 2003/04 season as noted in section 2. Also, food aid has played a vital role in maintaining livelihoods over the last two years despite deepening poverty and the increasing prevalence of HIV and AIDS in the region. However, as noted, deep-rooted sub-regional food insecurity and high levels of vulnerability continue to exist

4.2. Spatial Distribution of Food Insecurity in 2004/05

4.2.1. Depth of Food Insecurity by Country

The swathe of populations facing food insecurity is particularly acute in Zimbabwe, Lesotho and Swaziland. All districts in these countries are highly affected, showing food and income deficits for the 2004-05 period. Over 20 percent of the sub-national population in Zimbabwe is facing a food deficit of up to 50 kgs per person, equivalent to an income deficit of about US\$6 to US\$10 per person for the period December 2004 to the end of the marketing year in March 2005. The worst affected areas in Zimbabwe are the southern and western districts in Matebelelands North and South Provinces; and eastern and northern districts in Manicaland, Mashonaland East and Central Provinces.

In Swaziland, the most affected areas are the Timber Highlands, Lomasha Trading and Arable Areas and the dry Middleveld and Lowveld areas. Almost the entire rural population will likely face a food/income deficit at certain times of the year, with varying degrees of severity. It is estimated that the food/income deficit is approximately 33 percent of requirements, in cash terms US\$10 to US\$50 per person for the season (April 2004 to March 2005).

In Lesotho, the most affected areas are the Senqu River Valley and Foothills, with a food/income deficit of 26 to 42 percent. Most of the population affected would require US\$23 to US\$37 per affected person in these areas.

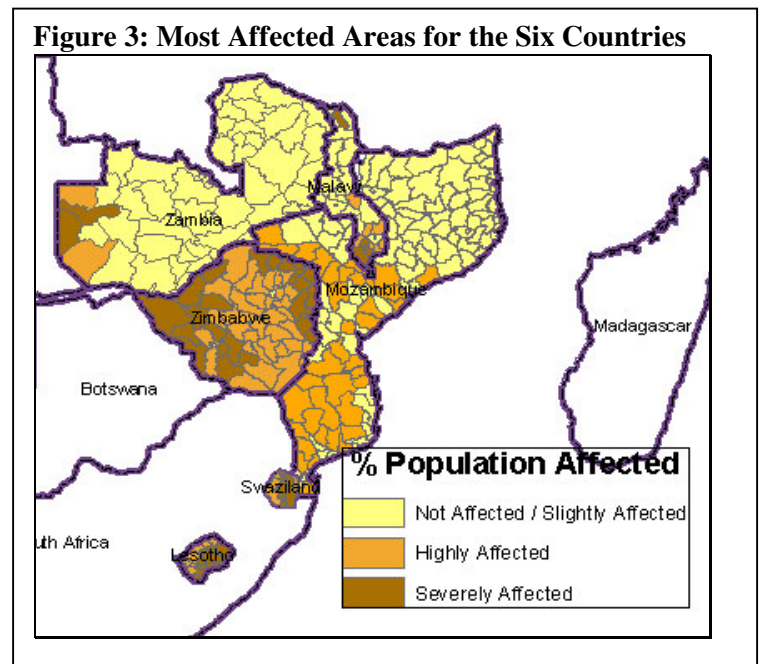
In the remaining countries, Mozambique, Malawi and Zambia, the magnitude of the food deficit varies considerably. In Malawi, the southern districts are the most affected, this include the areas around Lake Chilwa, Phalombe Plains (Phalombe and Chiradzulu Districts), Machinga District, Middle Shire river valley (Chiradzulu and Mwanza Districts) and Karonga District in the north. These Districts have almost 45 to 60 percent deficit and would require about US\$10 to US\$27 per person, equivalent to 50 to 100 kgs of cereals per person.

In Zambia only the western districts were assessed because of flooding and the worst affected six districts are Chavuma, Kalabo, Lukulu, Mongu, Senanga and Zambezi, where 35 percent of the population is in need of food assistance until the end of October 2004, when the winter-season harvest will come in. Other Districts in Zambia could have as yet unidentified pockets of population with food deficits as assessments in these areas were not carried out.

Lastly in Mozambique the number of people in need of assistance per district is generally less than 10 percent of the relevant district population. Affected districts are generally in the southern part of the country (Figure 3).

