Synthesis Report

on the state of food and nutrition security and vulnerability in Southern Africa

2020
SADC RVAA Synthesis Report 2020

RVAA
Regional Vulnerability Assessment & Analysis Programme

Informing Resilient Livelihoods

Supported by
Acknowledgments

The 2020 Synthesis Report on the State of Food and Nutrition Security and Vulnerability in Southern Africa was compiled by the SADC Secretariat’s Regional Vulnerability Assessment and Analysis (RVAA) Programme, under the leadership of the SADC Food, Agriculture and Natural Resources (FANR) Directorate and the Disaster Risk Reduction Unit (DRRU).

The report was approved by the RVAA Programme’s Steering Committee, comprising of permanent secretaries of the ministries housing the national vulnerability assessment committees (NVACs) held on 9 July 2020.

SADC Member States and development partners, especially the UK Department for International Development (DFID) and the Swiss Agency for Development and Cooperation (SDC), contributed funding and technical support.

The Regional Vulnerability Assessment Committee’s technical working groups on 1) Integrated Food Security Phase Classification (IPC); 2) Gender, Nutrition and HIV/AIDS; 3) Market Analysis; 4) Urban Assessment; and 5) Information Management, respectively supported Member States in integrated analysis.

The UN World Food Programme (WFP) and Landell Mills (LM) supported the SADC Secretariat in implementing the technical and institutionalization functions of the RVAA Programme respectively.

Preface

The Southern African Development Community (SADC) is a regional grouping founded by countries in Southern Africa that aim to promote and further socio-economic, political and security cooperation among its Member States and foster regional integration in order to achieve peace, stability and wealth. The Member States are Angola, Botswana, Union of Comoros, the Democratic Republic of Congo (DRC), Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, United Republic of Tanzania, Zambia and Zimbabwe.

This report provides an overview of vulnerability across the region as it relates to food and nutrition security. Central to its analysis is the primary data collected by respective NVACs. Secondary data from other government entities, as well as humanitarian and developmental partners, contribute to NVACs’ analysis.

The information contained in this publication may be freely used and copied for non-commercial purposes, provided that SADC is acknowledged as the source. The SADC name and emblem are the exclusive property of Southern African Development Community and are protected under international law. Unauthorized use is prohibited. They may not be copied or reproduced in any way without the prior written permission of SADC. Requests for permission should be sent to the Executive Secretary of the SADC Secretariat.
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lists of tables and figures</td>
<td>4</td>
</tr>
<tr>
<td>List of abbreviations</td>
<td>5</td>
</tr>
<tr>
<td>Executive summary</td>
<td>6</td>
</tr>
<tr>
<td>Introduction</td>
<td>7</td>
</tr>
<tr>
<td>The SADC RVAA</td>
<td>7</td>
</tr>
<tr>
<td>The Dissemination Forum</td>
<td>7</td>
</tr>
<tr>
<td>Approaches and methods</td>
<td>7</td>
</tr>
<tr>
<td>Regional overview</td>
<td>8</td>
</tr>
<tr>
<td>Introduction</td>
<td>8</td>
</tr>
<tr>
<td>Regional food security outlook</td>
<td>8</td>
</tr>
<tr>
<td>Regional nutrition security outlook</td>
<td>10</td>
</tr>
<tr>
<td>Contributing factors</td>
<td>12</td>
</tr>
<tr>
<td>Conclusions</td>
<td>23</td>
</tr>
<tr>
<td>Recommendations</td>
<td>23</td>
</tr>
<tr>
<td>In the short term</td>
<td>23</td>
</tr>
<tr>
<td>In the medium to long term</td>
<td>24</td>
</tr>
<tr>
<td>Country summaries</td>
<td>25</td>
</tr>
<tr>
<td>Angola</td>
<td>25</td>
</tr>
<tr>
<td>Botswana</td>
<td>25</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>25</td>
</tr>
<tr>
<td>Eswatini</td>
<td>25</td>
</tr>
<tr>
<td>Lesotho</td>
<td>26</td>
</tr>
<tr>
<td>Madagascar</td>
<td>26</td>
</tr>
<tr>
<td>Malawi</td>
<td>27</td>
</tr>
<tr>
<td>Mauritius</td>
<td>27</td>
</tr>
<tr>
<td>Mozambique</td>
<td>28</td>
</tr>
<tr>
<td>Namibia</td>
<td>28</td>
</tr>
<tr>
<td>South Africa</td>
<td>29</td>
</tr>
<tr>
<td>Tanzania, United Republic of</td>
<td>29</td>
</tr>
<tr>
<td>Zambia</td>
<td>29</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>30</td>
</tr>
<tr>
<td>Annex A: Regional food and nutrition insecurity snapshot</td>
<td>31</td>
</tr>
</tbody>
</table>
Lists of tables and figures

**Figure 1**: Prevalence of stunting .......................................................................................................................... 10
**Figure 2**: Prevalence of global acute malnutrition.............................................................................................. 11
**Figure 3**: Child feeding practices in the SADC Region, children 6-23 months......................................................... 12
**Figure 4**: Rainfall as % of average, Oct 19-Mar 20 .............................................................................................. 15

**Table 1**: Number of people food insecure............................................................................................................ 9
**Table 2**: COVID-19 cases and deaths, 01 July 2020 ............................................................................................ 13
## List of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
</tr>
<tr>
<td>CFR</td>
<td>Case fatality rate</td>
</tr>
<tr>
<td>COVID-19</td>
<td>Coronavirus disease 2019</td>
</tr>
<tr>
<td>DFID</td>
<td>UK Department for International Development</td>
</tr>
<tr>
<td>DRC</td>
<td>Democratic Republic of Congo</td>
</tr>
<tr>
<td>DRRU</td>
<td>SADC Disaster Risk Reduction Unit</td>
</tr>
<tr>
<td>EVD</td>
<td>Ebola virus disease</td>
</tr>
<tr>
<td>FANR</td>
<td>SADC Food, Agriculture and Natural Resources Directorate</td>
</tr>
<tr>
<td>FMD</td>
<td>Foot-and-Mouth Disease</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender-based violence</td>
</tr>
<tr>
<td>GMO</td>
<td>Genetically modified organism</td>
</tr>
<tr>
<td>GSU</td>
<td>IPC Global Support Unit</td>
</tr>
<tr>
<td>HCF</td>
<td>Health care facilities</td>
</tr>
<tr>
<td>HEA</td>
<td>Household Economic Approach</td>
</tr>
<tr>
<td>HIV</td>
<td>Human immunodeficiency virus</td>
</tr>
<tr>
<td>IMF</td>
<td>International Monetary Fund</td>
</tr>
<tr>
<td>IPC</td>
<td>Integrated Food Security Phase Classification</td>
</tr>
<tr>
<td>LM</td>
<td>Landell Mills</td>
</tr>
<tr>
<td>MAD</td>
<td>Minimum acceptable diet</td>
</tr>
<tr>
<td>MLND</td>
<td>Maize Lethal Necrosis Disease</td>
</tr>
<tr>
<td>MUAC</td>
<td>Mid-upper arm circumference</td>
</tr>
<tr>
<td>NVAC</td>
<td>National vulnerability assessment committee</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People living with HIV</td>
</tr>
<tr>
<td>QUIBB</td>
<td>Questionnaire of basic indicators of well-being</td>
</tr>
<tr>
<td>RVAA</td>
<td>SADC Regional Vulnerability Assessment and Analysis Programme</td>
</tr>
<tr>
<td>SADC</td>
<td>The Southern African Development Community</td>
</tr>
<tr>
<td>SDC</td>
<td>Swiss Agency for Development and Cooperation</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>SETSAN</td>
<td>Mozambique’s Technical Secretariat for Food Security and Nutrition</td>
</tr>
<tr>
<td>SIDGS</td>
<td>Madagascar’s Integrated Development Strategy for the Great South</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>UK</td>
<td>The United Kingdom of Great Britain and Northern Ireland</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNECA</td>
<td>United Nations Economic Commission for Africa</td>
</tr>
<tr>
<td>UNICEF</td>
<td>UN Children’s Fund</td>
</tr>
<tr>
<td>USD</td>
<td>United states dollars</td>
</tr>
<tr>
<td>VAA</td>
<td>Vulnerability assessment and analysis</td>
</tr>
<tr>
<td>VAM</td>
<td>WFP Vulnerability Analysis and Mapping</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, sanitation and hygiene</td>
</tr>
<tr>
<td>WFP</td>
<td>UN World Food Programme</td>
</tr>
<tr>
<td>WHA</td>
<td>World Health Assembly</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>mVAM</td>
<td>WFP Mobile Vulnerability Analysis and Mapping</td>
</tr>
</tbody>
</table>
Executive summary

The full impact of COVID-19 and the lockdown on food and nutrition security cannot yet be fathomed, as we are still in the eye of the storm. The lockdown has delayed NVAC assessments in several Member States. However, even before the lockdown, the region was on course to reach levels of food insecurity similar to the previous year, when 41.2 million Southern Africans were in need – the highest in a decade.

According to the current information received at the annual dissemination forum, close to 44.8 million people in both urban and rural areas of Southern Africa are food insecure. Given the fast-evolving situation brought about by COVID-19, most of the NVACs are still analysing the impact of the pandemic on food and nutrition security, as well as the secondary effects that might have been brought about by the global pandemic.

The region also faces the triple burden of malnutrition. Children under age 5 are fed predominantly poor diets: 9 Member States report stunting rates above 30%, while 4 Member States report obesity rates of above 10 per cent. Given the scale of disruption, significant increases in food and nutrition insecurity levels are expected across the region.

Based on available data, the COVID-19 pandemic had a limited impact on food production (availability). The region’s 2020 maize harvest is expected to have increased by at least 8% from last year. Internationally, record high production of maize, wheat and rice are expected, meaning grain-deficit countries are likely to benefit from depressed world grain prices, assuming no malfunction in grain trade due to COVID-19 restrictions.

However, poor rainfall and economic challenges saw maize production in Zimbabwe drop by 57%. Dry conditions also affected production in Eswatini, Lesotho, south-eastern Angola, southern Madagascar and Mozambique and most of Zimbabwe.

