

# REGIONAL OUTLOOK FOR SOUTHERN AFRICA

RECOMMENDATIONS FOR HUMANITARIAN ACTION AND RESILIENCE  
RESPONSE



29 MARCH - MAY 2016



## **Acknowledgements**

This inter-agency report has been developed collectively with humanitarian partners in the region through the Southern African Regional Inter-Agency Standing Committee (RIASCO) to inform preparedness, response, advocacy and resource mobilization efforts to mitigate and manage humanitarian risk in the southern Africa region, with a focus on the worsening impacts of the El Niño weather system. It presents an analysis of recent trends, a forward-looking humanitarian outlook for the period March to May 2016 and priorities for immediate humanitarian action and resilience-building. It will be revised and updated on a monthly basis.

OCHA would like to acknowledge and sincerely thank the significant contributions to this report from all partners including the Southern African Development Community (SADC) and members of the Southern Africa Regional Inter-Agency Standing Committee RIASCO.

Cover photos: Credit: OCHA

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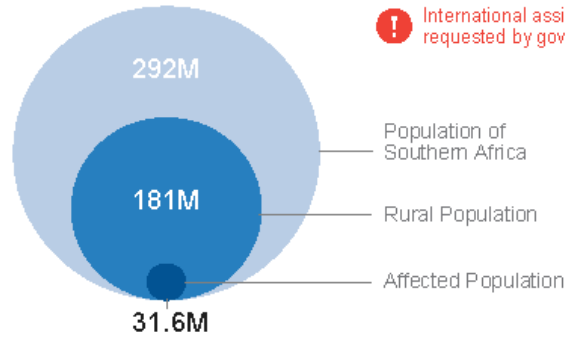
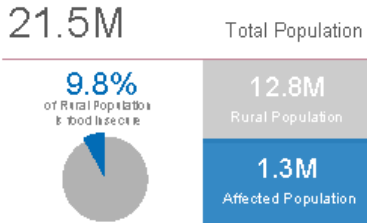
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# SOUTHERN AFRICA

Humanitarian Dashboard - Food Insecurity (as of 29 March 2016)

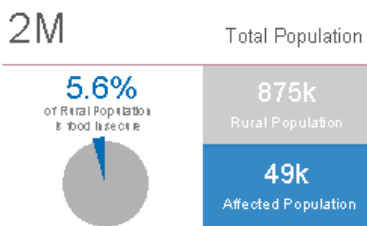
## COUNTRY OVERVIEWS

### Angola

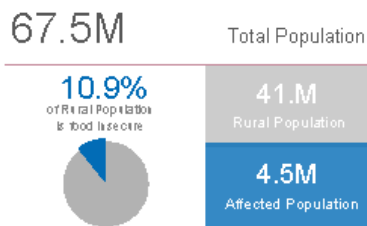


**!** International assistance requested by government

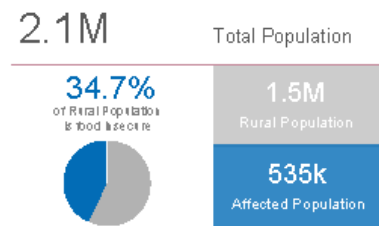
### Botswana



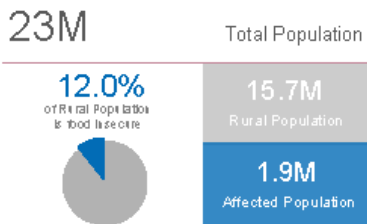
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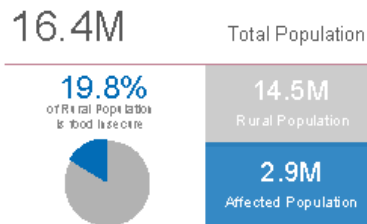
### Lesotho **!**



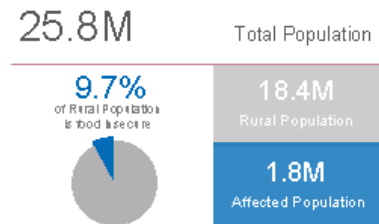
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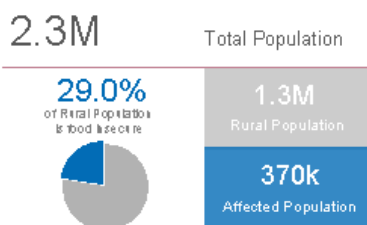
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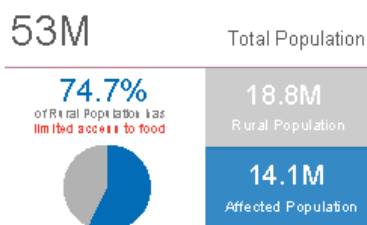
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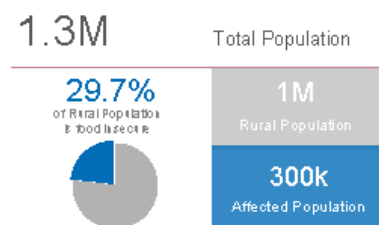
### Namibia



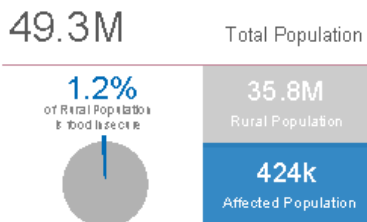
### South Africa



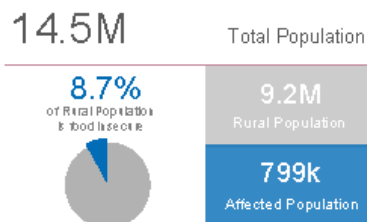
### Swaziland **!**



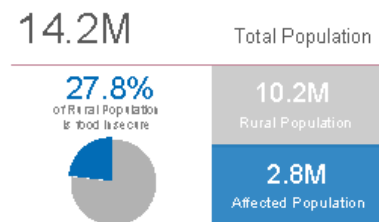
### Tanzania



### Zambia



### Zimbabwe **!**



Creation date: March 2016 Map No.: 650v04 Sources: OCHA, UNCS, SADC/AC, FNSWG, Humanitarian Partners Feedback: ocharosa@un.org www.unocha.org/rsa  
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## Trend analysis

**Southern Africa's poorest rainfall season in decades, precipitated by the El Niño weather event, has resulted in long-term drought related damage in the region, which even the moderate to locally heavy rains received during March 2016 will not be likely to rectify.** Since the end of March, most parts of the region received some consistent rains. The recent March SARCOF update forecasts increased chances of normal to above normal rains from April - June for DRC, Tanzania, parts of Mozambique, Northern parts of Zambia, Mozambique and Malawi. These rains will likely improve the current dire water security situation in the region and pasture conditions for livestock, but will not have much impact on crops as it is almost harvesting time. At the same time, isolated flood events have been reported across the region during what is supposed to be the peak of the rainfall season, affecting Angola, northern Mozambique, Tanzania and Malawi, DRC, South Africa, Mauritius and Madagascar. These floods will worsen humanitarian conditions.

**An economic downturn characterized by a fall in commodity prices and a weakening of African currencies (notably the South African Rand and Zambian Kwacha) are exacerbating vulnerabilities,** contributing to rising food prices. With many countries dependant on hydroelectric power generation, low dam levels are severely impacting electricity availability, which adds to the region's poor economic outlook. The current regional cereal deficit of 7.9m tons will continue to put upward pressure on market prices, which are already showing unprecedented increases, diminishing purchasing power and thereby reducing food access. In January 2016, the price of white maize increased between 20 and 80 per cent within the region compared to the five-year average. Grazing conditions remained poor in most of the southern half of the region, with hundreds of thousands of drought-related livestock losses Household food access is worsened by the steep price increases for key staples especially maize grain. For some countries such as Malawi and Mozambique, prices have increased by more 100 per cent against both the five-year and the 2015 average.

**The situation is already urgent: according to the Food and Nutrition Security Working Group (FNSWG), an estimated 31.6m people across Southern Africa remain food insecure** as the 2016 peak lean season extends into April due to the effects of the late start of the season and excessive dry conditions as a result of El Niño. The region already suffers from **significant levels of chronic malnutrition**. Almost four out of ten children in the SADC region are stunted and therefore not able to fully achieve their mental or physical potential. As food insecurity tightens and water scarcity increases due to the drought, there are early signs of worsening malnutrition, increasing the risk of mortality for young children. The impact of El Niño is likely to significantly increase malnutrition rates, whereby an overall 1 percent increase in acute malnutrition will result in 500,000 additional cases. Baseline estimates for **the number of acutely malnourished children under the age of 5 (GAM) in the region before the El-Niño droughts stand at 3.4 million**. Further assessments based on data from national surveys on malnutrition prevalence from April to June will begin to provide projections for the 2016/17 consumption period that will capture the effects of El Niño induced drought more explicitly. Some highly impacted areas are already exhibiting above-average rates of moderate and severe acute malnutrition. For example, of the 756,000 affected children in the three most affected provinces of Angola, over 95,877 have severe acute malnutrition (SAM). Over 58 percent of children under the age of five admitted to hospital are undernourished, with mortality rates as high as 35 percent in health facilities in Cunene Province.

**Water scarcity is forcing many communities to resort to using unprotected water sources,** often sharing these with livestock. Parasitic infections and diarrhoea seriously affect the health of the most vulnerable, particularly children, as intestinal parasites also impact on nutrition. In Lesotho, for example, cases of severe diarrhoea in children under the age of five have increased by 275 percent over the past 11 months. **Communicable diseases are on the rise:** Since January 2015, Southern Africa has experienced a resurgence of **cholera**, with an estimated 38,537 cases and 466 deaths reported. Outbreaks are on-going in Tanzania (25,847 cases and 359 deaths), Mozambique (10,854 cases and 76 deaths), Malawi (1,172 cases and 30 deaths) and Zambia (104 cases and 1 death). In Angola, a **yellow fever** outbreak has killed 166 people, with more than 50 deaths occurring last month alone and the disease continues to spread rapidly.

**This crisis is occurring in a region that accounts for one-third of all people living with HIV (PLHIV) worldwide,** and where significant gaps in treatment and adherence, as well as the high rate of co-morbidity with tuberculosis (TB), complicate the situation. Food insecurity affects adherence to anti-retroviral (ARV) therapy, as patients cannot have treatment on an empty stomach. Unsustainable coping strategies and risky behaviours are known to occur in crisis situations, and gender-based violence (GBV) is reported to increase, thereby creating concerns of a surge in new HIV infections. A large 2014 study from different countries on the African continent found that infection rates in HIV-endemic rural areas increased by 11 percent for every recent drought. Income shocks further explained up to 20 per cent of the variation in HIV prevalence across African countries.