4.2.2. Consumption Patterns and Coping Strategies

The quality of the diet has improved slightly in some countries, compared to last year. This is attributed to widespread food aid distribution and the improved agricultural production in 2003/04 season. In Mozambique, for example, the percentage of people considered as having a poor diet decreased from 54% in 2003 to 40% in 2004.



In general, there has also been a decrease in the use of distress strategies by households in the districts and livelihood zones where production has improved. In Zimbabwe and similarly some of the other countries, the use of distress coping mechanisms such as borrowing food, excessive sale of productive livestock, reducing the number and quantity of meals has decreased in 2004 compared to last year. However, other factors such as HIV and AIDS are still affecting households, eroding the gains through coping and consumption mechanisms.

4.3. Food Security and Vulnerability Issues in the Region

Vulnerability assessments in some of the six countries have shown a close linkage of food insecurity with poverty, macro economic policies, HIV and AIDS, household characteristics, health, education, water and sanitation. This section will draw from examples where these analyses were included in the VAC reports.

4.3.1. Poverty and Food Insecurity

Poverty in most SADC countries is worsening, with countries dropping in the UNDP ranking tables. Lesotho, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe are among the SADC countries which have significantly fallen in the world human development ranking, though this is also closely linked to life expectancy, which is in turn being greatly reduced by AIDS. Stunting of children remains an extreme problem and the number of people surviving on less than US\$1 per day has remained the same for most countries over the last three years, with a decrease in numbers being noted in Botswana, Lesotho and South Africa (see Table 3). The VAC analyses generally support these trends. Employment levels within rural areas have been at a virtual standstill for several years in both private and public sectors. The reduction of incomes and remittances has had significant implications on the ability of many households and communities to purchase food and other essential household items, as well as reducing access to basic social services. In addition, the reduced disposable income of families has resulted in fewer casual employment opportunities being offered for less well-off members in the communities.

For example, in Malawi, the casual labour “*ganyu*” rates are known to fall in times of food shortages, such that the low levels of income have resulted in households’ inability to recover lost assets, thus further reducing their ability to mitigate against current and future shocks. Similarly, in Swaziland and Lesotho, employment opportunities in South Africa have been declining, reducing the levels of remittances and increasing the number of unemployed people in the countries. The number of Swazis employed in South Africa has steadily declined over the years (see Figure 4)

4.3.2. Gender and Vulnerability

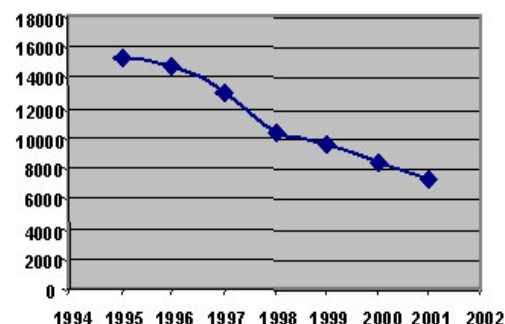
The feminization of poverty is reflected in women-headed households comprising the majority of the very poor, often the poorest and most vulnerable. A demographic analysis in Zimbabwe from the NVAC (ZimVAC) assessment indicates that most female headed households are greatly disadvantaged compared to those that

Table 3: Income Poverty Across SADC Countries

Country	2002 HDI Ranking out of 173 of 177	2004 HDI Ranking out of 177	Children under Height for Age - Stunting (% under 5 age 1995 to 2000)	% Pop below Income Poverty Line (\$1 a day (1990 - 2002))	
	2000	2004		2000	2004
Lesotho	132	145	46	43.1	36.4
Malawi	163	165	49	..	41.7
Mozambique	170	171	44	37.8	37.9
Swaziland	125	137	30
Zambia	153	164	47	63.6	63.7
Zimbabwe	128	147	27	36	36
Angola	161	166	45
Botswana	126	128	23	33.3	23.5
Mauritius	67	64	10
Namibia	122	126	24	34.9	34.9
RSA	107	119	25	11.5	7.1
Tanzania	151	162	44	19.9	19.9

Source: UNDP HDR. 2002 and 2004

Figure 4: Swazis Employed in South African Mines



Source: Swaziland VAC Report 2004

Table 4: Gender and Level of Vulnerability in Zimbabwe

Characteristic	% Female Headed	% Male Headed
Household size 4+	28	36
No education	30	14
Widowed	67	3
One+ widows in HH	69	13
Poor health	12	8
3+ weeks sick	10	13
Age 60+	28	27
Out of school	25	21
Food Insecure	37	29

Source: Zimbabwe VAC 2004 Report

are male headed. The former are in the majority with low education and many are widows (see Table 4). Female-headed households are considerably more likely to experience large cereal deficits than male-headed households.