While not affecting production, the COVID-19 lockdown has contributed massively to already pervasive poverty, which affects the ability of Southern Africans to purchase (access) food on the market, as well as the ability of governments to purchase and move sufficient quantities of food. The urban poor have been suffering since the very start of the lockdown, as they rely wholly on the market for their food. The lockdown has also brought more hunger to rural areas, where many poor households rely on remittances, tourism, and school feeding programmes. Diets have worsened as diverse varieties of food become unavailable, inaccessible and unaffordable to the most vulnerable households, contributing to malnutrition.

Rural food insecurity is expected to peak between November 2020 and January 2021 (by which time smallholder farming families would have depleted their own food stocks) with the next harvest expected in April 2021. Thus, while more data is expected, through early advocacy there is enough lead time to mount a coordinated response to the serious rural food insecurity expected by January 2021, whilst at the same time assisting those already seriously food insecure in cities and villages across the region. Recommended assistance can be a combination of food and/or cash-based transfers.

Shock-responsive social safety nets must also be scaled up and special attention paid to the rising cases of domestic violence and gender-based violence during the COVID-19 lockdown. Gender perspectives should be incorporated into all responses to COVID-19 to ensure that actions during and after the COVID-19 crisis aim to build more equal, inclusive and sustainable economies and societies.

To address COVID-19 directly, the region should focus on the development and implementation of a
regional strategy on hygiene and hand washing with soap.

Member States are monitoring food and nutrition security and are encouraged to continue to explore with partners the feasibility of virtual data collection methods, forecasting, and decentralization of vulnerability assessment processes. And where face-to-face interviews are undertaken, assessors should adhere to the COVID-19 regulations of the respective Member State Government.

Introduction

The SADC RVAA

The Southern African Development Community (SADC) Regional Vulnerability Assessment and Analysis (RVAA) Programme seeks to ensure the timely provision of credible vulnerability information; while strengthening capacities to meet the ever-increasing information needs of governments and partners for developmental programming and emergency response.

The region’s vulnerability assessment and analysis (VAA) system is built on the national vulnerability assessment committees (NVACs) of SADC Member States. The NVACs are a key source of information for emergency response and development programming by both governments and partners as well informing policies in the area of food and nutrition security.

The Dissemination Forum

It is here that NVACs and partners share their collective analysis of the regional vulnerability situation, which peaks during the January to March “hunger season”, when many smallholder families run out of their April-June harvests.

Given the cyclical nature of food insecurity in Southern Africa, the RVAA champions the integration of poverty, gender and other dimensions into vulnerability assessment and analysis; and this year, COVID-19.

This report presents acute needs, identifies structural constraints, and posits recommendations to address vulnerability to food and nutrition security across the humanitarian-development nexus.

Approaches and methods

In early 2020, as the magnitude of the COVID-19 pandemic was becoming clear, the RVAA Programme supported the development of guidelines for vulnerability assessment and analysis in the context of COVID-19 (link). Approved by SADC Committee of Ministers responsible for Food Security and Agriculture and Aquaculture and Fisheries, the guidance mainstreams the principle of “Do No Harm”, for assessments to be conducted in ways that safeguard the safety, health and civil liberties of all participants. The importance of urban VAA is also underscored by the guidelines, which posits that city-dwellers are more affected by COVID-19 and the associated lockdown. (Indeed, since 2008 there has been a concerted effort to understand urban livelihoods and how they are impacted by shocks.)

Given movement restrictions due to COVID-19 across the region, innovative data collection approaches are outlined in the guidelines for consideration. Member States are encouraged to explore, together with their partners, the feasibility of virtual data collection methods, such as computer assisted telephone interviews. Decentralization of vulnerability assessment processes is also recommended: establishing and capacitating nodes of sub-national NVAC teams.

And where face-to-face interviews are undertaken, assessors should adhere to the COVID-19 regulations of the respective Member State Government.

In general, NVACs employ various livelihoods-based approaches to collect and analyse vulnerability data. “Sustainable livelihoods” is the guiding conceptual framework. The Household Economic Approach (HEA) and Integrated Food
Security Phase Classification (IPC, link) are common analytical frameworks. Qualitative methods as well as quantitative household surveys (structured questionnaires) are used to collect primary data that is complemented with secondary data from multiple sources.

In response to the impact of COVID-19, the IPC Global Support Unit (GSU) re-evaluated the 2020 Global and Regional Strategy for Southern Africa. To support countries to continue with acute analysis, the IPC GSU rolled out several new guidelines, including the guidelines for Virtual Analysis, Guidelines for Minimum Evidence Requirements for IPC in the Absence of Primary Data Collection and Developing Assumptions for Forecasted Food Security Analysis. In addition, the GSU piloted a few urban analysis pilots and completed the guidelines on urban IPC analysis to support data collection and analysis of food insecurity in urban areas.

The various assessment methods and approaches to assessments employed by NVACs are harmonised through a common set of indicators in their assessments. This progress towards harmonized assessments continues to yield results.

In recognition of Southern Africa being a drought hotspot, the UN World Food Programme (WFP) developed a drought hotspot analysis tool to anticipate food insecurity and plan accordingly for early response. The tool considers rainfall amount and temporal distribution, vegetation conditions, and land surface temperatures, to estimate the scale and severity of droughts. Such an approach underscores the importance of forecasting in addressing food and nutrition security.

The COVID-19 pandemic and related lockdown were unique additional shocks to livelihoods in the region in the period under view, impacting on food and nutrition security in compounding and unpredictable ways. The RVAA Programme is seeking to contribute to the understanding of this interplay through a large-scale study, to be completed by September 2020.

Regional overview

Introduction

Food and nutrition security are a key outcome of livelihoods, which comprise the capabilities, assets (including both material and social resources) and activities required for a means of living. Access to and control of assets is influenced by the interplay of operational rules, laws, regulations, policies and processes, which determine potential livelihood strategies (e.g. growing crops, raising livestock, mining, trading, teaching, etc.). Livelihoods play out within a broader vulnerability context defined by trends (e.g. population growth, climate change, seasons, economic growth, technological developments, etc.) and shocks (droughts, floods, cyclones, conflict, disease).

Regional food security outlook

The full impact of COVID-19 and the lockdown cannot yet be fully fathomed as we are still in the eye of the storm. The number of people who are food insecure this year will be far in excess of assessment figures, given the unassessed urban poor, and the fact that we simply cannot know where we will be come the peak of the lean season between November 2020 and January 2021. However, even before the lockdown, the region was on course to reach levels of food insecurity similar to the previous year, when 41.2 million Southern Africans were in need – the highest in a decade.

Based on available data, an estimated 44.8 million people in 13 SADC Member States countries are food insecure this consumption year (see Table 1). Compared to 2019, food insecurity increased by almost 10% in 2020. This includes 33.6 million people living in rural areas and 11.1 million in urban areas (only a few cities were assessed). The vulnerability of urban residents to hunger is considerable and requires urgent action. Rural food insecurity is no exception: based on the data available, 17% of the region’s rural population are struggling to access food, either due to challenges...
in availability of foods or limited purchasing power induced by price hikes.

Although food supply chains have remained functional in the region, delay at border posts on movement of food stock, reduced harvests and household stocks in a few countries, have led to price increases, even in the harvest period. Data from country assessments shows that households are already engaging in food coping strategies; borrowing money; selling household and livelihood assets to access food. Urban populations have suffered from significant income shocks.

Households have suffered loss of income and reduction in income from both formal and informal sources. Rural households have experienced significant decreases in remittances. Significant increases in the number of people that are food insecure from last year have been recorded in Eswatini (58%); Zimbabwe (40%) and Malawi (140%). Eswatini has suffered from a series of shocks, including poor harvests and closure of textile factories. Migration from South Africa back to rural areas in the country and internal migration from urban to rural areas has increased pressure rural households to provide food for extra household members, with little resources. Zimbabwe’s severe macro-economic situation has now evolved into protracted crisis, with 7.7 million people suffering from food insecurity. High underlying chronic food insecurity has exacerbated the impact of a series acute shocks in the country. According to the ZIMSTAT Poverty Consumption and Expenditure Survey (2017), 70.5% of the population were poor and 29.3% were extremely poor.

It should be remembered that 2019 saw severe drought, floods and back-to-back cyclones, which contributed to 41.2 million people being food insecure - the highest in a decade. The situation is further aggravated by widespread poverty, chronic malnutrition and macro-economic shocks in countries like Zimbabwe, where food inflation stands at 950%. Conflict continues in eastern DRC and northern Mozambique. The COVID-19 pandemic will deepen and increase poverty and food insecurity in the region.

WFP’s drought hotspot analysis shows continued dry conditions affecting Southern Madagascar and Mozambique, most of Zimbabwe, parts of Zambia, south-eastern Angola, as well as Lesotho and