**Whilst health centres and schools struggle to function without clean water, the lack of food also affects access to health and education services.** Many people prioritise the little financial resources they have to buy food rather than pay for travel to a health facility. Severe drought has also led some parents to take their children out of school as they can no longer afford associated costs, or do not want to send their children to school unwashed. **Governments and partners have begun short-term life-saving interventions and resilience efforts to mitigate the impacts of the drought.** Lesotho, Malawi, Swaziland and Zimbabwe have developed national response plans. Madagascar is currently developing its response to cover the needs of 1.4m people living in the southern part of the country. Governments have stepped up actions such as water tanking, borehole drilling and rehabilitation, destocking, provision of livestock feed and releasing of maize from strategic grain reserves to help meet needs. Humanitarian partners are supporting governments with technical expertise in rapid multi-sectoral assessments and market assessments. The UN and partners have also escalated humanitarian assistance directly to people in need, mainly in the sectors of food, nutrition and water, sanitation and hygiene (WASH). Some international NGOs have adapted their development programmes to adequately respond to the drought. Since early 2015, the UN Central Emergency Response Fund (CERF) has provided \$28m to partners in Angola, Madagascar, Malawi and Zimbabwe to enable a timely response to the drought, with a further \$3.1m request from Swaziland under development and additional requests in the pipeline.

**However, the situation is surpassing countries' capacities to cope and the scale-up has been small and unable to meet the increase in needs.** In many cases the efforts described above need to be urgently scaled-up and fast-tracked. Since the start of El Niño, Lesotho, Swaziland and Zimbabwe have requested international assistance, and Madagascar is soon expected to do the same for its southern regions. Zimbabwe has also declared a 'state of disaster' due to the effects of drought caused by El Niño, Lesotho a 'state of emergency' and Swaziland a 'drought emergency'. Seven of the nine provinces of South Africa (the region's main food producer) have been declared drought disasters, which collectively account for almost 90 per cent of the country's maize production, and about 30 per cent of the region's production.

**On 15 March 2016 the SADC Council of Ministers approved the declaration of this year's drought a regional disaster,** calling on donors to assist affected countries. They also approved the creation of a regional logistics/coordination centre to co-ordinate an immediate response, as well as formulate medium to long-term solutions to help mitigate the effects of climate change in the region; help communities be more resilient to future weather events; and to prevent any further deterioration of the current crisis.

## Risk Analysis

**The worst is yet to come:** While the meagre April/May 2016 harvest will temporarily improve food access in parts of the region over the short term, food security is likely to begin deteriorating by July, reaching its peak between December 2016 and March 2017. Although the full extent of impact will remain uncertain until April when crop assessments are completed, the number of food insecure people in 2016/2017 is likely to be at least two times higher than current levels. **WFP estimates that more than 49m people are at risk due to the impacts of El Niño-related drought and erratic rainfall<sup>1</sup>.** The Regional Inter-Agency Standing Committee (RIASCO) is most concerned about accelerating needs exceeding national capacities in Angola, Zimbabwe, Lesotho, Malawi, Madagascar and Swaziland, with Mozambique and Zambia on watch.

Existing inadequate infant and young child feeding practices (low rates of exclusive breastfeeding<sup>2</sup>, poor complementary feeding practices (frequency, quality), and disease burdens, will compound the risks of malnutrition in a context where children and families face the exacerbated effects of food insecurity. There is a high risk of further outbreaks of waterborne diseases such as cholera and typhoid due to unsafe drinking water and inadequate sanitation. Movements of people in search of livelihoods and resulting social tensions could spike.

**Regional humanitarian funding requirements are likely to increase significantly in 2016** due to El Niño-induced rising food insecurity, malnutrition and diseases. \$387m is already needed to assist 6.5m people in the region up to March 2016, with a funding gap of \$130m.<sup>3</sup> Based on current available data and projections, between \$3.2 billion and \$4.8 billion will be required to address humanitarian needs in 2016/2017, out of which between \$346m and \$518m may be required from the international community.<sup>4</sup>

**Looking further ahead, the region is also at risk of being affected by another climate anomaly towards the end of this year.** The World Meteorological Organization (WMO) estimates that there is a 50 percent chance of a La Niña developing in the third or fourth quarter of 2016. La Niña impacts tend to be opposite to those of El Niño impacts (e.g. heavy rains and flooding in areas previously affected by drought) and historical patterns show that, when La Niña immediately follows an El Niño period, it often has an even greater overall humanitarian impact, as coping capacities are eroded, meaning more people are at risk of hunger, disease, water shortages and displacement in late 2016.

## Challenges

**Underfunding:** Since the onset of El Niño, Lesotho, Malawi, Swaziland and Zimbabwe has developed response plans for immediate assistance amounting to \$387m (see annex 3). Some governments have allocated funding from their state budgets to respond to arising needs, such as Lesotho, Swaziland and Mozambique, but this has not been systematic. Humanitarian country teams in Lesotho, Mozambique and Zimbabwe have so far developed – or are finalising – plans seeking an estimated \$251m to support government efforts. However, little humanitarian funding has been received to date. So far in 2016, donors have provided some \$834,500<sup>5</sup>, according to the Financial Tracking Service (FTS). In 2015, humanitarian partners received \$188m, representing 42 percent of requirements (\$450m). Inadequate funding has been a major barrier to scaling up assistance to the required levels and to act early to prevent people from falling deeper into crisis.

**Response capacity:** Governments are in the lead for the response in all countries in the region. The capacity of governments in the region to respond to emergencies has increased over recent years, with many countries in the region having succeeded in reaching middle-income status. All countries in the region have established national disaster management authorities (NDMAs), and strengthened early warning systems. However, governments do not have recent experience in responding to major humanitarian emergencies and NDMAs are severely under-resourced and vary in functionality. The global economic downturn occurring alongside the El Niño has further weakened the response capacities of governments, and many countries are struggling to extend service delivery at a time when it is critically needed.

Although humanitarian country teams exist in Lesotho, Madagascar, Malawi, Mozambique and Zimbabwe, as a result of decreasing humanitarian need over recent years, international humanitarian response capacity in the region has steadily reduced, as humanitarian presence in the region is generally small and with a development focus.

<sup>1</sup> This figure includes South Africa, DRC and Congo.

<sup>2</sup> In SADC, exclusive breastfeeding (EBF) rate in the first 6 months is at 38 percent against a global target of at least 50 percent by 2015

<sup>3</sup> Excludes DRC.

<sup>4</sup> The funding projection is based on average funding per affected capita in 2015 response plans. The humanitarian portion is estimated at one third of total response cost, based on historical estimates.

<sup>5</sup> Not counting funding towards DRC or Congo.

## Recommended actions

- 1. Urgent and coordinated scale-up of humanitarian assistance in the areas of food security, nutrition, livelihoods<sup>6</sup>, health and HIV, and WASH, to alleviate suffering and prevent an unravelling of development gains. Humanitarian partners should:**
  - Urgently deploy additional emergency staff in the most affected countries to facilitate the scale-up of the humanitarian response.
  - Ensure effective, coordinated, evidence-based and costed response plans are updated and implemented where relevant, in support of government efforts, and linked to national and development plans.
  - Ensure that, wherever appropriate, cash is a prominent component of humanitarian response in order to promote self-reliance, facilitate the link from relief to recovery, and make it easier for governments to incorporate humanitarian response into their social safety net policies.
- 2. Simultaneous scale up of resilience programming as part of coordinated national plans: Governments and development partners, in close collaboration with humanitarian partners, should step up efforts to reduce the risks and mitigate the growing impacts of El Niño and the possible effects of La Niña by:**
  - Governments increasing awareness of El Niño/ La Niña weather events.
  - Governments expanding social safety nets, scaling up social safety net programmes in affected or at-risk locations (increasing coverage, duration and amount).
  - Governments should work with partners to conduct rapid assessments, if they have not been carried out in the last two months, on the basis of which contingency and/or response plans should be updated with clear funding requirements where relevant.
  - Governments stepping up disaster risk reduction programmes and activities that build the resilience of people to shocks. As part of this, early warning mechanisms should be strengthened and effective mechanisms in place to communicate with communities in at-risk areas about increased risks.
  - Governments implementing livelihood protection/diversification and increasing access to basic social services.
  - Governments, in the medium term, adopting a resilience framework to climate proof investments and ensure sustainable development with a focus on helping vulnerable people better cope with shocks and stresses. Political issues should not prevent efforts to save lives and reduce suffering.
  - Governments, achieving quick wins which would yield resilience benefits in the short term by commercial de-stocking, provision of fodder, strengthened community education and mobilization, reinforced surveillance, repairs to water sources, extension services and veterinary support, and establishing and/or expanding food- and cash-based safety nets.
  - Development partners collaborating more closely with humanitarian partners.
  - Development partners scaling up the provision of basic social services for vulnerable people, ensure responses support markets and promote private sector approaches.
  - Development partners ensuring that early recovery, resilience and development programming continue in parallel with the on-going humanitarian response, in order to decrease future vulnerability and increase cooperation and coordination with RIASCO/humanitarian partners. This will ensure a better layering and sequencing of humanitarian and development assistance.
  - Development partners working with the UNAIDS partnership so that a minimum package of life-saving services is available during crisis and can be accessed by key populations including migrants and IDPs.
  - The strengthening of human capital and capacity of national disaster management authorities.
- 3. Immediate action should be taken to address rising food prices as market prices are expected to continue rising through to the next season harvest in April 2017.**
  - Governments should take steps in collaboration with other governments and the private sector to increase access to food ensuring swift imports of cereals into the region to stabilise dwindling regional food supplies (ensuring that they ease the current crisis without disrupting markets at harvest time).
- 4. International partners should support and facilitate community-level efforts:**
  - Stronger regional cooperation is needed to facilitate intra-regional movement to the areas that are most affected.
  - Future versions of the Regional Outlook document should be led by SADC with support from RIASCO.
- 5. Development and Humanitarian partners should ensure coherence in their efforts to effectively reduce humanitarian needs. This entails:**
  - Increased cooperation between humanitarian, development and private sector partners throughout preparedness and response efforts.
  - Coordinated assessment of humanitarian needs, with interventions integrated across multiple partners and sectors.
  - Having a shared analysis of vulnerability, needs and risks, agreed outcomes, and clearer sequencing and layering of humanitarian, resilience and development activities to adequately mitigate the impact of shocks and strengthen coping capacity of both communities and institutions.
  - Developing a regional action plan, which is already underway, to address short, medium and long-term needs, as well as response options, for the current El Niño-induced crisis, by actors in both the humanitarian and development realms.

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<sup>6</sup> A livelihood comprises the capabilities, assets (stores, resources, claims and access) and activities required for a means of living: a livelihood is sustainable which can cope with and recover from stress and shocks, maintain or enhance its capabilities and assets, and provide sustainable livelihood opportunities for the next generation; and which contributes net benefits to other livelihoods at the local and global levels and in the long and short term. R. Chambers & G. Conway, 1992, Sustainable rural livelihoods: practical concepts for the 21st century. IDS Discussion Paper No. 296.