Targeting women for food assistance increases consumption at the household level, especially among children, ensuring household food security and adequate child nutrition. Resources under womens' control, including food, are more likely to be used to benefit the household and to meet children's needs. Womens' health during pregnancy is a key determinant of the health of the infant, hence the added benefit of targeting women. Mortality peaks at a much younger age for women and although overall mortality is higher for men, the rate is rising faster for women, according to Unicef Southern Africa.

4.3.3. HIV/AIDS and Vulnerability

The rate of HIV and AIDS has remained fairly constant in the SADC region between 2001 and 2003. The Swaziland VAC analysis indicates that HIV and AIDS increased from the rate of a low 3.9 % in 1992 to its current levels (see Table 5). Although the prevalence rates are flattening, the impact of HIV/AIDS has increased morbidity and mortality rates throughout the SADC region, in line with the anticipated 'death spiral' which, under epidemiological modeling, follows peak prevalence levels. Such impacts are vastly reducing the viability of already weakened livelihood strategies, encouraging and entrenching poverty.

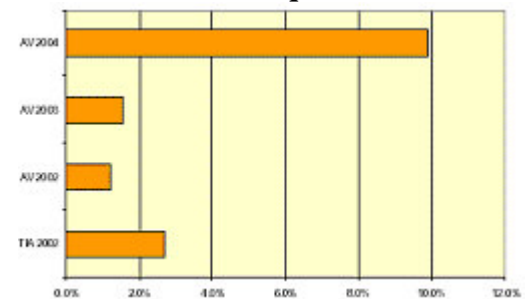
Table 5: HIV and AIDS Prevalence by Country (Adult 15 to 49 yrs)

	2001	2003
Lesotho	29.6	28.9
Malawi	14.3	14.2
Mozambique	12.1	12.2
Swaziland	38.2	38.8
Zambia	16.7	16.5
Zimbabwe	24.9	24.6
Angola	3.7	3.9
Botswana	38	37.3
Mauritius	-	-
Namibia	21.3	21.3
RSA	20.9	21.5
Tanzania	9	8.8

Source: UNAIDS 2004 Report

Orphan numbers and chronically vulnerable households are growing at a significant rate, contributing to the growing levels of livelihood failures of many poorer groups with an increasing inability of communities to cope. Health services across the region report that households are struggling countrywide and greater levels of morbidity are anticipated as the resilience of 'poor' households is weakened. By way of example, in Mozambique the number of adults reported to be chronically ill has increased over the last three years, with more households reporting incidence of chronic illness (sick continuously for more than 3 months) in 2004. This is being used as a proxy for HIV and AIDS (Figure 5).

Figure 5: Chronic Illness Among Adults in Mozambique



Source: Mozambique VAC 2004

The VA in Zimbabwe has demonstrated the close linkage between chronic illness, which is highly likely to be HIV and AIDS related, and the loss of a household's food security. Results from the Zimbabwe VAC indicate that the health of the head of household has a significant influence on the overall food security status of the household. Around 28% of households whose head is in good health are predicted to be food insecure this year, compared to 43% of those whose head has been sick for more than 3 months ("poor health") and 45% of those whose head is disabled (see Table 6). The analysis also indicates that health had an effect on the ability of households to access food; households considered food insecure but in good health were able to access 50% of their food needs, whereas this figure drops to 43% for households where the head was in poor health.