<table>
<thead>
<tr>
<th>Country</th>
<th>Total affected 2019-20</th>
<th>Rural affected 2020-21</th>
<th>Urban affected 2020-21</th>
<th>Total affected 2020-21</th>
<th>Rural population</th>
<th>% rural population affected 2020-21</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>1,139,064</td>
<td>1,051,800</td>
<td>1,051,800</td>
<td>11,087,737</td>
<td>9</td>
<td></td>
<td>The Government of Angola and WFP (Hotspot Analysis)</td>
</tr>
<tr>
<td>Botswana</td>
<td>38,300</td>
<td>38,300</td>
<td>38,300</td>
<td>664,641</td>
<td>6</td>
<td>2019 number</td>
<td></td>
</tr>
<tr>
<td>DRC</td>
<td>15,878,661</td>
<td>13,141,056</td>
<td>13,141,056</td>
<td>60,722,174</td>
<td>22</td>
<td></td>
<td>IPC Phase 3+, valid Jan to May 2020</td>
</tr>
<tr>
<td>Eswatini</td>
<td>232,373</td>
<td>335,421</td>
<td>30,840</td>
<td>366,261</td>
<td>38</td>
<td></td>
<td>IPC Phase 3+ for 4 rural and 2 urban districts, valid Oct to Mar 2021</td>
</tr>
<tr>
<td>Lesotho</td>
<td>433,410</td>
<td>433,000</td>
<td>433,000</td>
<td>1,321,263</td>
<td>33</td>
<td></td>
<td>2019 number, IPC Phase 3+</td>
</tr>
<tr>
<td>Madagascar</td>
<td>916,201</td>
<td>554,000</td>
<td>554,000</td>
<td>16,072,148</td>
<td>3</td>
<td>IPC Phase 3+ rural, valid to Jul 2020</td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td>1,126,147</td>
<td>1,900,000</td>
<td>800,000</td>
<td>2,700,000</td>
<td>13</td>
<td>2019 number, IPC Phase 3+ rural</td>
<td></td>
</tr>
<tr>
<td>Mozambique</td>
<td>1,648,646</td>
<td>1,648,646</td>
<td>364,389</td>
<td>2,013,035</td>
<td>9</td>
<td>IPC Phase 3+ rural from 2019 &amp; urban (Maputo and Matola), valid to Sep 2020</td>
<td></td>
</tr>
<tr>
<td>Namibia</td>
<td>289,644</td>
<td>354,438</td>
<td>354,438</td>
<td>1,209,564</td>
<td>29</td>
<td>IPC Phase 3+ rural &amp; urban, valid to Sep 2020</td>
<td></td>
</tr>
<tr>
<td>South Africa</td>
<td>13,670,000</td>
<td>5,800,000</td>
<td>7,800,000</td>
<td>13,600,000</td>
<td>29</td>
<td>2019 number</td>
<td></td>
</tr>
<tr>
<td>Tanzania</td>
<td>985,267</td>
<td>488,661</td>
<td>488,661</td>
<td>35,890,686</td>
<td>1</td>
<td>IPC Phase 3+, valid to Sep 2020</td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td>2,330,182</td>
<td>2,330,182</td>
<td>2,330,182</td>
<td>9,897,231</td>
<td>24</td>
<td>2019 number, IPC Phase 3+</td>
<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>5,529,209</td>
<td>5,529,209</td>
<td>2,200,000</td>
<td>7,729,209</td>
<td>56</td>
<td>2019 number: 5.5 rural &amp; 2.2 urban</td>
<td></td>
</tr>
<tr>
<td><strong>SADC</strong></td>
<td><strong>41,193,176</strong></td>
<td><strong>33,604,713</strong></td>
<td><strong>11,195,229</strong></td>
<td><strong>44,799,942</strong></td>
<td><strong>200,590,832</strong></td>
<td><strong>17</strong></td>
<td></td>
</tr>
</tbody>
</table>
Eswatini. This has been a pattern over the past three seasons, which is an indication of difficult times ahead and the need to respond differently to the food security issues in Southern Africa.

Regional nutrition security outlook

The SADC region is faced with a triple burden of malnutrition characterized by undernutrition (stunting and acute malnutrition); overnutrition (overweight/obesity); and micronutrient deficiencies. The SADC region has more than 18.7 million stunted children (being too short for your age). The stunting prevalence is above 30% - classified as very high - in 9 of the 16 SADC Member States. Reduction in stunting is occurring too slowly to meet the World Health Assembly (WHA) 2025 or the Sustainable Development Goals (SDGs) 2030 targets (see Figure 1).

Cereal-based diets are predominant across the region, limiting diet diversity and increasing the risk of micro-nutrient deficiencies. This is currently demonstrated by the active pellagra outbreaks in Mozambique and Zimbabwe. The risk to malnutrition is further increased by climate change, manifested in the region as droughts and floods, and the impact borne disproportionately by the most vulnerable.

The COVID-19 pandemic of 2020 has further increased the risk to malnutrition due to the lockdown measures taken by various Member States to contain the spread of the virus, resulting in reduced access to food. As more restrictions have been put in place by Member States, diverse varieties of food have become unavailable, inaccessible and unaffordable to the most vulnerable households. There is a risk that households will be forced to adopt negative eating practices.

Figure 1: Prevalence of stunting

![Prevalence of Stunting Map](image)
practices, including reducing frequency, quantity and quality of foods, to adapt to the lockdown measures.

Available current data shows that the prevalence of global acute malnutrition (wasting - being too thin for your height) among children under age 5 is above 5% in five Member States (Botswana, Comoros; Democratic Republic of Congo, Madagascar and Namibia). See Figure 2.

While the effects of COVID-19 on malnutrition are not yet fully known, it is anticipated that with the effect of COVID-19 containment measures taken, acute malnutrition across the region could increase by 25% or more over the remainder of 2020 and into 2021. With these considerations, there are expected to be approximately 8.4 million children who will suffer from acute malnutrition across the region in 2020, and of these approximately 2.3 million children will require life-saving treatment for severe acute malnutrition. Over two-thirds of these children (72%) are found in six countries in the region (Angola, DRC, Mozambique, Madagascar, Tanzania and Zambia).

There are also pockets of high wasting rates (above 10%) in the DRC (Greater Kasai, North Kivu, South Kivu and Tanganyika provinces), Mozambique (Cabo Delgado Province), southern Angola (Cunene and Huila provinces) and southern Madagascar (Atsimo Andrefana and Amosy regions). In addition, poor local food production in some countries (in particular Angola, Madagascar, Mozambique and Zimbabwe) indicates an early start to the lean season that will further compound the effects of COVID-19.

Figure 2: Prevalence of global acute malnutrition

Key:
Prevalence of Global Acute Malnutrition (most recent national survey data*)

- Very low <2.5%
- Low 2.5 - <5%
- Medium 5 - <10%
- High 10 - <15%
- Very high ≥15%
- No data

*Surveys range from 2007 – 2019 (except Mauritius – no recent data)
JME data, April 2020 Update

Member States, JME 2020
Provision of essential nutrition services have also been affected by restrictions on mass gatherings, affecting community outreach services such as immunization, vitamin A supplementation and mass mid-upper arm circumference (MUAC) screening in some Member States, which will further limit the coverage of vulnerable children. Member States are adapting implementation activities to maintain delivery of essential services. Adaptations include simplifying admission protocols for children with severe acute malnutrition, expanding the teaching of mothers and caretakers to identify when their children are malnourished and what to do (Family MUAC), and use of mobile technology for data collection and reporting.

As mentioned earlier, overweight/obesity is also a growing challenge in the region, both among adults and young children. The prevalence of overweight amongst children under age 5 is high, at more than 10% in four Member States (Botswana 11.2%, Comoros 10.6%, Seychelles 10.2% and South Africa 13.3%).

Appropriate feeding of infants and young children is multi-dimensional and influenced by factors such as food quality, mothers’ time, mothers’ level of education, and cultural norms. Minimum acceptable diet (MAD) scores - a measure of the quality of young children’s diets - is very low, with most Member States having MAD of less than 15%, with ranges from 5.9% in Comoros to 38% in Eswatini (see Figure 3).

**Figure 3:** Child feeding practices in the SADC Region, children 6-23 months

<table>
<thead>
<tr>
<th>Minimum Meal Frequency (6-23mo)</th>
<th>Minimum Diet Diversity (6-23mo)</th>
<th>Minimum Acceptable Diet (6-23mo)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eswatini</td>
<td>Eswatini</td>
<td>Eswatini</td>
</tr>
<tr>
<td>Lesotho</td>
<td>South Africa</td>
<td>South...</td>
</tr>
<tr>
<td>South Africa</td>
<td>Angola</td>
<td>Angola</td>
</tr>
<tr>
<td>Zambia</td>
<td>Mozambique</td>
<td>Mozamb...</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Namibia</td>
<td>Namib...</td>
</tr>
<tr>
<td>Namibia</td>
<td>Malawi</td>
<td>Malawi</td>
</tr>
<tr>
<td>Tanzania</td>
<td>Zimbabw...</td>
<td>Zimbabw...</td>
</tr>
<tr>
<td>Zimbabw...</td>
<td>Madagascar</td>
<td>Madagascar</td>
</tr>
<tr>
<td>DRC</td>
<td>Comoros</td>
<td>Comoros</td>
</tr>
<tr>
<td>Angola</td>
<td>Tanzania</td>
<td>Tanzania</td>
</tr>
<tr>
<td>Comoros</td>
<td>Malawi</td>
<td>Malawi</td>
</tr>
<tr>
<td>Malawi</td>
<td>DRC</td>
<td>DRC</td>
</tr>
<tr>
<td>Seychelles</td>
<td>Lesotho</td>
<td>Lesotho</td>
</tr>
<tr>
<td>Mauritius</td>
<td>Seychelles</td>
<td>Seychel...</td>
</tr>
<tr>
<td>Madagascar</td>
<td>Mauritius</td>
<td>Mauritius</td>
</tr>
<tr>
<td>Botswana</td>
<td>Botswana</td>
<td>Botswana</td>
</tr>
</tbody>
</table>

Percent of children 6-23mo

UNICEF, 2019

**COVID-19 and associated lockdown**

COVID-19 was declared a global pandemic by the World Health Organisation (WHO) on 11 March 2020. SADC recorded its first case of COVID-19 in early March, and the outbreak continues to evolve with rising cases and associated deaths, although with decreasing case fatality rates. As of 1 July 2020, a total of 167,588 cases have been reported and 2,962 deaths, giving a case fatality rate (CFR) of 1.8.

SADC recognises that the effects of the COVID-19 pandemic cut across many socio-economic spheres, resulting in diverse and complex challenges and devastating impacts. The socio-economic impacts of COVID-19 in SADC may be unprecedented due to resource limitations, and inadequacies in health systems in many of the Member States. The immediate expected impact has been increased unplanned public health expenditure. Disruption of supply chains and demand side shocks are also
significantly affecting commodity prices and result in weak foreign exchange rates, while the closures of schools will impact on the learners and youths in the region. Tourism has come to a standstill.

Nationwide as well as partial lockdowns will also weigh heavily on consumption expenditure. As a result of the COVID-19 pandemic, the global economy is projected by the International Monetary Fund (IMF) to contract sharply by 4.9% in 2020, much worse than during the 2008–09 financial crisis. The economy of South Africa, the powerhouse of the region, is expected to contract by a staggering 8%, following contraction of 1.4% and 0.8% in the fourth and third quarters of 2019 respectively.

Additionally, uncertainties concerning COVID-19 and the effectiveness of public policies intended to curtail its spread are fuelling market volatility. The IMF has projected a partial recovery in 2021, but the level of growth will remain below the pre-virus trend, with considerable uncertainty about the strength of the rebound. However, worse growth outcomes maybe possible if the pandemic and containment measures last longer. Emerging and developing economies are likely to be severely hit if closures and extended unemployment lingers.