- The most affected countries will be supported in their development of HNOs, which will inform the regional action plan. So far HNOs for Swaziland and Zimbabwe have been completed. Angola, Madagascar, Malawi, Mozambique, and Lesotho will follow.
- 6. RIASCO's El Niño Response Strategy should be developed in support of the planned SADC Coordination Centre, to effectively and efficiently coordinate responses to the effects of the 2015/16 El Niño phenomenon on the region. The effective implementation of the response mechanism requires:**
- The coordination of various activities including data and information collection and analysis in order to inform and assist in the formulation and implementation of various response activities. Such data and information would include the size, nature and extent of the affected population, the food and non-food requirements and therefore the importation requirements for the region. This information would allow for appropriate shipping and movement plans to be effected in order for a smooth operation to take effect. The reporting and dissemination of this information to various parties including to Member States, the donor community, operators, and support authorities will be crucial for the success of the response.
  - The functions of the Coordinator of the response team would include the coordination of the logistical movement of goods (both food and non-food) through the various corridors including the negotiation of smooth passage through various transport systems especially where there are competing demands on the same resources and facilities. This may involve trouble shooting and conflict resolution to ensure the smooth shipment of goods to final destinations.
  - Other functions would include the coordination of the provision of adequate security in the various transport corridors, which are susceptible to heightened insecurity and criminal activities. These and other activities would form the basis of the functions of the Coordinator of the response team.
- 7. Expedited strengthening of national and regional preparedness for a substantially increased humanitarian caseload in 2016:**
- Early warning surveillance systems for agriculture, livestock, malnutrition, food security, health, HIV, and water, sanitation and hygiene (WASH) should be strengthened.
  - Significant investments in nutrition surveillance for a greater integration of nutrition, gender and HIV information into food security vulnerability assessments will be critical.
  - Governments and humanitarian partners should step up emergency response preparedness actions, focusing on those most critical for each country/region, such as ensuring appropriate logistical and coordination arrangements, stockpiling relief items, and building the capacity of national and local institutions to respond to and manage emergencies.
  - SADC could seek to build on the outcomes of its February meeting, including by engaging with donors and through AU mechanisms.
  - SADC should consider establishing an effective regional coordination mechanism, which would help countries identify priority areas for intervention based on evidence that considers compounding risks and pre-existing vulnerabilities.
  - SADC needs to continue efforts to set up a Regional Emergency Operations Centre for El Niño.
  - SADC could also consider setting up a single regional fund with flexible windows to address both life-saving and resilience-building needs, linked up with other relevant funding instruments including the ARC.
  - Humanitarian partners should enhance emergency response preparedness, including supporting governments to strengthen surveillance/early warning of food insecurity, livestock deaths, malnutrition, health and WASH.
  - Humanitarian partners should increase cooperation and coordination with development and private sectors actors throughout preparedness and response efforts.
  - Development partners should support governments to step up efforts to reduce the risks and mitigate the impacts of El Niño and La Niña, including by building the capacity of SADC Member States in emergency response preparedness and disaster management. The World Bank's global fund amounting to USD 900 million (TBC) used in crisis settings could be useful in this regard and the proposed three-pillar regional action plan would facilitate access to it.
- 8. Increased funding for early response and resilience efforts: international financial institutions must engage in the overall drought response, bridging humanitarian activities and essential longer-term projects that build the resilience of communities to withstand future shocks. Suggested strategies are:**
- Crisis modifiers – considering how on-going developmental projects can be adjusted to simultaneously support the humanitarian response to El Niño. El Niño and climate change are interrelated and a research predicts that El Niño events could double due of climate change. A holistic approach is needed: preparedness, humanitarian response, recovery and resilience as well as policy planning must be considered, as well as ensuring national response plans are linked and regional cross-border interventions considered as necessary.
- 9. Governments and donors need to urgently increase funding to El Niño early response and resilience efforts. This will require:**
- Governments and donors to support critical early humanitarian action by immediately bringing forward funding, re-prioritising existing development funds to priority humanitarian and resilience-building interventions, and allocating additional resources to cover funding gaps.
  - Governments should ensure that adequate contingency finance is available at both national and local levels in priority locations to support early action.
  - Donors to base funding on early warning/forecasting and expand flexibility of both development and humanitarian financing to adapt to the changing realities on the ground. To this end, a single regional fund should be set up to address life-saving and resilience-building needs in a timely and effective manner, linked up with other relevant funding instruments. A food response now is at least 30 per cent cheaper than nutrition interventions later in the year.
  - Donors to include flexible mechanisms (like crisis modifiers) in development funding to allow partners to switch quickly into emergency mode when necessary.
  - Development partners and donors/international financial institutions to re-programme existing funding to reduce humanitarian need and vulnerability through the use of crisis modifiers to the fullest extent possible and scale up quick wins which would yield resilience benefits in the short term, such as commercial de-stocking, provision of fodder,



strengthened community education and mobilization, reinforced surveillance, repairs to water sources, extension services and veterinary support, and establishing or expanding food- and cash-based safety nets.

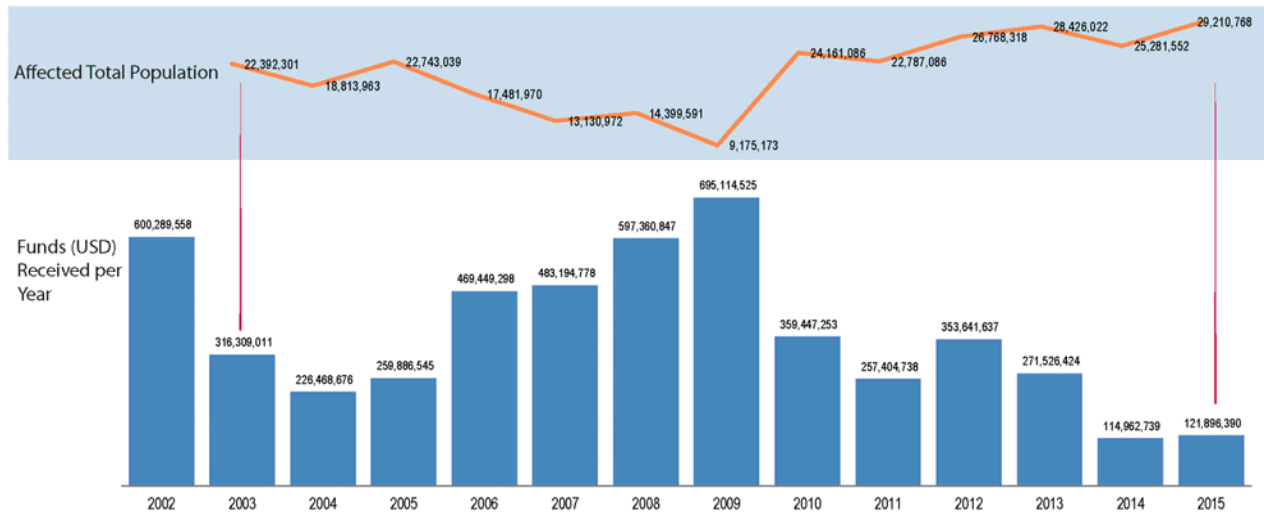
- Governments to consider risk mitigation instruments, such as the Africa Risk Capacity (ARC), which can provide funding for early response<sup>7</sup>.

## TRENDS AND OUTLOOK

### I. Drivers of Humanitarian Need

#### Existing Vulnerabilities

Southern Africa is exposed to a range of environmental and social pressures. Since 2007, three rainfall seasons have resulted in floods that disrupted the lives and livelihoods of more than a million people in the region, including the 2014/15 season, during which 1.8m people were affected and 300,000 displaced. There have also been eight years since 2000 during which more than 5 million people were food insecure<sup>8</sup>, including the current, (pre-El Niño), season.



Source: FTS & VAC

However, it is more often the frequency of disasters rather than their size that has the greatest impact on communities. Excluding the protracted humanitarian situations in Angola and Zimbabwe, more than 60 defined international humanitarian emergencies were recorded in the region between 2000 and 2015. These successive shocks have exacerbated vulnerabilities, weakened coping capacities and rendered whole sections of society dependant on assistance. However, as many of these disasters are small compared to current global crises, they have often not received the assistance required to enable affected communities to recover.

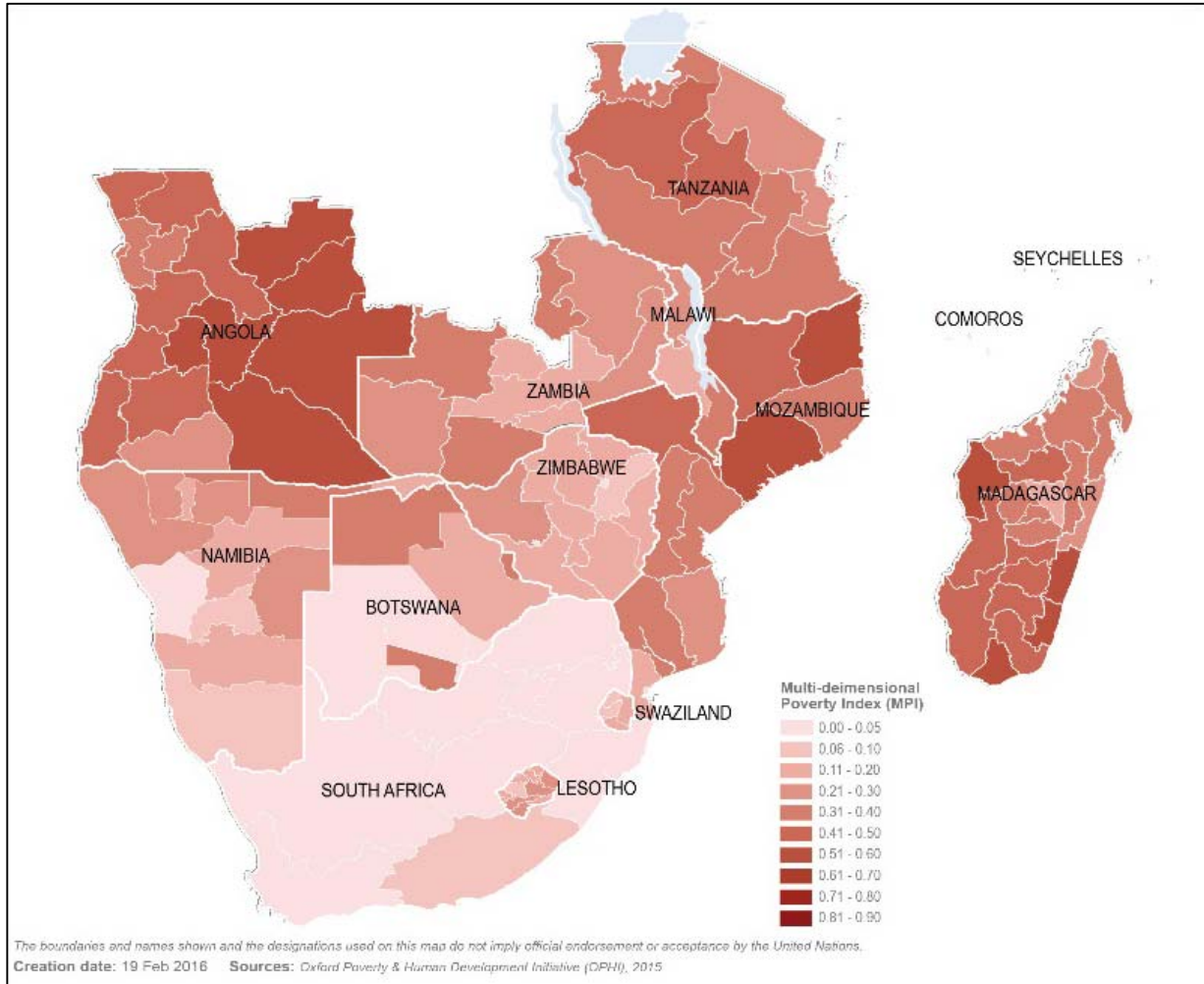
According to SADC, about 80 percent of Southern Africa's agriculture is rain-fed; 70 percent of its population depends on agriculture for food, income and employment; and the majority of farmers are subsistence farmers. Even in good years, rural households are usually able to produce little more during the April-July harvest than enough to feed their families until the following harvest, with food stocks dwindling during the lean season (November-March).