Table 6: % Households Food Insecure in 2004/05 by Health Status of Household Head

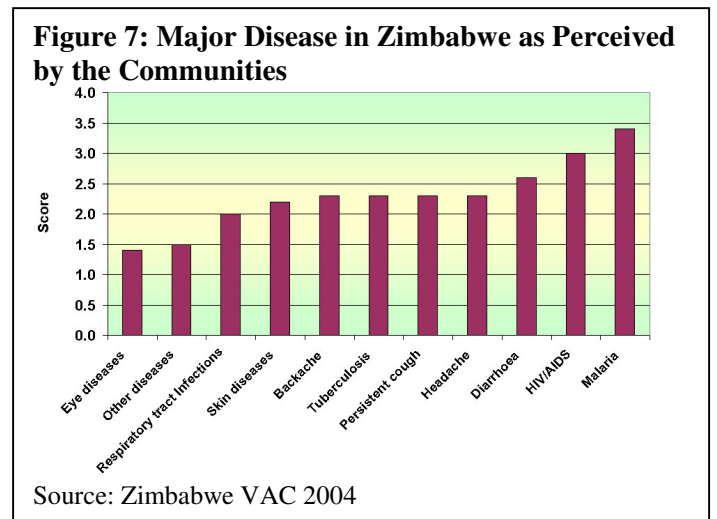
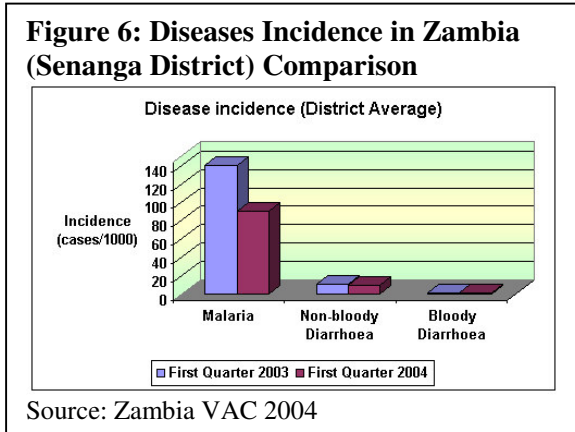
Health of HH Head	All Sectors	n =	Communal	n =
Good	28%	1,384	33%	1,057
Fair	35%	450	40%	368
Poor	43%	154	48%	130
Disabled	45%	38	50%	32

Source: Zimbabwe VAC 2004

4.3.4. Health Status

In addition to the economic difficulties being faced by rural households, the deterioration of health status and access to health services continues to be a major problem. As noted above, this is particularly relevant to the impact of HIV and AIDS. The virus has increased morbidity and mortality rates, vastly reducing the viability of already weakened livelihood strategies. Orphan numbers and other chronically vulnerable households are growing at

significant rates, contributing to the growing levels of livelihood failures and destitution of many poorer groups throughout the region. Women and children are taking the brunt of the this disease, as well as other health related matters, such as malaria, diarrhoea, tuberculosis, skin diseases, etc. Across the region, health services are struggling with greater levels of morbidity, resulting in weakened and under-capacitated health systems in many areas.



In Zambia and Zimbabwe, malaria was considered to be the number one health problem in most communities. This was followed by HIV and AIDS; and diarrhoea (see Figures 6 and 7 above). In Zimbabwe investigations were made as to the major cause of deaths. Shockingly the high proportion of deaths in the 16-29 and 30-49 age ranges were related to the AIDS. Children were said to be most affected by coughs, diarrhoea, respiratory infections and skin diseases, whilst women are most affected by backaches and eye problems and, to a lesser extent tuberculosis and HIV/AIDS. Men too suffer from backaches, tuberculosis, HIV/AIDS and eye diseases. These illnesses, some of them related to HIV, increases the health related expenditure in the household.

4.3.5. Education Status

VAC analyses in all six countries clearly indicate that the provision of basic services such as education, health, water and sanitation facilities is deteriorating. Most reports noted that households could not afford the cost of these services. In the flood-affected areas of Zambia, most services were disrupted. In the Kalabo district alone four schools were closed as water flooded classrooms and pit latrines.

The Zimbabwe VAC analysis made correlations between standard of education and the ability of households to access food. It indicated that households with well-educated heads are generally more food secure. The report also looked at household demographics and school attendance, indicating that the older the head of household the higher chances of children dropping out of school, indicating potential problems of grandparent-headed households, and also that households with orphans are likely to have children out of school (see Table 7).