The food and nutrition security of school-aged children has been particularly affected. The disruption and closure of schools and school meal programmes in the region due to COVID-19 will have a negative impact on an array of human rights, including the right to adequate food and nutrition services to children. According to the WFP Global Monitoring Report on School Meals, it is estimated that 20.5 million SADC school children will not have access to regular school health and nutrition services due to the school closures.

Other health issues

Ebola

In 2019, the Ebola outbreak in Democratic Republic of Congo (DRC) was declared a public health emergency of international concern by the World Health Organisation (WHO), which called for greater efforts to combat the disease. The Government of DRC declared a new outbreak of Ebola Virus Disease (EVD) on 31 May 2020 in Mbandaka, in the country’s northwest Équateur Province. This is the 11th EVD outbreak in the DRC and, as of 14 June 2020, there were 14 confirmed cases and 11 deaths. The outbreak began at a time when experts were close to declaring an end to the 10th EVD outbreak which started in August 2018 in North Kivu and Ituri Provinces and infected over 3,400 people and claimed over 2,200 lives. The outbreak has also resurfaced when the government is intensifying efforts in response to the COVID-19 crisis.

The Ebola epidemic in the DRC has evolved in an extremely complex environment, marked by weak health systems; diseases outbreaks such as measles and cholera; poor infrastructure limiting accessibility; political instability; community resistance; and ongoing conflict and population displacement. It is increasingly clear that the impact of Ebola goes well beyond health, in terms of morbidity and mortality, and that it has a direct impact on the livelihoods and food security of

<table>
<thead>
<tr>
<th>Region</th>
<th>Cases</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angola</td>
<td>284</td>
<td>13</td>
</tr>
<tr>
<td>Botswana</td>
<td>227</td>
<td>1</td>
</tr>
<tr>
<td>Comoros</td>
<td>303</td>
<td>7</td>
</tr>
<tr>
<td>DRC</td>
<td>7,039</td>
<td>169</td>
</tr>
<tr>
<td>Eswatini</td>
<td>812</td>
<td>11</td>
</tr>
<tr>
<td>Lesotho</td>
<td>27</td>
<td>0</td>
</tr>
<tr>
<td>Madagascar</td>
<td>2,214</td>
<td>20</td>
</tr>
<tr>
<td>Mauritius</td>
<td>341</td>
<td>10</td>
</tr>
<tr>
<td>Malawi</td>
<td>1,265</td>
<td>16</td>
</tr>
<tr>
<td>Mozambique</td>
<td>889</td>
<td>6</td>
</tr>
<tr>
<td>Namibia</td>
<td>203</td>
<td>0</td>
</tr>
<tr>
<td>Seychelles</td>
<td>81</td>
<td>0</td>
</tr>
<tr>
<td>South Africa</td>
<td>151,209</td>
<td>2,657</td>
</tr>
<tr>
<td>Tanzania</td>
<td>509</td>
<td>21</td>
</tr>
<tr>
<td>Zambia</td>
<td>1,594</td>
<td>24</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>591</td>
<td>7</td>
</tr>
<tr>
<td>SADC</td>
<td>167,588</td>
<td>2,962</td>
</tr>
</tbody>
</table>

Source: SADC Member States, WHO Table 1: COVID-19 cases and deaths, 01 July 2020

13
already vulnerable communities grappling with other socio-economic challenges.

Measles and Polio
Several countries across the Southern African region, including Angola, Comoros and Madagascar, reported outbreaks of measles in 2019, with Mozambique and Angola reporting cases in 2020.

Cholera
The disease has become endemic in multiple countries, particularly Angola, Malawi, Mozambique, Zambia and Zimbabwe, with more than half of all cases (61.4%) occurring in Mozambique in 2019, following the cyclone. In January 2020, Malawi reported three cholera cases in Blantyre and has not reported additional cases since.

Malaria
Angola, Mozambique and Zambia have been reporting a very high number of malaria cases and deaths over the past two years. In 2020, Zimbabwe reported an upsurge of malaria, with 236,865 cases and 226 deaths as at 26 April. Compare this to 2019, when 137,843 cases and 137 deaths were reported; and 2018, when 120,758 cases and 109 deaths were reported.

HIV/AIDS and Tuberculosis
SADC remains the epicentre of the HIV epidemic. In the last 10 years the region has made significant progress: HIV new infections have been reduced by one third, AIDS-related deaths have been halved while one Member State, Namibia, has achieved the 90-90-90 target for testing, treatment and viral suppression. Several others are on the brink of achieving this crucial milestone on the way to ending the epidemic in the region. However, critical gaps remain, including prevention services (especially for adolescent girls and young women aged 15-24 years), service coverage for key and vulnerable populations, HIV testing, treatment and viral suppression among children and adolescents, and retention of mother-infant pairs in prevention of mother-to-child transmission programmes throughout pregnancy and the breastfeeding period. In the SADC region, about 6 million people living with HIV are not yet on treatment and approximately 5,000 new HIV infections occur every week among adolescent girls and young women.

Food insecurity has both a direct and indirect effect on HIV and tuberculosis (TB). People from food insecure households are more likely to engage in HIV-related risky behaviour such as transactional sex, which increases their risk of HIV. People living with HIV (PLHIV) from food insecure households are less likely to adhere to treatment and are at an increased risk of disease progression, TB infection, malnutrition and other opportunistic infections.

Southern Africa has the highest burden of people living with HIV at 17 million, which may accentuate the health impacts of the COVID-19 pandemic. For countries already facing high levels of poverty and food insecurity in the region, the COVID-19 outbreak could be difficult to control and potentially exacerbate existing issues. With the recent lockdowns adopted and implemented by many member states to curtail the spread of COVID-19, there are negative impacts on the socio-economic situations of the most vulnerable. Increasing poverty due to lockdowns and lack of economic activity will further exacerbate the cycle of food insecurity and HIV. The interplay between HIV and COVID-19 is not yet well understood, but the COVID-19 pandemic is likely to have both direct and indirect negative effects on people living with HIV. It is possible that people living with HIV, especially those who are untreated, may be at risk of more severe COVID-19 symptoms, but this evidence is still emerging. Lockdowns and fear are leading to decreased service utilization across member states, including for HIV services and anti-retroviral medication.

Climate change and variability
Designated as a climate “hotspot” by the Intergovernmental Panel on Climate Change, Southern Africa is prone to recurrent extreme climatic shocks and has experienced normal rainfall in only one of the last five cropping seasons.
Unusual rainfall patterns with a weak start of season, long dry-spells and premature cessation increasingly characterize the region.

Climate-induced shocks and hazards are linked to reduced agricultural production, displacement of people, damage to homes and critical infrastructure and disease outbreaks such as malaria and cholera.

The region experienced normal rainfall in only one of the last five cropping seasons. In 2019, repeated extreme climatic shocks resulted in the highest acute food insecurity in the past decade.

The most pronounced manifestations of climate change and variability in the region include:

a) An increase in temperature, leading to increased heat stress and reduced crop yields. (The region’s staple crop – maize – is particularly prone to the effects of climate change);

b) Changes in rainfall patterns: increasingly erratic rainfall events of high intensity, leading to floods and more frequent droughts and dry spells;

c) A delayed onset of the rainfall season and an early tailing off, thus reducing the growing period for crops.

d) Climate variability and change, coupled with human-induced changes, may also affect ecosystems e.g., mangroves and coral reefs, with additional consequences for fisheries and tourism.

e) Human health, already compromised by a range of factors, could be further negatively impacted by climate change and climate variability, e.g., malaria in Southern Africa.

Although climate change will have a major impact on the region’s economic sectors, there are likely to be some opportunities for growth due to changes in seasons and production cycles. The need to respond to climate change is also an opportunity to drive economic transformation in the region: climate-resilient, low-carbon development that boosts growth, bridges the energy deficit and reduces poverty. Investing in sustainable land use via climate-smart agriculture can reverse an otherwise vicious cycle by raising smallholder income, reducing vulnerability and strengthening national food security, as well as lowering greenhouse gas emissions.

Climate change gives greater urgency to sound, growth-stimulating policies irrespective of the climate threat. Green growth strategies can accelerate investment in resource-efficient technologies and new industries, while managing costs and risks to taxpayers, businesses and communities. Transition to green growth protects livelihoods; improves water, energy and food security; promotes the sustainable use of natural resources; and spurs innovation, job creation and economic development.

Southern African countries need to expand power generation hugely to achieve universal access to energy – but they can do this through appropriate energy mixes that will allow the region to light up and power its cities, rural areas and economies. Southern Africa has enormous potential for renewable energy – hydro, solar, wind and geothermal power.

Drought

The start of the rainfall season was late and erratic in most parts of the region, particularly the southern...
half. The October-to-December 2019 period was one of the driest since 1981 in central and southern areas. This erratic onset led to below average area planted, poor germination, and early wilting in central and southern parts of the region. Planting rains in November were followed by a 3-week dry spell during the December-January period across much of southern and central Mozambique, and Zimbabwe, leading to further wilting of crops. Lesotho had an extensively late onset of rains resulting in below average cropped area, and southern Madagascar experienced extended periods of low rainfall, resulting in wilting of crops and drought conditions.

After favourable rainfall fell across most parts of the region for much of February, a dry spell that culminated in an early cessation of rains occurred across the central and eastern parts of the region. From late February to April, little to no rainfall was received in most parts of central and eastern Botswana, southern Madagascar, southern Malawi, southern and central Mozambique, northern South Africa, southern and central Zambia, and most of Zimbabwe. The dry conditions were accompanied by high temperatures, particularly later in March. Late planted crops were worst affected, while some early planted crops reportedly reached maturity before the dry conditions set in, resulting in moderate yields.

Despite the unfavourable rainfall that has affected many parts of the region this season, a number of areas have also experienced good rainfall conducive to crop development. These include some northern and central parts of Malawi, central South Africa, and much of Zambia.