Although many countries have succeeded in reaching middle-income status due to governments' focus on macro-economic growth, poverty and vulnerability remain high, as can be seen by multidimensional poverty index (MPI) rankings. Angola, Mozambique, Madagascar and Tanzania have some of the highest MPI rankings in the region. Southern Africa has entrenched vulnerabilities such as structural inequality, high levels of chronic child malnutrition (stunting) and HIV prevalence. As of 2012 (latest available data), 20 percent of SADC's population was aged between 15 and 24 years, unlikely to be enrolled in secondary or higher education, and struggling to find stable employment, with the average rate of youth unemployment standing at 24 per cent (ILO, 2012). The population is projected to grow from 244.5m in 2015 to 345.5m by 2030 – a 40 percent increase – with an increasing share located in informal settlements. The region is also rapidly urbanising, with 60 percent of the population living in urban areas in 2014 (the highest in Africa), a figure projected to rise to 70 percent by 2030, which presents sustainable development challenges.

<sup>7</sup> The next round is in May 2016.

<sup>8</sup> It should be noted that countries have different methodologies to determine who is "affected". This figure excludes South Africa.

## Southern Africa: Multi-Dimensional Poverty Index (as Feb 19 2016)

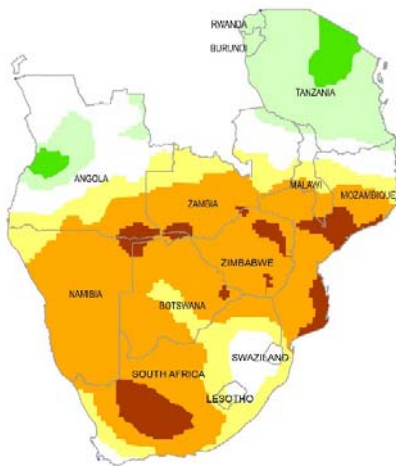


Southern Africa is projected to be one of the regions most vulnerable to the impacts of climate change. Increasing temperatures and declining rainfall patterns as well as increasing frequency, scale and scope of extreme climate events such as droughts, floods and cyclones are the expected future weather patterns.

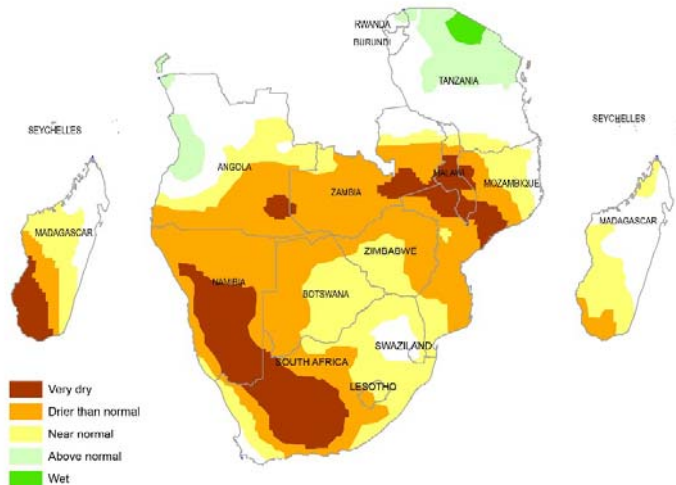
### Climate - El Niño

According to WMO, the 2015-16 El Niño is one of the strongest on record, comparable with the 1997-98 and 1982-83 events.

Seasonal forecast Dec-Jan-Feb 2015/2016



Seasonal forecast Feb-Mar-Apr 2016



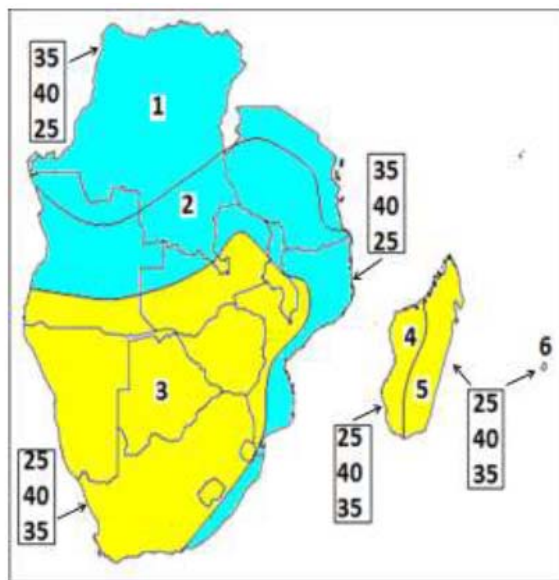
Source: ECMFW

It continued to strengthen between May 2015 and January 2016, at which point it started to reduce moderately in strength. Nevertheless, it remains very strong and continues to influence global climate patterns. The overall impacts of climate change in which this El Niño is occurring should also be considered - according to NASA, February 2016 was the hottest month the planet had ever recorded.

**The on-going El Niño has resulted in a severe drought across much of southern Africa.** Rains, which typically begin in October/November, have been delayed by 30 to 60 days and have been significantly below average. Across many parts of the region, the October-December period was the driest in over three decades. Even with the delayed arrival of seasonal rainfall, the recharging of dams and water tables have been minimal and levels are still significantly below average for this time of year in most drought-affected countries, raising serious concerns about the availability of water to communities during the upcoming dry season. In Swaziland, for example, urban areas have been experiencing multiple day water rationing with further measures envisaged during the six-month dry season due to start in April/May.

**At the same time, flood events have been recorded in several countries.** In Malawi, 21,700 people have been affected by storms and floods. In Angola, 10,000 people have been displaced by floods in Benguela Province since January 2016. Tanzania and Mauritius have also reported floods. In northern Mozambique, 22,000 people have been affected, with 3,500 homes damaged and 1,500 destroyed.

**Outlook:** El Niño is expected to continue to weaken over the coming months, with models indicating a return to neutral conditions near the end of the second quarter of 2016. There is a high likelihood that El Niño will decline to a weak to moderate El Niño levels through April and into May. Forecasts predict continued below-average rainfall and above-average temperatures across most of the region, and above-average rainfall to eastern parts of the country and Island States. There is also a risk of cyclones, which usually impact Madagascar and Mozambique, and which, due to El Niño, could be more intense and in areas not used to seeing cyclones. **There is a strong chance of a La Niña weather event in the third or fourth quarter of the year,** which may have a greater overall humanitarian impact than the El Niño at the end of the year.



Regional Climate Outlook for April-May-June 2016	
Zone 1:	Increased chances of normal to above-normal rainfall
Zone 2:	Increased chances of normal to above-normal rainfall
Zone 3:	Increased chances of normal to below-normal rainfall
Zone 4:	Increased chances of normal to below-normal rainfall
Zone 5:	Increased chances of normal to below-normal rainfall
Zone 6:	Increased chances of normal to below-normal rainfall
Source: SARCOF 19-SADC	

## Economic shocks

Southern African countries face a negative economic outlook, mainly due to **falling commodity prices and weakening African currencies**, including the South Africa Rand and Zambian kwacha, which hit record lows in December 2015. Many countries in the region derive the majority of their export earnings from commodities. Angola, which relies on oil to generate over 90 percent of its export earnings and 70 percent of its government revenue, has been badly affected by the falling oil prices (which fell by two-thirds last year), leading to inflation, devaluation and rationing. **Zambia and Zimbabwe are experiencing severe power shortages**, with the hydro-electric Kariba Dam at 12 percent capacity in mid-March, compared to 50 per cent at the same time last year, which has forced operators to reduce power output to just 25 percent. Any further drop could see the plants shut down completely. Zambia typically generates almost half of its electricity output from a hydropower plant at Kariba. Kariba also produces half of Zimbabwe's electricity, where 18-hour power outages have become common, and provides some to South Africa, which in 2015 experienced months of power shortages. Dams have also dried up across Swaziland, Namibia and Botswana; in the latter, the Gaborone Dam that serves the capital stands at critical levels. The situation is likely to worsen given predictions of below-average rainfall for the remainder of the rainy season.

In Zambia, where copper production accounts for about 75 percent of export revenue, the reduced power output of the Kariba Dam has affected mining operations and economic development (Zambia is working on a plan to address the electricity deficit). When power supplies to copper producers were slashed by 30 percent last summer, Zambian companies had to import more expensive energy sources to make up for the loss. In recent months, mines have had to close and thousands of people have lost their jobs. International mining giant Glencore suspended operations at its Mopani copper mines for 18 months in September 2015.

Meanwhile, layoffs, cutbacks and closures have hurt Botswana's diamond industry, Zimbabwe's chrome and steel sectors, and South Africa's platinum production. In Lesotho and Zimbabwe (which uses the US dollar as currency), the value of remittances, which are important income sources for poor households, have been particularly badly affected by the depreciating Rand, down 15 percent. Water restrictions are being implemented across the region.

**Maize prices in 2016 have continued to increase** through 2015, and are currently above five-year average levels for the time of year. As of January 2016 the price of maize in Malawi stands at 79.4 percent above its three-year average level for the time of year. The price of maize in January 2016 compared to five-year average levels across Southern Africa are as follows: Mozambique stands at 94.8 percent; South Africa 65.8 percent; Swaziland 54.5 percent; Tanzania 34.7 percent; Zambia 27.1 percent; Lesotho 24.8 percent, and Zimbabwe 19 percent. Like many countries in Southern Africa region, South Africa, traditionally a maize exporter, will have to import at least 6 million tons of maize - its staple grain - over the course of 2016. This will likely lead to additional food basket increases and will further complicate the food security situation of neighbouring countries that traditionally rely upon South Africa for food imports to cover their deficits.

Subsidized maize sales by Malawi's Agricultural Development and Marketing Corporation (ADMARC), which typically last through the end of the lean season, have become erratic and are estimated to be nearly depleted, with at least two months of the lean season still remaining. The Strategic Grain Reserve (SGR) has now also nearly distributed all of its stocks. Finally, Malawi's maize imports also declined due to the continued depreciation of the Malawian Kwacha (by 12 percent between December 2015 and January 2016) and declining available supplies in Zambia and Mozambique.

Inflation in Namibia accelerated sharply in January as the effects of the severe drought translated into higher food prices. The drought-induced increase in food prices, combined with a weaker currency and the lower base for petrol prices, pushed up inflation to 6.1 percent, from 5.3 percent in December. Food prices, maize prices in particular, have increased close to 30 percent this year alone as supply declines on the back of persistent drought in the southern African region and the weakening Namibia dollar (which is coupled to the Rand). This trend is set to continue and will further decrease people's ability to cope.