Table 7: School Attendance in Zimbabwe

Household	Status	% 1 out of School	% All in School
Household (HH)	with ophans	30	70
	with No ophans	17	83
Male Headed HH	15 - 19 Years	13	88
	20 - 59 Years	19	81
	+60 Years	25	75
	Total	21	80
Female Headed HH	15 - 19 Years	33	67
	20 - 59 Years	23	77
	+60 Years	28	72
	Total	25	76
Food Security Status	Food Insecure	27	73
	Food Secure	19	81

Source: Zimbabwe VAC 2004

4.3.6. Water and Sanitation

Access to adequate water for domestic and agricultural use is one of the major constraints in the region. Access to safe drinking water varies from country to country and was reported as a constraint in three countries: Swaziland, Zimbabwe (resettlement areas) and in the flooded areas of Zambia. The flooded areas of Zambia benefited from

water purifying sachets to treat contaminated water and non-governmental organizations have distributed other sanitary requirements such as soap in the affected areas.

4.3.7. Policy and Food Security

Vulnerability in the region is highly associated with poverty and the economic environment existing in the countries. The VAC analyses continue to highlight a general economic slow-down and in some cases stagnation across the region. As a result, the structural context constraining livelihood options remains little changed over the past three -to-four years. Households are still faced with depressed employment opportunities, poorer casual labour opportunities, an undiversified agricultural base, poor agricultural production, rising prices of staples and inaccessibility of basic social services, all compounded by the effects of HIV and AIDS.

Policy changes must be developed which will have fundamental and long lasting impact on agriculture production, access to services, prices of staples and thence to improvements in poverty, food security and vulnerability of households.

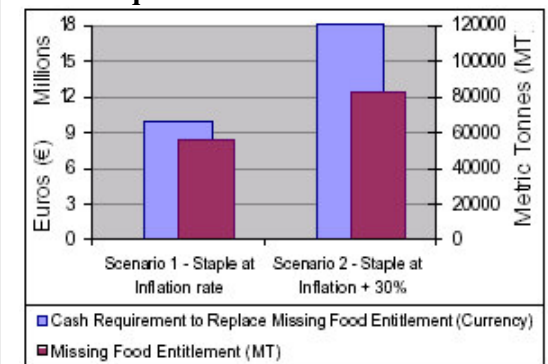
Across the region inflation rates and rising staple food prices continue to have a negative impact on the ability of households to afford basic foodstuffs and household amenities. As an example, shown in Figure 8, the Malawi VAC analysis indicates that a change in the inflation rates and the instability of national cereal supply will seriously affect staple prices. Thus their analysis is built around two scenarios, which takes into account market performance and national cereal supply. Scenario 1 provides an analysis that both inflation and staple food prices will remain stable (cereals at MK 18 to 25 per kg). However, Scenario 2 provides details on what the implications are if national cereal supply becomes erratic, which will result in a rise of staple food prices, 30% above normal inflation rates (MK25 to 35 per kg). The amount required to replace the missing food/cash entitlements increases significantly from US\$11.7 under Scenario 1 to US\$21.6 under Scenario 2.

The Zimbabwe VAC report indicates that economic problems and their effects on households' purchasing power have contributed immensely to the erosion of livelihoods for most Zimbabweans. As a result of hyperinflation, the national food poverty line (FPL) for a household of 5 persons has increased by 639.5% between April 2003 and March 2004 (approximately Z\$193,000 per month). In the same period the urban poverty line gained 577 percentage points to reach Z\$362,580 in March 2004 (see Figure 9) Minimum wages have not kept pace with the increasing cost of living in both rural and urban areas and income generating opportunities have diminished significantly (see Figure 9).

4.4. Markets and Food Access

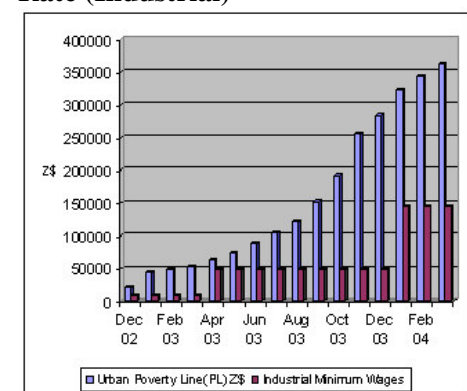
As noted above, the price of main staples is a major determinant of food security status. Markets in most countries determine the level of availability and supply of maize and other cereals. Generally, prices tend to be higher in cereal deficit areas and lower in the high producing or surplus areas, with generally a difference of around US\$0.10 per kg between the maximum and minimum price within the country. The retail price of maize ranged from US\$0.06 per kg in Malawi to as high as US\$0.42 per kg in Swaziland. This means that maize movement could easily occur within countries and across borders as the price difference could offer such an incentive. Maize prices have also generally decreased from October 2003 to June 2004, this is in line with an improved

Figure 8: Missing Food Entitlements and Cash Requirements in Malawi



Source: Malawi VAC 2004

Figure 9: Zimbabwe Urban Poverty Line and Monthly Minimum Wage Rate (Industrial)



Source: Zimbabwe VAC 2004

production and supply of maize in the countries and this trend should be normal for an average season (see Figure 10).