**Floods and cyclones**

Several areas were affected by excessive rains and flooding between December and March, including parts of Angola, DRC, Madagascar, Malawi, Mozambique, Tanzania and Zambia. Some of the floods resulted in loss of lives, displacement of populations, destruction of infrastructure, and washing away of crops. In northern DRC, over 50% of crops were lost to flooding in some areas, and the extent of flooding has resulted in below average production in some north-eastern parts of the country. In December 2019, Tropical Cyclone Belna negatively affected western Madagascar, while Tropical Cyclone Herold affected over 3,000 people in north-eastern Madagascar in March. Tropical Cyclone Calvinia also caused some flooding of crops in Mauritius in late December. While destructive in the flood-affected areas, the high rainfall was generally beneficial for cropping in surrounding areas.

**Food production and livelihoods**

**Cereal production**

Maize accounts for 80% of cereal production in Southern Africa. Other important cereals are wheat, sorghum, millet and rice. Six staple cereal producers (South Africa, Tanzania, Malawi, Madagascar, Zambia and DRC) have contributed to close to 90% of annual harvests over the past decade. With only 7% of cultivated land irrigated, most farmers in Southern Africa are smallholders who cultivate less than 5 ha and are fully dependant on rain-fed cultivation.

This year, crop production was impacted by the late onset of rains, prolonged dry spells, sporadic heavy rainfall, as well as pest outbreaks. Despite these factors, the region is expected to see a year-on-year increase in maize production of at least 8% in the 2020/21 marketing year. The largest increase is expected in Namibia, estimated at 180% of 2019 tonnage and 33% above the 5-year average. Zambia follows with a projected 69% increase, and South Africa expects a 38% increase. This is the second largest harvest for South Africa on record, which has produced more than 30% of the region’s annual staple cereal crop over the past 10 years.

A severe drought saw Zimbabwe producing 1.060 million tons in 2020 compared to 2.443 million tons last year; recording the highest decrease (57%) in maize production among SADC Member States in 2020.
The impact of the COVID-19 pandemic on food supply chains have had limited knock-on effects on food production. The region produced enough cereals for internal consumption. However, the lockdown severely affected the ability of poor households to access food. Member States have put in place various response measures to support the basic consumption needs of households and to ensure that there is no collapse in supplies.

Crop pests and diseases remain key challenges in the SADC region. The late rains and high temperatures of the 2019/20 cropping season created an environment for pests and disease outbreaks to flourish. The season was hit by the migratory African locust in southern Angola, Botswana, Namibia Zambia and Zimbabwe. The pest is known to be difficult to control due to its high mobility. Other migratory pests that remain a burden to the region include the African armyworm and quelea birds.

Maize Lethal Necrosis Disease (MLND) has been reported and confined in two Member States (DRC and United Republic Tanzania), with controls on the movement and production of seed from affected areas to minimise the spread of the disease.

Member State governments are continuously investing in surveillance and monitoring to minimise the spread of the disease; investing in equipment as well as pesticides for the control of the pest outbreaks; and raising awareness by engaging farmers in the promotion of appropriate control measures. Implementation of the SADC Harmonised Seed Regulatory System in this regard is critical for all Member States as it is aimed to assist and reduce the spread of the disease through seed trade and movement.

Vegetable production, on which most agricultural small-scale farmers depend for income, was affected by the tomato leaf miner (Tuta absoluta). It has spread to all Member States, although contained this season. The Banana Bunchy Top Virus disease is currently affecting seven Member States (Angola, DRC, Malawi, Mozambique, Tanzania, South Africa and Zambia), and is being managed through regulating propagative materials and seedlings.

Livestock production

Animal husbandry is an important component of farming systems, and consists mainly of cattle, goats and poultry. It is a key coping and resilient pathway for many farming households. In areas where crop production is marginal, cattle rearing is often dominant, mostly in free-grazing arrangements. In Botswana, Eswatini, Namibia and South Africa, the livestock industry is a key contributor to gross domestic product.

In most countries grazing was reported to be in a fair to good condition after receiving good rains in February to March 2020. In Zimbabwe, cattle numbers declined by 5% (due to tick-borne diseases and drought), while an increase was recorded in sheep and goats.

Significant progress in the control and management of transboundary animal diseases have been observed in all Member States. Despite the progress, the region has been experiencing introductions of new serotypes of Foot-and-Mouth Disease (FMD), maintained in African buffalo populations. Farmers in some drought-affected areas cannot sell their livestock due to movement restrictions; and intensive production systems such as dairies, piggeries and stud-breeding establishments have been devastated. This is a potential threat to livestock in the region, particularly to small stock, which are mainly owned by women and poor households. There remains a need to increase surveillance and for countries to engage in cross-border collaborations with affected Member States.

Fisheries and aquaculture

In many countries, fish is the only affordable source of dietary animal protein, and therefore of high importance for food and nutrition security. Additionally, fish contributes to income generation, increasing households’ ability to purchase food and providing a source of employment, particularly for...
women, whom participate in fishing and post-harvest activities.

To support future needs, capture fisheries will need to be sustained and where possible enhanced; and aquaculture developed rapidly, to increase by an annual average of more than 8.3% by 2026, in line with the SADC Regional Aquaculture Strategy and Action Plan.

COVID-19 has changed consumer demands, market access and caused logistical problems related to transportation and border restrictions. This is already having damaging effects on fishers and fish farmers’ livelihoods, as well as on food security and nutrition for populations that rely heavily on fish for animal protein and essential micronutrients. Measures to be taken are those intended to support the supply chains to ensure that trade flows continue to be as free as possible in line with the SADC Free Trade Area established under the Protocol on Trade (1996), as amended in 2010.

Markets and staple price performance
Staple prices typically decrease from April through August as most households will be consuming from own production. However, for most low staple production areas in the region, these prices start steadily increasing from September when households exhaust own produced staple and increase reliance on market purchases.

The 2020-21 consumption year presents an atypical situation due to a few factors namely:

- very poor production in some areas, including the southern parts of Zimbabwe, Madagascar, Mozambique, and most parts of Botswana and Namibia.
- The impacts of COVID-19 affecting early movement of commodities from source areas to primary and secondary markets.

As a result of the above factors, staple food prices have shown mixed trends across the region. Maize grain prices are starting to seasonally decrease as harvests reach markets in some areas of the region. For example, in some markets in Mozambique and Malawi, prices have decreased between April and May by up to 55% and 41% respectively, while remaining above average. In DRC and Madagascar, lockdown measures resulted in immediate staple food price increases due to supply shortages. However, as supplies became firm, staple prices started decreasing. In Zimbabwe, as the economy continues to deteriorate, prices of staple foods continue to increase to very high levels.

Markets are expected to function at varying levels. With the COVID-19 challenges (especially in March and April), markets that are dependent on South Africa, including those in Zimbabwe and Mozambique, were affected by border restrictions. As supplies in these markets reduced, prices increased. Similar trends were observed across most rural markets for countries that instituted lockdowns, including Madagascar, Namibia and Botswana. Movement of food commodities, although allowed in these countries, was restricted, and this resulted in shortages in some rural and secondary markets, triggering price increases.

For most markets between now and September, supplies are expected to be stable due to the impacts of current harvest across the region. This includes those in areas where harvest was poor, since there are expectations of supply movements from surplus areas. From October through December staple supplies in areas affected by poor rainfall performance are expected to significantly reduce but will remain adequate. As supplies will be restricted, significant price increases are expected in these areas. Supplies are likely to be very scarce between January and March, the peak lean season and prices are also expected to reach their highest level during this period.

Economic challenges
Economic prospects in Southern Africa have changed drastically since the 2019 Synthesis Report due to the spread of COVID-19. Even before the COVID-19 health emergency, the region’s limited growth prospects were not going to be enough to have a serious impact on poverty levels. Sluggish progress in the region’s leading economy - South Africa - along with unstable commodity prices, regional droughts and climate shocks, and increasing public debt, had already led to a weak economic environment. The arrival of COVID-19
exacerbated these difficulties and, as of June 2020, Southern African economies were facing a precipitous decline in growth which could undo the development gains of recent years. The United Nations Economic Commission for Africa (UNECA) has estimated that up to 29 million Africans will be pushed below the extreme poverty line of $1.90 per day due to the impact of COVID-19.

Global growth is expected to fall by 4.9% in 2020, according to the IMF’s World Economic Outlook (June 2020) – a decrease of 8.2% from January 2020 predictions.

Overall, economies in sub-Saharan Africa are expected to contract by 3.2% in 2020 before returning to positive growth of 3.4% in 2021. The Southern African region is expected to fare worse than other parts of Africa – mainly because the South African economy is expected to shrink by 8% in 2020. In March South Africa, with the largest number of positive COVID-19 cases in Africa, introduced strict containment measures which have placed the country’s economy under severe strain.

With the length of the pandemic unknown, forecasts for growth in 2021 are uncertain. In South Africa, growth is projected to strengthen to 3.5%. The Angolan economy, the second largest in the region, is expected to contract by 2.5% in 2020 and then grow by 1.4% in 2021 while Mozambique is forecast to see a 0.5% decrease in 2020 followed by positive growth of 2.9% in 2021.

The collapse in economic activity resulting from efforts to contain COVID-19 will ramp up unemployment levels and have an adverse effect on low-income households in particular. Border closures have brought the tourism industry to a standstill in several SADC countries while many businesses, including some mines, have remained shuttered due to lockdown regulations.

On top of worsening health crises, governments’ revenue forecasts have been heavily curtailed. Several countries are racking up unprecedented levels of public debt and fiscal deficits. Regional governments have been forced to seek the assistance of international lenders with South Africa saying it needed to borrow USD 7 billion from multilateral institutions.

Governments throughout the region have responded with a range of measures to mitigate the impact of COVID-19 and protect citizens from its economic effects. These have included additional spending on health responses, emergency income grants, wage subsidies, and deferral of tax payments. But such measures, including the roll-out of food aid, have been constrained by the need to place controls on debt and deficit levels.

Zimbabwe is facing a combined economic and humanitarian crisis. A shrinking economy, galloping inflation, and climate impacts have left the country facing its worst economic crisis in over a decade and urgently seeking international aid.

As the region’s economies buckle under the strain of COVID-19, unemployment rates are expected to skyrocket. In June South Africa announced that its jobless rate had reached 30% with 350,000 people losing their jobs due to the pandemic. Namibia saw large, established companies announce a series of retrenchments – with thousands of people losing their livelihoods. With young people making up the majority of the region’s labour force, it is inevitable that they will be hit the hardest by continuing job losses.