## II. Impact and Consequences

### Humanitarian access

An increasing number people have fled **Mozambique** to neighbouring Malawi, ostensibly due to growing tensions and/or clashes between the Government and the opposition. As of 21 March 2016, a cumulative total of 11,746 Mozambicans have been registered at the small Malawian village of Kapise, where asylum seekers first report when crossing the border - a sharp increase since July 2015 when a cumulative total of 700 asylum seekers were recorded. The Government of Malawi recently granted UNHCR permission to relocate them. However, the number of Mozambican asylum-seekers being registered at Kapise has decreased significantly since mid-March, from 250 people per day to an average of 45 people per day. According to the asylum-seekers, the decrease in numbers is a result of the presence of Mozambican soldiers patrolling the common border with Malawi. Asylum-seekers reported they are compelled to use other border entry points, notably Ntcheu and Dedza, among others. UNHCR is planning a mission to the border areas currently receiving asylum-seekers to assess the situation. There are also reports that some 800 Mozambican asylum seekers are in Chikwawa, a town after Malawi's commercial city, Blantyre. Following calls by local authorities for assistance, UNHCR is following up on this situation, exploring a possible relocation of the group to Luwani as a way of consolidating the location of the asylum seekers. Accessing people in need in northern Mozambique, as well assuring the provision of assistance to those having crossed the border, is critical.

There are also some concerns in **Madagascar**, where armed gangs known as Dahalo terrorize villages and confront government forces, which impacts humanitarian access.

### Food Insecurity and Livelihoods

**As a result of El Niño-related delays in rainfall, much of the Southern African sub-region experienced significant delays in planting.** In many areas, planting has not been possible due to 30 to 60 day delays in the onset of seasonal rains resulting in widespread crop failure. Although there has been some relief since mid-January in certain areas, the window of opportunity for the successful planting of crops under rain-fed conditions ended in January in most areas.

**This poor rainfall, in combination with above-average temperatures, has limited crop development and pasture regrowth.** An analysis of satellite-driven imagery indicates that vegetation conditions across large parts of the region are at their lowest levels in the past 15 years. The overall cereal deficit for the region stands at 7.9m tonnes for the 2015-16 marketing year, more than double the 3.9m tonnes in 2014-15. Limited water availability and poor pasture have worsened livestock conditions, already increasing the number of livestock deaths in parts of Lesotho, Namibia, Swaziland and Zimbabwe.

**The current drought is expected to delay 2016 harvests (which normally begin in April), extending the current lean season. It is also expected to produce yields too low to ensure food security until April 2017.** While April/May harvests will improve food access in the short term, food security is likely to begin deteriorating by July, reaching its peak between December 2016 and March 2017. The combination of a poor 2014-2015 season, an extremely dry early season (October-December) and forecasts for continuing hot and drier-than average conditions through mid-2016, suggest a scenario of extensive, regional-scale crop failure. In addition to reduced staple and cash crop production at the household level, further increases in staple food prices will drive acute food insecurity. Even with current rains, the previous hot, dry conditions are likely to reduce yields in both chronically food deficit areas and key surplus-producing parts of the region, including northern South Africa, northern Zimbabwe and possibly southern Zambia.



**These conditions follow a 2014-2015 agricultural season that was similarly characterized by hot, dry conditions and a 23 percent drop in regional cereal production.** This has increased the region's vulnerability due to the depletion of regional cereal stocks and higher-than-average food prices, and has substantially increased food insecurity. Even before the current crisis began, the number of food insecure people in the region stood at more than 28m people, including 2.8m people in Malawi, 1.5m in Zimbabwe and 1.8m in Madagascar, according to SADC. As of early February, FEWS NET estimates that, of this total, at least 2.5m people are in Crisis (IPC Phase 3) for the January to March 2016 lean season in Malawi, Zimbabwe, Mozambique, Madagascar and Lesotho, and require urgent humanitarian assistance.

**The numbers of food insecure people are increasing and will continue to rise further over the coming two to three months.** While it is too early to provide detailed estimates of the population likely to be food insecure in 2016-2017, FEWS NET expects that this population will be at least two times higher than current levels. Assessments are on-going to determine the full impact of El Niño on the main April harvest, but it is known that the impact will be severe. WFP assessment analysts estimate that **more than 49m people in the region (40m in rural areas and 9m in urban areas) are at risk of being affected by El Niño.**

**Angola:** An estimated 1.25m people are currently estimated to be food insecure in Angola, especially in the southern provinces of Cunene, Huila and Namibe. The National Civil Protection Department in Cunene estimates that over 700,000 people are at risk of food insecurity (some 72 per cent of the province's population), up from 500,000 last year; while in Huila approximately 460,000 people are at risk of food insecurity. Crop losses are expected to be as high as 60 per cent in parts of Huila Province; and as high as 75 per cent in other southern areas, according to FAO. Additionally, foot and mouth disease (FMD) outbreaks affected livestock prices due to quarantine.

**Zimbabwe:** In total, 2.8m people - 30 percent of population - require urgent humanitarian assistance, including some 600,000 people facing Crisis (IPC phase 3), mainly in southern provinces. The planted area for all cereal crops has decreased by about 40 per cent from last year, which itself was 89 per cent below the five-year average. Crop and livestock production is expected to completely fail in some areas. Maize production has declined by 50 percent compared to last year and is currently 53 percent more expensive. Pastoralists are also under stress, particularly in the south. Some 16,000 cattle have died since October 2015. The food security situation is expected to worsen during the last quarter of the 2015/16 consumption year. An estimated 2.4m people need assistance between January and March 2016 – one million more than initially estimated. WFP requires \$220 million to provide assistance through to March 2017.

**Lesotho:** The drought is affecting food production in all parts of the country. Planted area is at a record low, with 30-70 percent of communities not having planted. An estimated 534,500 people (one in four) are at risk of food insecurity. When considering the coverage of the existing safety net programmes to these people, 377,900 are left requiring urgent assistance until June. The severity of the situation is likely to surpass the 2012 crisis when 725,000 people were affected. The figures are likely to increase to more than 750,000 people at risk, a third of the population, from June. Poor and very poor households are experiencing a 44 percent decline in their food and cash income compared to normal conditions. The current food and cash income is 31 percent below the survival threshold.

**Madagascar:** El Niño peaked during a critical time in the agricultural calendar of southern Madagascar, leaving around 1.14 million people food insecure, of which 665,000 are facing severe food insecurity. In these areas the access to food of vulnerable households is declining at an alarming rate. Household food stocks have been completely exhausted, and the majority of households were already almost exclusively using the little means they have on food - reductions in consumption are already occurring.

**Malawi:** Most of the country is facing minimal (IPC phase 1) acute food insecurity outcomes in the presence of humanitarian assistance. Poor households that are not receiving humanitarian assistance are experiencing stressed (IPC phase 2) outcomes due to livelihood protection deficits because of high prices and lower than normal earnings from agricultural labour due to El Niño-induced drought conditions in the central and southern regions. Maize price increases this year are atypical. In January, prices ranged from 190 to 243 MWK/kg, an 85 and 155 percent increase from last year, and this trend is expected to continue. In the absence of additional imports, subsidized Government maize supplies are estimated to run out in March, about one month before the harvest is expected to begin. By April, in the absence of any assistance, food insecure districts in the central and northern regions of the country will be in IPC Phase 2 and outcomes in the south will deteriorate to IPC Phase 3. These outcomes will improve after the harvest in May and Phase 1 and Phase 2 outcomes are expected in areas from June to September.

**Mozambique:** The country is planning for a possible two-fold increase in food insecurity, which could affect up to 1.8m people according to initial government estimates. FEWS NET estimates that close to 600,000 people are currently in Crisis (IPC phase 3), requiring urgent food assistance, of which 304,000 will be receiving food assistance during March 2016. On-going school feeding programs are targeting 232,536 students in 620 schools. The Ministry of Agriculture estimates that 261,000 farmers are currently affected by drought. Over 35 percent of cultivated areas in the south are now completely dry and will not produce any food until the next rainy season in March 2017, with 540,000 ha lost. Prices are 40 percent higher than the five-year average and 50 percent higher compared to last year. Cattle herds are at risk due to the drought in the south, where livestock represents one of the main assets of the rural population.

**Swaziland:** A severe El Niño-induced drought has contributed to a projected 64 percent decrease in maize production (the staple food) from last year, which was itself a below-average harvest. An estimated 300,000 people - a quarter of the total population - require food assistance. In the worst-case scenario, this figure could increase to 538,000 people – 45 percent of the population. Furthermore, an estimated 64,000 cattle have already perished in the drought – more than 10 percent of the country's herd, threatening lives and livelihoods.

**Zambia:** Despite an expected 21 percent decrease in output, national maize supplies in the 2015/16 marketing year were more than adequate for domestic consumption requirements. This reflected the record crop of 2014 that reinforced grain stocks and resulted in large carryover supplies into 2015/16. However, on account of the expected below-average April 2016 harvest, the Government

plans to import maize, largely from South America, to help stabilize supplies in 2016/17. Currently, 799,000 people cannot meet their basic minimum food needs. In mid-January, the Government warned that approximately 1.6m people may need food aid. As western and northern areas are likely to benefit from above-average rainfall, food insecurity towards the end of 2016 most likely to be concentrated mainly in southern areas (especially the south-west), and the overall food security outlook is less severe than for other countries in the region. Nonetheless, food security in parts of the southwest is expected to deteriorate, with Crisis (IPC phase 3) projected from January to March 2016.

## Malnutrition

**Almost one in four (37%) of children aged less than five years are stunted in the SADC region, (UNICEF, WHO, WB, 2015) and therefore not able to fully achieve their mental or physical potential.** The prevalence of stunting in the region ranges from 7.9 percent in the Seychelles to 49.2 percent in Madagascar (UNICEF, WHO, WB, 2015). In more than half of the SADC countries, the prevalence of stunting among young children is above 30 percent. DRC, Tanzania, Mozambique, Madagascar and South Africa together account for three quarters of the number of stunted under-five year olds in SADC. As food insecurity and water scarcity increase due to drought, there is evidence of worsening malnutrition in some drought-affected countries, and an increasing risk of mortality for young children. Some highly impacted areas are already exhibiting above-average rates of moderate and severe acute malnutrition. People with greater nutritional needs remain most at risk, including young children, nursing mothers, the elderly and those living with tuberculosis and/or HIV. Already poor rates of exclusive breastfeeding will compound the risks of malnutrition. Unless actively promoted and protected, breastfeeding practices and quality (frequency, quantity and content) of complementary feeding, which is especially important during food security crises, are likely to become even more sub-optimal. Households tend to prioritise staple foods over more micronutrient dense foods in times of food scarcity and increasing food prices, which further increase the risk of malnutrition and corresponding increases in child morbidity and mortality. While the rates of severe and moderate wasting are not always above international cut-offs for public health concern, severe and moderate wasting can be a life threatening condition and the risk of death is very high, especially for severe wasting and/or oedema.