Household access to food depends on a number of factors. However, the VAC analyses this year clearly indicate the importance of cash income sources as a major contribution to food security

As an example, in Lesotho the poor wealth groups rely on 50 to 75% from employment markets to gain access to basic food staples and household amenities. In the peri-urban areas, remittances contribute between 25 to 60% of total cash income. Importantly, however is the relationship between the source of the income (livestock, wages, etc) and how they rise relative to the changes in the prices of the staple cereals, known as the terms of trade between the major source of income and maize price. The terms of trade determine whether the available income sources would be able to meet cereal requirements. The sources of income and the prices sometimes react to maize prices. For example in Zimbabwe, the VAC analysis indicates that the value of livestock relative to that of grains falls significantly during a food crisis. With improvement in maize availability and with people less desperate to sell their animals to get food, the terms of trade for cattle increased on average by 306% from April 2003 to April 2004. In Swaziland the terms of trade for livestock to maize has remained almost constant (see Figure 11).

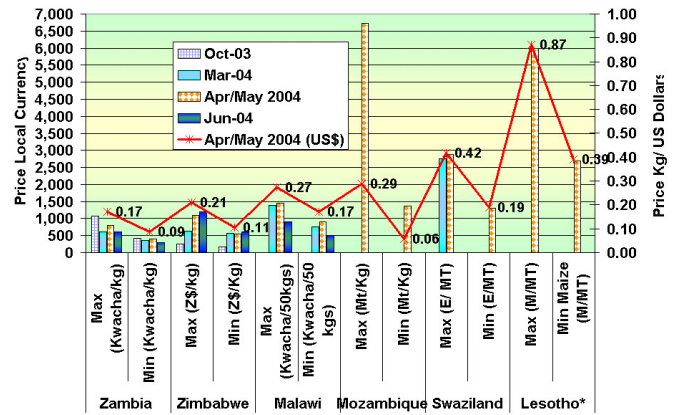
4.5. Characteristics of Vulnerable People

From the VAC analyses, most of the vulnerable people in the region could be summarized as comprised of populations with higher rates of illiteracy, higher incidences of chronic illnesses such as HIV and AIDS, female-headed households, pregnant and lactating mothers. Other characteristics include orphan-headed households, and households with limited diversification on their livelihoods. Households with limited assets base (e.g. livestock), are also extremely vulnerable.

Household Characteristics: The most vulnerable groups of very poor households (prioritized) are aged-headed households living alone or without a spouse, female-headed households, particularly the large number of very poor, orphans living in households with a high dependency ratio and HIV/AIDS victims and their affected households.

Rural / Urban Factor: Most households of the very poor live in the rural areas where access to basic facilities and markets are poor. This weakens their ability to cope. Physical access to services has a bearing on their well-being and the ability to have options in times of stress. Generally, these households face the highest prices for maize.

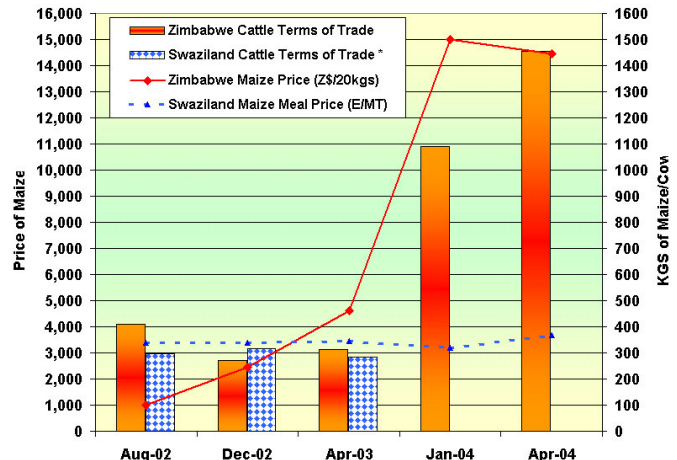
Figure 10: Minimum and Maximum Maize Prices Across Six Countries