There are hopes that the pandemic will peak in the region by September with improved economic performance possible in the last quarter, but any sustained recovery will take a number of years.

Conflict

Pockets of conflict and political instability in some SADC Member States are compounding frequent climate shocks, deep-rooted poverty and economic inequality to generate rising humanitarian needs.

Insecurity in Cabo Delgado, a situation which has been evolving since October 2017, significantly increased in late 2019 and into 2020, forcing over 211,000 people from their homes and destroying
lives and livelihoods of hundreds of thousands. The situation includes serious human rights abuses.

In the Democratic Republic of Congo, the chronic conflict between non-state armed groups and Congolese security forces continue to affect the already vulnerable people, having a devastating impact on people’s capacity to access food. In addition, a complicated mix linked to questions of territorial occupation and access to basic social services leads to community in several regions, with Kasais, North Kivu, South Kivu and Tanganyika provinces presenting a significant deterioration since 2019. Clashes in North Kivu, South Kivu and Ituri provinces displaced about 220,000 people between October 2019 and January 2020. Over 5.5 million are internally displaced, nearly 1 million left the country as refugees.

The COVID-19 threat can only worsen these conflict situations.

Water, sanitation and hygiene (WASH)

Access to safe drinking water

Presently, over 100 million (40%) Southern Africans do not have access to safe drinking water. Only one country (Botswana) is on track to achieve universal basic water service by 2030. Eleven countries are making slow progress and at the current rate of change they will not achieve universal coverage in 2030. In one country, Zimbabwe, the proportion of people with access to basic water service has declined. Moreover, not all drinking water sources are safe from contamination, and climate-related impacts on water resources poses an increased risk for water security and safety.

Further efforts need to be made in further investments into access to basic water service by 2030 and address climate induced loss of access while ensuring that this water is safely managed throughout the SADC region.

Access to improved sanitation

Over 155 million people (60%) in the SADC region do not have access to improved sanitation facilities. All SADC countries are making too slow progress to achieve universal basic sanitation coverage by 2030. On average, the number of people to reach per year to achieve universal basic sanitation access by 2030 across SADC countries is estimated as 1.085 million. Only three countries show basic sanitation coverage above 67% (South Africa, Botswana and Mauritius) and the coverage in six countries is below 33%; Tanzania, Mozambique, Malawi, Zambia, DRC and Madagascar. The access to sanitation in urban settings is significantly better than in rural areas. However, due to the growing population living in informal settlements, the proportion of urban people with access to basic sanitation has declined in four countries: Zambia, Zimbabwe, Eswatini and Namibia.

Only South Africa, Malawi and Eswatini are on track to achieve “no open defecation” by 2030. The annual open defecation conversion rate across the region is estimated at 600,000 people per year. The other countries are making insufficient progress to stop open defecation. Progress in access to basic sanitation services as well as eliminating open defecation has stalled in many of the SADC countries.

There is a very high proportion of population sharing sanitation facilities in urban areas, that need to be addressed and with high populations, it means numbers to be reached per year are very high. Moving population using unimproved facilities up the sanitation ladder should be a priority.

Access to & practice of handwashing with soap

Presently, over 250 million people in SADC countries do not have a handwashing facility with water and soap at home; and 2 out of 5 people in SADC countries have no handwashing facility at all. Even in settings where access is not an issue, people do not clean their hands when they should. Hand hygiene and WASH are not just health issues, but such services are human rights and are critical to improving education, economic and human capital outcomes. The spotlight that this pandemic has shone on hand hygiene represents an opportunity to radically transform our approach. There is greater
need to ensure that affordable products and services are available when needed, and to embed, more broadly, a culture of hygiene in our society.

Poor hygiene practice is a major contributor to several endemic and epidemic diseases in Southern Africa. The SADC region continues to report recurrent cholera outbreaks, outbreaks of typhoid, and Hepatitis E. Four countries in the region are considered to have endemic trachoma. Investment in hygiene is essential to managing the current challenges presented in this time of COVID-19 and is expected to be essential in the long-term management of future pandemics. Moreover, the focus on hygiene is essential for the achievement of the Nutrition Action Framework that the SADC secretariat has been mandated to implement.

SADC is in the process of developing a Regional Hygiene Strategy to be an essential tool to provide Member States with the necessary guidance through which actors can implement coordinated actions that supports hygiene behaviour change in the region.

WASH in institutions: health care facilities and schools
The proportion of health care facilities (HCF) with limited or no service in water supply, access to sanitation and handwashing stations, ranges from 79% in Comoros to 20% in Zimbabwe before the current financial crisis. The WHO/UNICEF Joint Monitoring Programme shows that only of seven SADC Member States had data on WASH in HCF, and the data are incomplete. Most countries scored poorly and had far less than 50% of the required basic facilities for handwashing. Providing water, adequate toilets and hygiene in homes and health centres would help support these new-borns to survive and thrive. Sepsis and other infections due to unhygienic conditions are also a leading cause of preventable maternal deaths. The ongoing outbreak of COVID-19 coupled with increased risk of drought, floods and other diseases place additional strain on health care facilities. In light of current and potential challenges, there is a need to explore appropriate renewable energy systems for appropriate lighting and access to sanitation facilities, consistency of water pumping and provision of power to enhance institutional WASH service delivery in health centres and schools, as countries explore options for school reopening.

Migration
Migration is a complex and multi-dimensional issue, affecting all countries in the region. People choose to migrate from one area to another, either internally or across international borders, driven by different push factors. These include economic reasons, conflict, poverty, hunger, environmental degradation, and climate shocks. Such factors contribute to the movement of people, either as migrant workers, smuggled, or trafficked persons, in search for better opportunities away from their countries of origin.

Food security can be a determinant of migration, either directly, when people do not see viable options other than migrating to escape hunger; or indirectly, where there is a perceived threat of income uncertainty and food insecurity.

People affected by pre-COVID-19 humanitarian crises, particularly those displaced and/or living in camps and camp-like settings, continue to face unique challenges and vulnerabilities to the ongoing COVID-19 pandemic. Excluding the massive displacement in DRC, the UN Refugee Agency (UNHCR) estimates that the region is hosting almost 1 million refugees and over 300,000 asylum seekers. According to the Global Report on Internal Displacement (link), disasters and conflict displaced over 2.6 million people in 2019 (25% higher than 2018), and as at end of 2019 over 6 million people still found themselves in displacement situation in the region.

According to the World Bank, countries in Southern Africa received an estimated USD 7 billion in remittances in 2019. Remittances sent by migrants are a significant source of capital for food security and livelihood support for remittance dependent households. Left with no livelihood opportunities because of COVID-19 lockdown measures, the International Organization for Migration (IOM)
estimates that about 75,000 migrants from Southern Africa have returned home and return flows expected to continue to increase in the next months, adding to the countries’ food insecurity burden, given the pre-existing socio-economic vulnerabilities and complexities in the region. Many migrants have become stranded in transit and destination countries lacking the means to return, or unable to return because of mobility restrictions related to COVID-19.

The African Union Peace and Security Council in April 2020 called on stakeholders involved in the fight against COVID-19 to pay particular attention to refugees and internally displaced persons, including ensuring early detection, testing and contact tracing, as well as provision of basic needs such as food and water. Refugees and internally displaced persons are therefore migrants whose food needs demand careful consideration over this time.

SADC is in the process of developing a Regional Migration Policy Framework, which will outline migration governance in the region and offer policy solutions for the different aspect of migration, including the nexus between migration and other socio-economic factors like food security, health, labour and employment.

**Gender**

Food and nutrition insecurity in Southern Africa are directly correlated to gender inequality. Women in the SADC region contribute more that 60% to total food production, provide the largest labour force in the agricultural sector and in some Member States perform more than 70% of agriculture work. However, the majority of women working in agriculture receive a disproportionately low share of income. It is estimated that the rural wage gap between men and women in some Member States is up to 60% and in some cases women go unremunerated for their agricultural work on family farms.

Women play a crucial role across all the pillars of food security: availability, access and utilization. They are generally responsible for food selection and preparation and the care and feeding of children and are more likely than men to spend their income on food and children’s needs. In addition, discriminatory gender norms - which privilege men and boys - can put women and girls and risk of food insecurity and malnutrition. Women form most of the informal and casual labour in the region, and with fewer economic resources than men, women are less able to purchase food and other basic household items.

The UN Women report shows that some countries around the world, particularly those highly affected by COVID-19, have registered up to a 30% increase in reported domestic violence cases and around a 33% increase in emergency calls for gender-based violence (GBV) with women and girls reported to be the victims of these acts. With the lockdown and stay-at-home measures, women who have been in abusive relationships are now forced to be at home for a prolonged period, making it difficult for them to reach out for help due to the presence of an abusive partner at home. Social distancing in itself makes it difficult for victims to reach out to their usual support systems, particularly friends, neighbours and other family members. In addition, it is also becoming increasingly clear that many of the measures deemed necessary to control the spread of the disease (e.g. restriction of movement, reduction in community interaction, closure of businesses and services, etc.) are not only increasing GBV related risks and violence against women and girls, but also limiting survivors’ ability to distance themselves from their abusers as well as reducing their ability to access external support.

According to the 2019 Sustainable Development Goals Gender Index, Sub-Saharan Africa has an average regional index score of 51.1 - the lowest scoring region globally in terms of gender equality. While women make up about 43% of the agricultural labour force in developing countries, evidence shows that the same women do not have equitable access to productive assets and resources compared to men. Given the cross-cutting nature of gender, in the current vulnerability context circumstances for women and girls have worsened,
and existing gender inequalities have been exacerbated.

Conclusions

a) According to the current information received at the annual dissemination forum, close to 44.8 million people in both urban and rural areas of Southern Africa are food insecure.

b) Numerous factors contributed to food and nutrition insecurity, including COVID-19, climate change, conflict and economic challenges.

c) The full impact of COVID-19 and the lockdown on food and nutrition security cannot yet be fathomed, as we are still in the eye of the storm.

d) The economic impact of COVID-19 on SADC is expected to be severe. Emerging and developing economies globally are likely to be severely hit if closures and extended unemployment lingers.