Micronutrient deficiencies (MNDs) deriving from a poor quality diet among children and women in reproductive age are highly prevalent, with an indicative 49-67 percent of children under five suffering from anaemia. The El Niño-related droughts in most parts of the region, and floods in the north, may lead to further nutritional deterioration exacerbating existing risks of death due to malnutrition and diseases such as cholera, diarrhoea and malaria. Young children and orphans and vulnerable children, pregnant, lactating women and the elderly are most at risk due to their increased vulnerability to shocks and higher nutritional needs.

There is a dearth of up to date information from recent representative surveys, but the average rate of severe and moderate wasting average is 5.2 percent, based on nationally representative available data from SADC countries (2007-2014), The rate ranges from 2.0 percent in Swaziland to 8.2 percent in Angola (UNICEF, WHO, WB, 2015).

Available data from nine of the SADC countries<sup>9</sup>, indicated that the number of children in need of treatment for severe acute malnutrition (SAM) for 2016 is about 679,878 of which 278,064 (41%) would be reached for treatment by UNICEF and partners (UNICEF, 2016). Increased mobilisation, of partners and of resources, is necessary to allow coverage for the treatment of SAM to reach the Sphere standards for SAM treatment in rural settings (50%).

**Angola:** It is estimated that 98,538 children aged between 6-59 months will be in need of treatment for SAM in 2016 and about 37,835 are targeted by Ministry of Health, UNICEF and partners. Over 58 percent of hospital admissions of children under age five are undernourished; with mortality rates as high as 35 percent in health facilities in Cunene. Cunene province has over 7 percent severe acute malnutrition in children under the age of five. Supply chain management for essential medicine and therapeutic products for nutrition, staff capacity, geographical access and funding for nutrition are challenging the nutrition response to the drought in Angola.

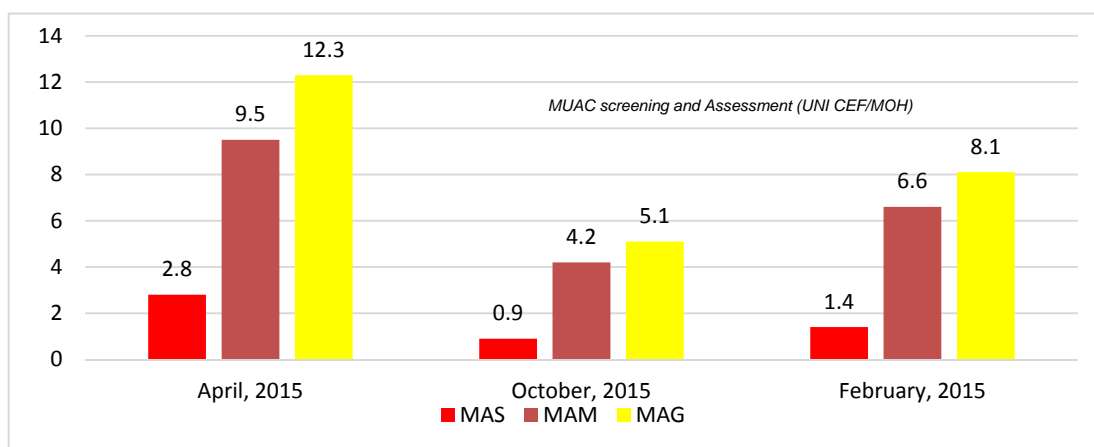
**Botswana:** Recent reports from the Ministry of Health nutrition surveillance system have indicated an increase in malnutrition in children under the age of five. The total national underweight for children under five has increased from 3.2 percent in September 2015 to 3.9 percent in November 2015. This is in line with the on-going shortfall of food availability and access due to the on-going drought.

**Lesotho:** Pre-crisis data - 2014 LDHS - indicates that while the national wasting average is 0.6 percent, two of the four ecological zones - Senqu river valley and Foothills – have significantly higher rates of severe wasting, at 2.2 percent and 1.3 percent respectively. Likewise, Butha-Butha, Mafeteng, Mochale's Hoek and Qacha's Nek districts all had severe wasting rates ranging from 1.2 to 1.7 percent (double to triple the national average). It is estimated that 3,500 children aged between 6-59 months will be in need of treatment for SAM in 2016 in Lesotho and about 2,445 are targeted by Ministry of Health, UNICEF and partners. The first six months of the year are critical for SAM treatment in Lesotho as SAM admissions in the first semester represent the bulk of yearly SAM admissions. Current reports indicate that admissions for SAM treatment in Lesotho have more than doubled in January 2016 when compared to the same time last year. The Ministry of Health and partners are engaged in improving overall nutrition surveillance in the country to strengthen the nutrition and food security response.

**Madagascar:** Following the prolonged drought in the south of Madagascar in 2015, the Ministry of Health, supported by UNICEF, conducted repeated mass of bilateral oedema in April 2015, October 2015 and February 2016. In each screening round, 240,000 young children were screened and acute malnutrition cases were referred for admissions for treatment. Results of the assessment are presented below.

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<sup>9</sup>Madagascar, Mozambique, Angola, Malawi, Zambia, Zimbabwe, Lesotho, Swaziland, Tanzania.



The situation had improved in October 2015 as compared to April 2015. However, the results of the February 2016 screening indicate that the situation has worsened, reflecting a seasonal pattern in the nutrition situation. Peaks of malnutrition are usually observed between March and April. However, this pattern is likely to be stronger this year due to the effect of El Niño, especially if the drought persists in southern Madagascar. UNICEF is planning to reach 29,120 SAM cases in 2016 in Madagascar. This number is likely to increase as the drought persists and its effects on children increase. Under the National multi-sectoral response plan coordinated by OCHA, an increase in MAM treatment planning figures from 5,000 children under five to 60,000 children under five for 2016 is foreseen. To meet additional needs for children affected by the drought in Madagascar, it is critical that resource allocation to the country increases to allow the Ministry of Health and its partners to act.

**Malawi:** By the end of February 2016, a UNICEF supported mass screening drive which started in December 2015 covering 24 districts, reached 955,962 children, of which 13,477 (1.4%) were found to be severely acute malnourished. The mass screening initiative is a success in terms of strengthening active case findings as well as the immediate treatment and saving of children's lives. For example, the admission of children in the SAM treatment programme has continuously increased since late 2015. The combined effect of the drought and increased community outreach (screening) has led to significantly higher admissions between January and February 2016, and November to December 2015, as the ratio of admissions is at 2.8. In past years (2011-15), this ratio ranged from 1.7 to 1.9. It is estimated that 81,842 children aged between 6-59 months will be in need of treatment for SAM in 2016 and about 65,000 are targeted by Ministry of Health, UNICEF and partners. Between January and February 2016, 11,340 SAM admissions have been recorded in Malawi (> 35% increase compared to the same period in 2015). Death rates at Nutrition Rehabilitation Units have decreased from 11 to 7 percent, which is within the SPHERE minimum standards (10%). The emergency response similarly includes MAM treatment and MAM prevention. Nutrition SMART surveys are planned in Malawi to provide timely nutrition status data on children affected by the drought.

**Mozambique:** The effects of droughts in Mozambique have mainly been experienced in the southern provinces of Maputo, Gaza and Inhambane, and parts of central regions, notably in Tete and Sofala provinces. A recent food security and nutritional assessment by SETSAN indicates GAM rates for children under 5 of 15.3 percent and 15.5 percent in Sofala and Tete provinces respectively, and 42 percent and 28.3 percent for pregnant and lactating women in Sofala and Tete respectively. It is estimated that the Ministry of Health, UNICEF and partners will treat 72,000 young children for SAM in Mozambique. The initial drought response has already planned for MAM treatment of 18,668 children in Gaza and Inhambane provinces, and planning figures will be adjusted to the latest SETSAN findings and follow-up monitoring.

**Swaziland:** An estimated 8,460 children aged between 6-59 months are affected by acute malnutrition: 1,410 by severe acute malnutrition and 7,050 by moderate acute malnutrition. UNICEF and partners plan to admit 1,058 children with SAM for treatment. A rapid nutrition rapid SMART survey was recently implemented in the drought affected areas of Hhohho, Manzini, Lubombo and Shiselweni whereby about 350 young children aged between 6-59 months were assessed. The full report is to be released soon by the health and nutrition coordination group.

**Zambia:** It is estimated that the Ministry of Health, UNICEF and partners will treat 19,800 children aged between 6-59 months for SAM in 2016. Mobilization for the emergency nutrition response is on-going in Zambia, aiming at improve overall coordination and capacity for nutrition in emergencies and management of SAM. The upcoming ZamVAC will include MUAC and weight for height data to strengthen the nutrition component of the upcoming ZamVAC report.

**Zimbabwe:** The recent ZIMVAC rapid assessment found a global acute malnutrition (GAM) rate of 5.7 percent (weight-for-height), which is the highest level in 15 years. In combination with the corresponding SAM rate of 2.1 percent, which is high in relation to the findings for moderate acute malnutrition, this is above the emergency threshold and indicates a nutrition emergency response need. The lean season will peak in March 2016 after which food security levels are expected to temporarily improve. The lean season will commence again in May 2016 and may last until March 2017. It is estimated that 25,806 children aged between 6-59 months will be admitted for treatment for SAM in 2016, out of the 32,258 in need of treatment. Planning figures for MAM treatment through the government system supported by WFP are 3000 children under five and 6500 adults, focused in the urban areas of Harare and Bulawayo, where HIV prevalence is highest. MAM treatment support will be expanding to five severely food insecure districts under the drought response.

## Health and Communicable Diseases<sup>10</sup>

**Heavy demands on health systems lead to the weakening of existing systems. In the context of the current drought, the situation is exacerbated when health facilities are hampered by limited water availability and an increase in patients suffering from drought-related illnesses such as diarrhoea.** In Lesotho during December 2015, 262 diarrhoeal disease cases were reported – a 300 percent increase from the 88 cases reported in November. As many health clinics are without water, and government resources to truck water to the clinics are overwhelmed, hospitals and clinics are not able to maintain their services and many community members are discouraged from travelling to clinics. Pregnant women are avoiding giving birth in health clinics as most facilities lack water. A number of elderly people have died from dehydration, as they are less able to carry water from water points. A number of patients on antiretroviral therapy (ART) and tuberculosis (TB) treatment have stopped taking their medication because of lack of food, with some cases resulting in death.

In Swaziland the drought has resulted in communities not having access to potable water, with 52 percent and 33 percent of homesteads in Shiselweni and Lubombo respectively, having changed their normal water sources over the past six months. The population has started using unprotected water sources such as rivers and earth dams which are also running dry. They are also significant carriers of disease-causing micro-organisms which can cause trachoma, cholera, typhoid and schistosomiasis. An estimated 23 percent and 35 percent of homesteads in Shiselweni and Lubombo respectively reported cases of diarrhoea in the family over the past six months. Nationally, health facilities have reported a 31 percent increase in diarrhoeal cases treated in the past six months.

**Cholera:** Over the past year, southern Africa has experienced a resurgence of cholera: an estimated 38,537 cases have been reported with 466 deaths, affecting Tanzania and Zanzibar (25,847 cases and 359 deaths), Mozambique (10,854 cases and 76 deaths), Malawi (1,172 cases and 30 deaths), Zambia (104 cases and 1 death) and Zimbabwe (20 cases and no deaths early in 2015) between January 2015 and 20 March 2016.