Source: VAC Reports

* Lesotho – maize meal prices considered

Figure 11: Maize Prices and Livestock Terms of Trade August 2003 to April 2004 – Zimbabwe and Swaziland



Source: Zimbabwe and Swaziland VACs

4.6. Threats to Livelihoods in the Region

Various factors are contributing to the high levels of vulnerability in the region, including increasing staple food prices, especially for maize, and reduced incomes from employment, cash crops, livestock sales and informal trade. Depressed employment opportunities for casual labourers due to falling agricultural production and increasing illness (HIV and AIDS related) is also a main feature of failing livelihoods across the region. The VAC analyses provide substantive details with regards to the risks and threats to livelihoods in the six countries, which carried VA assessments. The main salient points from the reports include:

- ***Economic Decline and Stagnation*** is proving to be exceptionally profound in most of the countries resulting in increased poverty and vulnerability. Deterioration of livelihoods is partly attributable to poor macro-economic policies, leading to the decrease and loss of incomes at the household level
- ***Steady erosion of household assets and growing poverty*** has progressively been the cause of recurrent food insecurity in Southern Africa. Deep-rooted poverty is a result of undiversified livelihoods and cropping patterns which have tended to be centered around maize production. Low levels of income or no incomes and lack of opportunities for off farm employment, combined with the depletion of assets and aggravated by the high prevalence of HIV and AIDS across the region, has resulted in the inability of households to recover lost assets, thus reducing their capacity to mitigate against current and future shocks.
- ***Access to markets:*** Household income earning potential for the poor wealth groups has been negatively influenced by the overall production climate but, just as importantly, declining overall access to markets has dented it. Cash crop markets, which play key roles in rural household incomes, have been depressed by marketing arrangements. The informal maize market is large, while official maize sales are small overall and recent price levels have not been sufficient to attract sales by farmers. Poor infrastructure in some of the areas restricted access to markets because roads become impassable during the rainy season.
- ***Rising staple food prices:*** The continued increase in food prices relative to the income sources has eroded households' purchasing power. Maize price increases, caused by current and anticipated shortages is likely to compound the problem of poor people accessing available food in the coming months and throughout 2004/05.
- ***Availability/affordability of basic services*** (health, education, water, etc) remains a major constraint for the majority of the rural poor. In addition, the absence of or ineffective agricultural extension services are partly to the cause of low agricultural production.
- ***Low and erratic rainfall*** has induced periodic droughts in the region, particularly in the southeast early in the season, and sometimes floods in some areas such as Western Zambia last year. This has resulted in a non-conducive environment for agricultural activities in general and for crop development in particular.
- ***Poor agricultural production:*** With the notable exception of Zambia, cereal and cash crop production, acreage and yields have generally decreased over the years and this is partly attributed to availability of affordable agricultural inputs. This has resulted in increased food prices (especially for maize) across the region.
- ***Livestock Condition has been poor*** for several years and overall livestock numbers have been declining because of poor grazing conditions and water availability, with animals having had very little chance to recover their condition after each shock has hit. This has resulted in poor animal grades and low prices and reduced terms of trade with maize. The impacts of Transboundary animal diseases such as Foot and Mouth Disease (FMD) and Contagious Bovine Pleuropneumonia (CBPP) further serves to depress livestock markets.
- ***Increasing morbidity and mortality associated with HIV and AIDS*** is inducing downward national production trends and increasing vulnerability. Orphan numbers and other chronically vulnerable households are growing at a significant rate contributing to the growing levels of livelihood failure and destitution of many poorer groups throughout the region with an increasing inability of communities to cope.

5. KEY RECOMMENDATIONS AND IMPLICATIONS FOR DECISION MAKERS

As part of a regional synthesis, the following recommendations and policy implications are drawn from the VA reports. The more salient issues include:

Reduction of vulnerability is closely linked with poverty reduction. Vulnerability declines when households have diversified livelihoods (risk minimisation), and have resilience (e.g. access to livestock assets or savings and markets to sell products or increase income through employment). Creation of sustainable employment opportunities needs to be central to the national Governments' objectives. Reduction of vulnerability must be closely linked with poverty mitigation programmes.