Recommendations

In the short term

a) On COVID-19, the SADC Council of Ministers urges Member States to:
   i) Consider adopting a regional response approach by sharing information on COVID-19, and jointly manage the pandemic through dedicated national response centers, and coordination by the SADC Secretariat;
   ii) Conduct human resources, supplies and equipment needs projections to enable better planning for response to epidemics and resource mobilization;
   iii) Strengthen collaboration in the area of innovation, research and coordination on issues related to the fight against COVID-19; and
   iv) Implement coordinated and synchronised fiscal and monetary measures to mitigate the effect of COVID-19 on the region’s macroeconomic and financial stability.

b) Urgently assist food and nutrition insecure populations with food and/or cash-based transfers, ensuring harmonization with national shock-responsive social protection programmes.

c) Scale up safety net programmes as they play a significant role in ensuring food and livelihood security, especially among the very poor.

d) Strengthen Member State mechanisms that mitigate the impact of COVID-19 from disrupting the food supply chains and associated livelihoods, by minimizing disruption to farming operations, enabling access to production inputs, critical emergency veterinary drugs as well as produce markets by farming households.

e) If restrictions in movement and mass gatherings are to persist due to the COVID-19 pandemic, Member States are advised to expand high-impact nutrition interventions that target children under age 5, adolescent girls, and women of reproductive age. This can be achieved by:
   i) adopting simplified protocols for management of acute malnutrition, including MUAC-only admission and discharge, reduction of frequency of follow-up visits to the health facility (larger take-home ration of ready to use therapeutic foods), and adoption of family-led MUAC for case identification;
   ii) expanding school meal coverage as a safety net for school aged-children and adolescents. This will provide an indirect income transfer to households and communities to buffer the negative economic and food security consequences of COVID-19. Where on-site distribution of school meals is not feasible, consider providing or larger take-home rations or cash-based transfers.
Innovative technological solutions, such as remote counselling and monitoring, can enhance access to quality nutrition care, particularly for those harder to reach and improve availability of information for response planning;

Mobilise communities to improve access to HIV testing, prevention and treatment services, and promote adherence to treatment, including for migrant populations.

In response to COVID-19, develop and implement a regional strategy on hygiene and hand washing with soap. This work should not only focus on risk communication and community engagement but also include support for provision of hand washing infrastructure and products up to household level including stimulation of supply chains, deployment of fiscal mechanisms such as value-added tax (VAT) and other social protection mechanisms.

Member States to pay special attention to the rising cases of domestic violence and gender-based violence during the COVID-19 pandemic by, among others, ensuring that women and girls are protected from all forms of abuse. Shelters, places of safety and helplines for victims of abuse must be considered an essential service and remain open for use and must be afforded the necessary financial and other support. Further, Member States to incorporate gender perspectives in all responses to COVID-19 to ensure that actions during, and after the COVID-19 crisis aim to build more equal, inclusive and sustainable economies and societies.

Member States should ensure that women are included in decision making in local, national, and regional emergency responses; including social and economic recover to respond to the impact of COVID-19 and beyond.

Member States need to enhance the implementation of the SADC Regional Guidelines on Harmonization and Facilitation of movement of essential goods and services across borders to ensure sustained movement of essential supplies during the COVID-19 pandemic.

In the medium to long term

a) Encourage crop diversity through the promotion of diversified diets, including indigenous foods. This includes species diversification in livestock production, especial small ruminants that are adapted to harsh weather conditions.

b) Promote community irrigation schemes and rainwater harvesting and construct dams to ensure year-round agricultural production.

c) Address market-related challenges for small scale farmers. In the long term, plan for the expansion of the social services closer to the people.

d) Prioritize support to routine national information systems to improve monitoring of routine programme data at national and sub-national levels to be able to compare trends over years, monitor progress of programmes and ensure availability of high-quality data during emergency situations (such as the current pandemic) as well as non-emergency times.

e) Develop resilience-building initiatives, including employment creation in rural areas, incorporating climate-smart technologies in subsidies and conservation agriculture.

f) Enhance the coordination, harmonization and support of response planning, capacity development, monitoring and evaluation at sub-national, national and regional levels.

g) Facilitate engagements between countries with surpluses and those affected by drought for prioritization of import/export inter/intra Member States food availability.

h) Address water security, quality and safety. Here work would be on strengthening and expediting an end to open defecation and a shift to safely managed sanitation and water services resulting in the overall improved quality of water provided to communities and a
positive impact on nutritional outcomes in the region.

i) Develop policies and programmes to address social and economic vulnerabilities as inclusive approaches will contribute to the protection and promotion of everybody’s rights (in the context of migration), access to food and health, and the overall well-being of citizens.

Country summaries

Angola

The main shocks currently experienced include:

- Drought affecting the southern provinces;
- Service and product price increases;
- Increasing malnutrition rates;
- Urban-rural migration, particularly of youth;
- The effects of the COVID-19 pandemic and lockdown on financial, production and food security systems.

Earlier assessments indicate that between October 2019 and February 2020, an estimated 562,000 people were in IPC 3 or higher in the southern provinces of Cunene, Huila and Namibe. As per satellite imagery, about 1.7 million people were exposed to drought/lack of rain in Angola, of whom 1 million may experience food insecurity during the 2020/2021 period. These projections will still have to be verified through field assessments. The impacts of COVID-19 now and in the future can not yet be quantified.

A number of interventions are underway and more are planned. These include emergency food responses, the supply and distribution of ready to use therapeutic foods in healthcare centres, and the distribution of nutritional food crop seeds and the training of farmers to reduce their vulnerability.

Botswana

The assessment has been completed and will be shared once approved. Assessments were conducted at district level and verified and synthesized at national level.

Democratic Republic of the Congo

The state of food security in the DRC remains worrying. Chronic food insecurity is increasing and correlated with malnutrition and shocks that disrupt access to food markets. According to the Integrated Food Security Phase Classification (IPC), about 13 million people suffer from acute food insecurity and would be classified in phase of food crisis and acute livelihoods. A basic well-being survey showed that around 1 in every 2 households in DRC are affected by food insecurity, 16.4% of which severely so. About 52% of households allocate more than 65% of their monthly expenses to the purchase of food.

Apart from agricultural constraints, the country faces armed conflicts and natural disasters (floods) which cause population movements mainly in the eastern part of the country (5 million people are internally displaced in DRC). On top of this volatile security situation, a prolonged humanitarian crisis is affecting food security, nutritional status, epidemics of measles, cholera, and malaria in addition to Ebola virus disease (EVD) and. Since March 2020, the coronavirus pandemic has resulted in more than 5,000 cases, the epicentre of which is the capital Kinshasa.

Eswatini

The impact of COVID-19 has been felt across economic sectors. Loss of employment due to the lockdown has resulted in reduction of incomes, impacting negatively on households’ ability to purchase food and farm inputs. Delayed onset of the rainfall season and dry spells in November and December led to a delayed start of the farming season, negatively impacting on food production. Unusually high commodity prices further restricted food access and exacerbated the already compromised food availability in most poor households, further heightening their poverty levels.

An estimated 335,000 people in rural areas are in IPC 3+, which constitutes 38% of the rural population of Eswatini. Assistance should continue
to be provided to vulnerable households. Regular monitoring of livelihoods and support systems will be crucial as the future remains uncertain.

Lesotho

Major shocks and stressors experienced include:

- Severe drought in October/November 2019 – rains were received in December at the end of the planting period;
- High food prices;
- COVID-19 and the lockdown, which also caused job losses adding to already high unemployment.
- Restricted movement for individuals and entrepreneurs; especially to and from South Africa to access some commodities.

Several assistance interventions are ongoing. However, food insecure people are likely to increase further due to decreased livelihood opportunities like remittances, loss of employment, decreased income from livestock sales as well as increased commodities prices. Poorer households are anticipated to employ coping strategies that are not acceptable if immediate action is not taken. Further increases in prices of food commodities will worsen the food insecurity situation such that households might end up depleting their livelihoods sources assets. High rates of malnutrition are anticipated due to decreased access to food as a result of both increase in food prices and loss of main livelihood sources.

Madagascar

The country’s economy has been hard-hit by the COVID-19 lockdown. Some southern areas were affected by poor rainfall, while the north experienced floods. Virtual IPC analysis was conducted using secondary data, but primary data was also collected between February and April 2020.

Madagascar has been experiencing multiple crises such as drought, floods and epidemics. Southern Madagascar has experienced drought conditions, significantly affecting the harvest and disrupting food stocks and household livelihoods. According to African Risk Capacity (ARC), in April 2020 the drought affected 1,468,717 people in the 8 districts of the south. According to the April 2020 IPC update, between April and July 2020, 554,000 people (24% of the population in the most vulnerable southern districts) are expected to be in “crisis” and “emergency” situations “(IPC phase 3+) of acute food insecurity. The districts of Ampanihy and Tshiombe are the most affected, with 25% of households expected to be in phase 3 (crisis) and 5% in phase 4 (emergency). And the situation continues to get worse after September, due to the lean season

The results of the acute malnutrition analysis of the IPC in Madagascar estimated that 119,674 children aged 6 to 59 months need treatment for acute malnutrition between February and December 2020. Of this number, 16% need treatment for severe acute malnutrition.

The nutrition situation is expected to worsen in the six districts beyond August due to the lean agricultural season and the lingering effects of COVID-19, which will push Betioky District to IPC Phase 3 (crisis) Ambovombe District to IPC Phase (emergency), requiring special attention and an urgent and targeted response.

The northern districts were devastated by a cyclone and floods. From December 2019 to February 2020, intense rains fell over the north and north-east of the island, which saw 13 people going missing, 54 dead, 140,281 people affected and 29,954 displaced.

Madagascar’s vulnerability to the spread of the virus is extreme. With an urban population of around 5 million people, of which about 77% live in informal settlements and more than 60% do not have access to basic sanitation, the risk of community transmission of COVID-19 is very high. In addition, poor access to health care, especially in rural areas due to the remoteness of basic health centres, could hamper the ability of the public health system to identify, isolate and quickly treat COVID-19, which is essential to reduce community transmission.
The government and humanitarian partners should support poor urban households, the population in IPC phases 3 (crisis) and 4 (emergency), to limit the impacts of drought and COVID-19, as well as put in place restrictive measures to contain the spread of COVID-19, while allowing households to maintain their livelihoods and access to food.