El Niño is likely to further increase the number of cholera cases. Peri-urban areas are particularly vulnerable, as people flock from the countryside to the cities in search of a better life. However, cholera is also emerging in more well-established urban areas, such as Dar es Salaam in Tanzania and Stone Town in Zanzibar, as infrastructure ages and water treatment systems disintegrate or simply do not keep up with population growth.

**Yellow fever:** As of 17 March 2016, 344 yellow fever cases have been confirmed with 166 deaths in 50 districts in 13 provinces across Angola. Of particular concern is that since 17 March, local transmission of the virus has been confirmed in six provinces outside Luanda, and that a cluster of suspected yellow fever cases was reported in a town on the border with DRC. The possibility of more rapid and wider geographical spread within the country and beyond, is a serious concern. Vaccination campaigns are currently on-going in Luanda, with more than 5.158 million people vaccinated to date. However, there have been several challenges in the implementation of response activities, which are not keeping pace with the evolution of the outbreak, including a lack of government capacity and resources. In turn, WHO is urging the Government and partners to strengthen the response. This is first outbreak of yellow fever in Angola since 1988.

**Typhoid:** A typhoid outbreak is threatening the residents of Harare. Four more people have been infected by the disease, bringing the number of infected locals to 31, whilst over 400 suspected cases are being monitored (statement by: Harare City Council spokesperson Michael Chideme, March 8<sup>th</sup> 2016). Typhoid is also being reported sporadically throughout the country. A few cases, mostly people returning from neighbouring countries, have recently been reported in South Africa, which registers about 100 cases a year. New cases of typhoid in Malawi have also been registered.

**Zika:** The likelihood of the Zika virus impacting southern Africa is limited due to the low prevalence of the *Aedes* mosquito species in the region. However, Angola is more at risk of Zika given its close links to Brazil. Countries closer to the Equator such as Tanzania, Malawi and Zambia could potentially see cases as the mosquito is the same one that carries the Dengue Virus which is present in these countries; however the chance of this is low.

## HIV and AIDS, and TB Co-Infection

**The region remains the global epicentre of the AIDS pandemic:** nine countries - Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe - have an adult HIV prevalence of over 10 percent. At an estimated 26 percent, Swaziland has the highest HIV prevalence in the world, followed by Botswana (23.4%) and Lesotho (23.3%). With 5.6 million people living with HIV (17.3% of the population), South Africa is home to the world's largest epidemic. These countries are part of the 35 priority 'Fast-Track' countries of UNAIDS' strategy 2016-2021, and for ending AIDS globally by 2030. Similarly, the region continues to face HIV/TB co-infection with TB remaining the leading cause of death among people living with HIV. There is a need to strengthen HIV services, especially protocols for following up on missed appointments and strategies to improve adherence and retention for those on treatment, as well as food-for-prescription where feasible. It is also necessary to ensure that HIV-related criteria are included when assessing households/individuals for food and/or cash support, both of which can help reduce the risk of transmission due to increased transactional sex and violence.

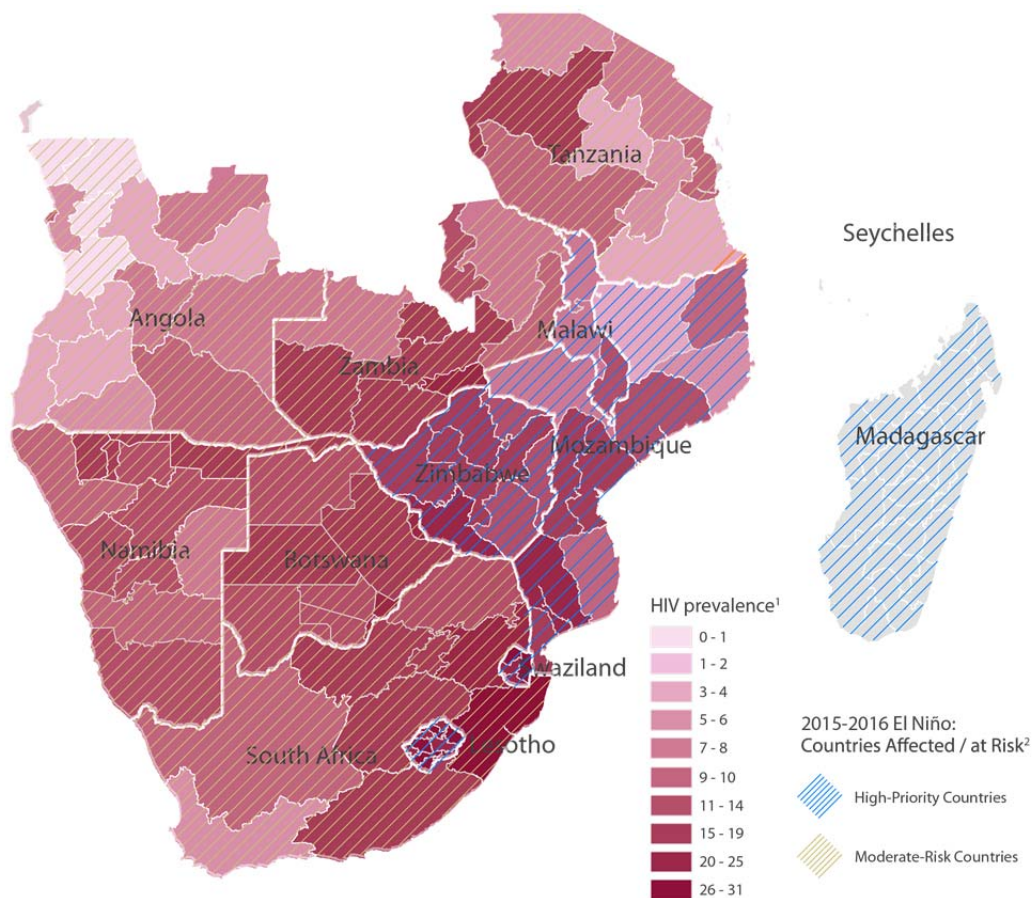
**There are risks that El Niño may increase the transmission rate of HIV in endemic areas that are affected by the drought.** A recent [study](#) which looked at the link between HIV, economic conditions and local rainfall shocks estimated that transmission rates in HIV-endemic rural areas increased by 11 percent for every recent drought. El Niño may also lead to further decreases in service utilisation and adherence to ART and TB treatment. The lack of food is a reason for people to stop taking their medication, since one side effect of the medicine is increased feelings of hunger. Similarly, the closure of health facilities due to lack of water supplies as

<sup>10</sup> WHO will revert with more detail and analysis for the next version.



a result of the drought will affect ART access and may reverse the gains made in the prevention of mother to child transmissions (PMTCT). Uninterrupted access to treatment is crucial to ensure drug adherence and avoid later Multi-Drug Resistant Tuberculosis (MDR-TB) and expensive 2nd/3rd line ART regimens. Poor feeding practices resulting from lack of food will also further compromise people's immune system and increase the risk of infection due to drinking water scarcity as well as increases in vector borne disease. Ultimately, the drugs are less effective in virus suppression if not taken with food.

### Adult HIV prevalence rates overlaid with El Niño risks



Creation Date: 18 Feb 2016 Source: 1: UNAIDS, 2: 2015-2016 El Niño: WFP and FAO Overview (as of 2 February 2016)

## Water, Sanitation and Hygiene (WASH)

**Currently, in some countries, government investments in WASH have not adequately kept up with the demands of population growth and productive services, especially in higher risk areas. This has increased the severity of cyclical climatic shocks on already vulnerable people. Due to a lack of infrastructure, only 61 percent of the region's population normally has access to safe drinking water and only 39 percent has access to adequate sanitation facilities** This makes the impact of the drought especially severe, as many people are forced to make use of untreated water sources both in rural and urban areas. Water shortages from the drought are already costing lives and having serious health effects on communities.

**El Niño has caused water shortages across the region**, with many dams running dry (water reserves are on average at 10 percent capacity). Water authorities in Botswana, Swaziland, South Africa and Namibia are limiting water usage because of low water levels. Critical water shortages have impacted water availability and sanitation in rural and some urban communities, nutrition, health, and access to education. World reports that in the areas where it operates, twice as many people need clean water as they do food. Children are dropping out of school and waking up in the middle of the night so that they can find and collect clean water. In Zimbabwe, 6,000 children in Matabeleland North have dropped out of school, citing hunger and the need to help out with house or farm work, as have nearly 5,000 children in Chigubo and Guija districts of Gaza province in Mozambique. Water shortages are hitting children hardest - diarrhoea caused by unclean water can kill small children quickly. Water trucking to affected communities is already taking place in countries including Botswana, Lesotho, Swaziland and South Africa. Many women and children are at increased risk of various forms of gender-based violence directly related to food scarcity, water shortages and power outages. In the coming months, an increase in WASH needs is expected.

**Lesotho:** Water shortages began months earlier than in previous drought years. Over 302,000 people in 276 communities (15 percent of the population), are experiencing acute water shortages. Water is being rationed in many districts. By January 2016, up to 56 percent of communities were using unprotected water sources, an increase from 44 percent normally. Up to 83 percent of

communities reported increased time in the collection of water owing to further distances to water sources and waiting time. In some communities, 67 percent of people had to buy water. Currently the Katse dam, the biggest water source in Lesotho, is 15 meters below the normal level for this time of the year.

**Mozambique:** Shortage of rainfall registered since October 2015 in the southern and parts of the central provinces of Mozambique is resulting in many water sources becoming unreliable or completely drying up and the groundwater table gradually drawing down. Moreover, the overall water supply and sanitation situation in Mozambique is of concern - about 62 percent of rural households have no access to safe drinking water and 87 percent have no access to adequate sanitation facilities (DHS 2011). This makes the impact of the current drought especially severe, as many households are forced to make use of untreated water sources or simply make do without any kind of water. The lack of water, combined with existing poor hygiene practices, are costing lives and having health effects on communities. An estimated 167,000 people are in need of safe drinking water. Assessments in Gaza and Inhambane note a general lack of access to water. This is due to a lack of rainfall, local sources having dried up or providing salty water, or no water sources available at proximity. People, particularly women and girls, have to travel longer distances and spend more time collecting water. Pastoralists have had to move further away and migrate temporarily with their herds to find water. Cattle and humans are often using the same sources, which negatively affects the quality of water for human consumption. In most areas, water from these sources is now unsuitable, which is of significant concern, as most community members do not treat water prior to using it.

The current drought situation will result in 72,374 children becoming malnourished over the next 6 months in the 5 regions affected by the drought. The country has already recorded increased numbers of acute malnutrition in three out of the six provinces assessed in November 2015. The Nutrition Cluster anticipates further degradation of the nutrition status following a similar trend to food insecurity. This will have implications for especially female-headed households, which are often poorer and acutely vulnerable to even small changes in socioeconomic and climate conditions. Furthermore an estimated 15,000 lactating women with children under six months could be affected by the food security crisis in terms of knowledge and capacity to breastfeed.