Interventions should go beyond food aid and consider cash transfers/ safety nets: these would be most appropriate where aggregate supply of food is high and where the provision of cash to purchase food could avoid disruption of and benefit local markets. It should also be significantly cheaper to administer than food aid. In other areas, cash transfers would need to be complemented by active efforts to ensure that food would be made available on the market for purchase. Coherent livelihood promotion programmes need to be put into place, led by National Governments and aiming to increase appropriate agricultural and livestock production and most importantly employment opportunities in order to raise household income levels in the most vulnerable areas of the country. Such interventions could include integrated social and economic safety net systems, cash transfers schemes and public work programmes such as poverty vouchers as part of a recovery intervention.

The most vulnerable groups of very poor households should be prioritised: A strong need to reorganise and reprioritise resources from food aid to recovery and development activities is noted. However, such a shift should not ignore the humanitarian, social welfare and development needs of the most vulnerable groups. Further needs assessments should determine which population sub-groups are food insecure as well as which interventions are most appropriate, recognising that food aid is not always the best intervention. Additionally, there should be an enhanced programme of support for the most vulnerable – the poor groups, elderly, orphans, HIV/AIDS affected, care givers etc.

Agricultural recovery must continue to be supported. Poor harvests have been the main concern of most households and countries, hence the need for a concerted effort by national governments, UN agencies and nongovernmental organizations to support agriculture through improved access to agricultural inputs, ideally on a credit basis. Crops that are locally appropriate must be promoted so that the households can diversify their agricultural production to include short season cereal varieties, sweet potatoes, legumes and cassava. Where livestock provides a major source of income, provision of credit or similar facilities for livestock restocking, dipping chemicals and vaccines as inputs should be prioritised.

Policies that address the availability/affordability of basic services: There is a strong need to develop and support coherent policy making at both national and regional levels, by promoting a common understanding between national governments, donors, UN Agencies, NGOs, and other appropriate institutions, concerning the nature and causes of vulnerability in the SADC region. Enhanced policy and decision-making at all levels is required, which addresses short-term emergency response and long-term development type interventions. Special attention is required in developing and strengthening safety net and social protection programmes, with a particular emphasis on HIV affected households and access to basic services (education, health, safe drinking potable water and extension services, etc).

General food distributions and supplementary feeding programmes should take into account the need to provide foods with high protein and micronutrient content to HIV and AIDS patients and this should be supplemented with available and affordable Anti Retroviral (ARVs) drugs.

ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
CFSAM	Crop & Food Supply Assessment Mission (FAO/WFP)
DFID	UK Department for International Development
EMOP	WFP Emergency Operation
FANR	SADC Food, Agriculture and Natural Resources Directorate
FAO	Food and Agriculture Organization of the United Nations
FEWS NET	Famine Early Warning System Network
FEZ	Food Economy Zone
HH	Households
HIV	Human Immuno-Deficiency Virus
Kcal	Kilocalories
KG	Kilogrammes
LBVA	Livelihood Based Vulnerability Assessment
MT	Metric tonnes
NGO	Non-governmental organization
NVAC	National Vulnerability Assessment Committee
RVAC	SADC Regional Vulnerability Assessment Committee
SADC	Southern African Development Community
SC UK	Save the Children UK
SEG	Socio-Economic Groups
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAC	Vulnerability Assessment Committee
WFP	World Food Programme

CONTACTS FOR VULNERABILITY ASSESSMENT COMMITTEES – (For Detailed Country Reports)

SADC-FANR: Bentry Chaura – BentryChaura@sadc.int +267 3951863
LESOTHO: Mapalesa Mothokho – newu@ilesotho.com; crops@ilesotho.com +266 2 2317284
MALAWI: Patricia Zimpita – zimpitap@malawi.gov.mw; nec@malawi.net +265 788 8888
MOZAMBIQUE: Leonor Domingos – ldomingos@setsan.org.mz +258 82 328666
SWAZILAND: George Ndlangamandla -- swazivac@realnet.co.sz +268 404 6361
ZAMBIA: Chembo Mbula – dmmu@zamtel.zm +260 1 253143 or 252692
ZIMBABWE: Joyce Chanetsa – jchanets@mweb.co.zw +263 4 860320/9