Malawi

Malawi is currently experiencing a slowdown in economic activity due to both the domestic and global impacts of the COVID-19 pandemic. Despite Malawi receiving above-normal rains across the country. However, most southern districts experienced early cessation of rains, which affected late planted crops. Fall army worm and African army worm was also observed.

Overall, the food situation in the country is improved from last year, with most districts having less than 3% of households that currently food insecure.

Staple maize prices are relatively higher than last year and are expected to rise further as 2020 progresses. Overselling of grain by farmers to private traders as a result of delayed/low volumes purchased by the country’s Agricultural Development and Marketing Corporation (ADMARC) is likely to catalyse a rise in maize prices earlier than anticipated.

Maize stocks in the national grain storage institutions – namely ADMARC and National Food Reserve Agency (NFRA) – remain low, as the two institutions nearly depleted their stocks during the last consumption season. ADMARC and the NFRA are targeting to purchases over 200,000 tons of maize by August 2020. Normally, the NFRA stocks over 260,000 tons as strategic grain reserves and for humanitarian responses, while ADMARC typically sells around 50,000 tons of maize in a year at subsidized prices.

The most recent nutritional standardized monitoring and assessment of relief and transition (SMART) survey conducted in July 2019 shows that the overall national prevalence of global acute malnutrition was low at 0.5%, which falls within “acceptable” levels according to WHO classification. The impact of COVID-19 may reserve this trend.

Once finalised, the MVAC VAA report will inform the humanitarian response during the 2020/2021 consumption season. To shield vulnerable people from the impact of COVID-19, the Government has conducted cash transfers (four months upfront) to 291,235 rural households, who received at K7,000 (USD 10) per month from March to June 2020. Furthermore, Government will more than double the transfer value to (USD 20) for four months from July to October 2020.

Government through World Bank funding will also implement a cash transfer programme to 185,000 urban vulnerable households. The transfer value is MK35,000 (USD 50) per month for 4 months. Government has furthermore increased the number of households to benefit from subsidized inputs from one million to 3.5 million during the 2020/2021 production season.

Mauritius

Mauritius has recently been reclassified by the World Bank as a high-income country.

Mauritius remains a net food importer. It imports 77% of food requirements, exposing it to international pressures, such as fluctuating freight prices, exchange rate fluctuations and sourcing concerns.

About 40% of the country’s land is used for crop cultivation, of which about 90% is sugarcane, with the remaining land planted with tea, tobacco and a small number of food crops.

With climate change, rainfall patterns have changed, leading to longer periods of dry season and huge rainfalls during short periods. These extreme weather events put further pressure on the agricultural sector, thus exacerbating food insecurity in Mauritius.
The COVID-19 pandemic and lockdown has led to the country’s first recession in 40 years, mainly due to the halt in tourism, which accounts for 25%% of gross domestic product.

In response to the COVID-19 pandemic, the government of Mauritius announced a series of measures promoting food self-sufficiency in its 2020/2021 budget, released on 8 June 2020:

- The inception of a National Agri-Food Development Programme to promote the Farm to Fork concept;
- A centralised digital Land Bank of State and Private Agricultural Land will be set-up to operate as a platform to match demand and supply for land that can be used for food production;
- The Food and Agricultural Research & Extension Institute (FAREI) will develop the necessary standards and norms for production, storage, transformation and commercialisation of superfoods.

Mozambique

About 80% of Mozambicans reside in the rural areas and depend on agriculture, livestock, hunting, forestry and timber harvesting - activities often affected by the effects of climate change (drought, irregular rainfall, floods, etc.) and pest infestations, as well as crop and animal sicknesses.

The population residing in urban and peri-urban areas relies on informal trade activities, a sector hard hit by the COVID-19 lockdown. Mozambique’s Technical Secretariat for Food Security and Nutrition (SETSAN) was unable to carry out regular assessments in February-March due to the COVID-19 lockdown. Instead a pilot study on the status of acute food insecurity in the context of COVID-19 was undertaken in the cities of Maputo and Matola in April 2020. It found that currently, 15% of people living in the two cities are in IPC Phase 3 (crisis), meaning 365,000 people need humanitarian assistance.

Food and nutrition security were also assessed in seven districts in the provinces of Cabo Delgado and Tete in November and December 2019 using IPC protocols. This report is in the process of being approved.

Humanitarian assistance interventions are underway throughout the country. Two assessments are being organized:

- Food and nutrition insecurity monitoring using WFP’s Mobile Vulnerability Analysis and Mapping (mVAM) planned for mid-July and covering urban and rural areas with a sample of 7,000 households; and
- A food and nutrition insecurity baseline study, planned for the months of August and September of the current year, covering the rural and urban areas of the country, in a provincial validity sample of about 21,410 Households.

Namibia

The country had a good harvest. However, current challenges include:

- Poor global and local economic performance;
- Prolonged drought in parts of the country;
- Continued effects of the COVID-19 lockdown (price increases, job losses, reduced access to food, reduced access to remittances, etc.).

Based on the IPC projections of October 2019, an estimated 354,000 Namibians are in IPC Phase 3 (crisis). These figures are expected to rise especially in urban settlements due to the COVID19 impact. Assessments are currently underway to estimate food insecurity between January 2020 and March 2021. This update is expected by July 31, 2020.

Current and planned interventions include:

- Continued support to farmers through planned incentive programmes;
- Continued relief aid to the needy;
- Consultations on the provision of housing or land for residential purposes;
- Continued monitoring of the food insecurity situation in the country;
 Employer support to reduce retrenchments due to COVID-19 pandemic.

South Africa

The country can meet its national food requirements, despite the disruptions brought about by the COVID-19 pandemic.

Drastic measures to manage COVID-19 included a national lockdown to curb the spread of coronavirus in the country. Adverse economic impacts are experienced as this negatively affects income-earning activities and heavily impacts the food security situation. South Africa has begun to open the economy to save the livelihoods of people.

The country has been battling economic challenges for nearly ten years, such as the sluggish growth, deteriorating public finances, mass unemployment and power outages.

The household income pressure caused by the national lockdown has become a reality of many South African households. This has a negative impact on affordability and accessibility of food. Indications are that the economic impacts of COVID-19 have dramatic effects on the well-being of families and communities.

About 3,370,177 households faced food access problems in 2018, of which 1,664,770 were male-headed and 1,705,406 female-headed.

Tanzania, United Republic of

For the current consumption year (2019/2020), the country experienced some shocks likely to reduce food production, including:

- The COVID-19 pandemic and lockdown;
- Heavy rains which led to floods, destruction of transportation infrastructure, property loss and water logging in some areas of the country;
- Outbreak of crop pests such as quelea (birds) and fall armyworm in some areas of the country.

Generally, food availability is sufficient and stable countrywide. Rice and maize yields are expected to increase by 6% from last year. Food stocks and accessibility are expected to increase at household level in the 2020/21 consumption year. Prices of major staple food commodities, i.e. maize, rice and beans, have been declining since June 2020. Good rainfall performance and availability of pasture has also contributed to livestock population increase.

The Government is undertaking measures to ensure food and nutrition security:

- Increasing the minimal level of cereal reserve at the National Food Reserve Agency (from 251,000 tons to 501,000 tons);
- Monitoring food exports, particularly grains;
- Deploy measures to monitor all areas at risk of locust pests and fall army worm;
- Encourage farmers to utilize available water for irrigation scheme;
- Facilitate and monitor the availability of agricultural inputs timeously;
- Promotion of local production of agricultural inputs;
- Promotion of preventive measures against COVID-19.

In order to ensure food and nutrition security the followings were recommended:

- Timely national comprehensive vulnerability assessments;
- Sustain and promote proper post-harvest handling and storage;
- Increase investment in irrigation farming;
- Continue to create awareness on COVID-19;
- Expand animal vaccination services for general prevention of animal diseases;
- Disseminate information to farmers on pasture management skills as well as preservation methods;
- Timely provision of agricultural inputs for next agricultural planting season.

Zambia

No update received.
Zimbabwe

Delayed onset of rains caused cattle deaths, delayed late planting and limited irrigation.

The COVID-19 lockdown has affected most urban households’ livelihoods and is likely to worsen the food and nutrition security status. Furthermore, households with livelihood options such as petty trade, vending, casual labour, skilled trade and own businesses were likely to experience the most impact of no trade during the lockdown period.

The low dam capacity has impacted negatively on hydro-electricity generation. As a result, the country has had to endure prolonged power outages which have disrupted service provision and production in key economic sectors. In addition to this, structural macro-economic and social factors also contribute significantly to urban food and nutrition insecurity.

The government of Zimbabwe and development partners implemented the following measures to ensure food security for all people, among others:

- Launched a humanitarian appeal;
- Supported the vulnerable groups;
- Removed import duty on maize, wheat and cooking oil, among other basic commodities, to ensure affordability of essential foodstuffs and to mitigate the effects of the drought experienced in the 2018-2019 season;
- Food subsidies;
- Distribution of farming inputs;
- Lifting of ban on private grain sales; and
- Allowing importation of genetically modified organism (GMO) maize.

Assessments have just commenced.
Annex A: Regional food and nutrition insecurity snapshot

Close to 44.8 million people in both urban and rural areas of Southern Africa are food insecure due to multiple shocks and stressors. Nine SADC Member States are also reporting stunting rates above 30%, and micronutrient deficiencies are widespread. Yet the full impact of COVID-19 and the lockdown – which has contributed massively to already pervasive poverty – can not yet be fathomed. The urban poor have been suffering since the very start of the lockdown, as they rely wholly on the market for their food. The region’s 2020 maize harvest is expected to have increased by at least 8% from last year. However, poor rainfall and economic challenges saw maize production in Zimbabwe drop by 57%. Dry conditions also affected production in Eswatini, Lesotho, south-eastern Angola, southern Madagascar and Mozambique and most of Zimbabwe. Rural food insecurity is expected to peak between November 2020 and January 2021 (by which time smallholder farming households would have depleted their own food stocks) with the next harvest expected in April 2021. Thus, while more data is still expected, through early advocacy there is enough lead time to mount a coordinated response to the serious rural food insecurity expected from November 2020, whilst at the same time assisting those already food insecure in urban areas across the region.

Global acute malnutrition and stunting prevalence


Food insecurity trends, 2015 - 2020**

Cereal balance sheet (% change in 2020)
1 REGION
16 NATIONS
WORKING TOWARDS A COMMON FUTURE