**Swaziland:** The 2015 Water Point Mapping Exercise showed that 78 percent of rural households access water from groundwater sources. The rapid assessment conducted in February 2016 indicated that 52 percent and 33 percent of households in Shiselweni and Lubombo regions respectively have had to change their primary water source, with some communities left without safe sources. With the lowering ground water table, system failures have been increasing in the two regions. The Urban Water Utility has also reported that their water source in one of the border towns in the Lubombo region has dried up. The rapid assessment report also showed that those households who still have access to some form of water (52 percent and 56 percent in the Shiselweni and Lubombo regions respectively), indicated that their water was not sufficient for domestic use, which compromises personal hygiene as water is prioritised for drinking and cooking, exposing the household diarrhoeal diseases. The assessment showed that health facilities had experienced a 31 percent increase in the number of diarrhoeal cases treated; data supported by the fact that 23 percent and 35 percent of households in Shiselweni and Lubombo regions respectively reported diarrhoeal cases in the last six months. These cases can be linked to poor hygiene and use of unsafe water sources without treatment.

There is therefore an urgent need to provide communities with life-saving water supply interventions and hygiene promotion. Within the communities the burden of water supply rests mainly with woman and adolescent girls and boys, who have to travel long distance to collect water, exposing them to various forms of violence. Children under age of five account for 15 percent of the affected and targeted population who through repeated diarrhoeal episodes and intestinal worm infestation have their nutrient uptake affected, leading to malnutrition even when food is available. Health facilities are the preventative and curative centres for the affected communities and hence they must have water supply on a daily basis to ensure that those affected at least have a place to receive treatment for diarrhoea; and any other drought-related illnesses. Global studies show that children are community agents and therefore they influence the behaviour of the family due to the information and practices instilled at school. It is paramount to therefore ensure daily water supply to schools and to conduct hygiene sensitisation and message distribution using schools and clinics as community gateways for mass communication.

**Zimbabwe:** The ZIMVAC found that 35 per cent of households were accessing inadequate amounts of water for domestic use in January, and nationally 81 percent of households reported unavailability of water for agricultural purposes (irrigation schemes and gardens). An estimated 49 percent of households reported unavailability of water for their livestock and tens of thousands of cattle have succumbed to drought-related deaths. In Harare, 60 percent of water needs are not covered and unregulated vendors are selling unsafe water. Poor basic service delivery continues to undermine the resilience of vulnerable people. The context of severe drought, insufficient and unsafe water and poor sanitation pose significant risk factors associated with outbreaks of communicable disease.

**Mozambique:** The ground water table is slowly drawing down and many sources are unreliable or completely dried up. About 300,000 cattle are at risk of death due to lack of water and fodder possibly impacting the availability of animal protein.

## Education

The drought has the capacity to affect children's attendance which may become erratic as water collection sources become scarce and further away from their homes. Unavailability of food caused by low crop yields in times of drought or unreliable rainfall is one of the main reasons why a number of children drop out of school. This is because during food crises parents concentrate their efforts on procuring food. Furthermore, global assessments indicate that 40 percent of diarrhoea cases among pupils can be traced back to their schools, hence the urgent need to address WASH services in affected schools.

In Swaziland, schools are facing a water and sanitation crisis, affecting almost 80 percent of all schools. In total, 189,000 learners and 8,157 teachers and support staff have been affected. In Zimbabwe, food shortages an estimated 6,000 children in Matabeleland North are skipping classes, citing hunger and the need to help out with house or farm work.

## Sexual and Gender-Based Violence (SGBV)

Incidences of SGBV can increase with drought and concomitant food and water scarcity. Women, as family caretakers, and sometimes supported girls, may have to trek long distances to remote locations to collect water for household use, and this may expose them to sexual harassment, violence and rape. Food scarcity may inherently lead to tensions within the household, thus increasing the likelihood of domestic violence. Women may suffer reprisal attacks for their participation in food aid assistance activities by their partners in some communities and aid workers may sexually exploit women in exchange for access to relief assistance.

It is well documented that GBV – including sexual exploitation and abuse – increases when populations are displaced, and given the on-going and anticipated population displacements as a result of drought and flooding, protection needs must be closely monitored. In cases of drought (as in any humanitarian crisis), sexual intercourse is often used as a commodity in exchange for food. This situation subjects the powerless victims, the majority being adolescent girls and women, to emotional trauma, physical injury, HIV and STI transmission, and unwanted pregnancies. For adolescent girls, such experiences often lead them to drop out of school, curtailing their opportunities in life. Awareness about sexual exploitation and gender-based violence as violation of an individual's rights continues to be low.

In Lesotho severe water shortages are taking its toll in particular on women and children, disabled and elderly, bearing the brunt of travelling long distances to collect water for domestic use, which may result in less time for child care and nutrition and carry additional protection risks. Of great concern are observations that a number of HIV and TB patients have ceased to take their ART and other medication because of lack of food. There are also reports that pregnant women no longer present to give birth at health facilities. This may have critical consequences since lifesaving services to prevent maternal and neonatal deaths and mother-to-child HIV transmission. In Malawi, girls have been driven by poverty to engage in transactional sex and both boys and girls have been forced to discontinue schooling in order to contribute to the household economy. It is also observed that Ganyu (casual labour) contracts include transactional sex. Floods earlier this year, saw a high number of people interrupting ART mainly due to migration into different areas and countries<sup>28</sup>. As in any emergency, displacement of people and major changes to daily activities and social interactions pose a risk of associated gender and protection-related issues. In Zimbabwe, the recent ZIMVAC found that gender-based violence cases were found to be on the increase in most districts.

## Displacement and Migration

### *Refugees and asylum seekers*

Southern Africa currently hosts more than half a million people of concern to the UN Refugee Agency (UNHCR). As of mid-2015 it included approximately 179,837 refugees, 860,500 asylum seekers and nearly 2902 returnees who were refugees and repatriated to their country of origin.

In addition to these figures, as mentioned earlier, as of 21 March 2016, a cumulative total of 11,746 Mozambicans have been registered at the small Malawian village of Kapisa, where asylum seekers report first - a sharp increase since July 2015 when a cumulative total of 700 asylum seekers were recorded. The Government of Malawi recently granted UNHCR permission relocate them. However, the number of Mozambican asylum-seekers being registered at Kapisa has decreased significantly since mid-March, from 250 per day to an average of 45 persons per day. According to the asylum-seekers, the decrease is attributed to the presence of Mozambican soldiers patrolling the common border with Malawi. Asylum-seekers reported they are compelled to use other border entry points, notably Ntcheu and Dedza, among others. UNHCR is planning a mission to the border areas currently receiving asylum-seekers to assess the situation. There are also reports that some 800 Mozambican asylum seekers are in Chikwawa, a town after Malawi's commercial city, Blantyre. Following calls by local authorities for assistance, UNHCR is following up this situation, exploring a possible relocation of the group to Luwani as a way of consolidating the location of the asylum seekers governments in the region are increasingly concerned about national security, trafficking, human smuggling and abuses of the asylum system caused by large numbers of people moving especially from the Horn of Africa and the Great Lakes regions towards Southern Africa. This has resulted in stricter border controls. Identifying people in need of international protection is difficult due to the severe capacity constraints faced by the national asylum systems in the countries of the region. Whilst nearly all countries are party to the 1951 Refugee Convention, its 1967 Protocol, and the 1969 OAU Convention, most have done so with reservations regarding freedom of movement and access to employment. Nearly all countries in the region, with the exception of Angola and South Africa, implement encampment policies that restrict freedom of movement and limit possibilities for self-reliance. While South Africa is the traditional main destination country countries such as Malawi, Mozambique and Zambia are increasingly being viewed as alternative destinations.

El Niño may contribute to an increase current migration trends in the region, as employment in the agricultural sector falls, forcing people to seek work in other areas in the region. Migration itself could become part of a [survival strategy](#).

### *Internally displaced persons (IDPs)*

Southern Africa currently does not have a large caseload of IDPs, although floods and drought - climate events that are expected over the outlook period, displace many thousands annually. In early 2015 a staggering 230,000 people in Malawi and 68,000 people in Mozambique were displaced. Communities often refuse to permanently relocate to higher ground, even when authorities offer housing, mainly due to cultural reasons. In many parts of the region, communities are used to moving to temporary shelter for a part of the year, returning to the flood plains once waters have subsided, as is the case in northern Namibia. Urban displacement is also regular feature of the flood season, particularly around Madagascar's capital Antananarivo. As the second half of the flood season begins, displacement is likely to occur across the region. Temporary camps usually require support in camp coordination and camp management. The protection of cross-border displaced population in the context of natural disasters and effects of climate change is a matter that requires cooperation by states in Southern Africa.





### III. Humanitarian Challenges

#### Preparedness and Response Capacities

Three countries (Lesotho, Swaziland and Zimbabwe) have now declared a drought emergency. El Niño-related government preparedness and response plans have been developed, or are under development, by most countries. They examine various sectoral responses to address the needs of the affected population. Apart from support to the livelihoods of farmers and interventions to improve access to water, these responses are boosting social protection and safety nets. They include direct in-kind/cash transfers to support the most affected populations as well as including nutrition responses.

**National and Local Response Capacity:** National early warning systems have been considerably strengthened, but more work needs to be done to mobilize resources for their implementation and ensure that early warnings effectively lead to early action. Reluctance to appreciate the extent of the crisis has affected preparedness in some countries. Coordination mechanisms have been activated, and Nutrition Cluster functions or similar platforms are in place in Malawi, Mozambique, Madagascar and Zimbabwe. UN partners continue to foster collaboration and coordination at all levels. In Zimbabwe, the Scaling Up Nutrition (SUN) movement is working with partners to develop nutrition informational material to influence practices in regards to infant and young child feeding. The capacity of governments in the region to respond to emergencies has increased over recent years, with many countries having succeeded in reaching middle-income status and all countries now having established national disaster management authorities (NDMAs). However, governments in the region do not have recent experience in responding to major humanitarian emergencies and the NDMAs are severely under-resourced and vary in functionality. The Mozambican NDMA has significant emergency response capacity and to a lesser extent Zimbabwe and Madagascar (they are more experienced, however, due to bureaucratic, political and funding issues they are not as effective as in the past). South Africa has a very strong NDMA at the national level. The governments of South Africa and Botswana will respond to the full caseload and no humanitarian assistance is needed in these countries. Major gaps in the response have been identified in other countries, including in Lesotho. The economic downturn occurring alongside the El Niño has weakened government response capacities, and many countries are struggling to extend service delivery at a time when it is critically needed. Bottlenecks are also being experienced at certain ports, which are causing delays in the delivery of assistance. Over the outlook period, it is expected that governance structures will become weaker and less able to respond.

**Regional Response Capacity:** A regional meeting of key decision makers was convened by SADC in late February 2016 to review the regional implications of El Niño. One of the key outcomes of the meeting was the creation of a common regional understanding and consensus building on essential actions and commitment on how to best prepare and mitigate El Niño impacts through a concerted and coordinated multi-sectoral approach. Key recommendations from the meeting included the establishment of a SADC regional El Niño coordination centre by Member States and partners. The SADC Secretariat is currently defining the modalities of such a centre.

**International Response Capacity:** The UN and international NGOs have stepped up preparedness and response efforts over recent months. Prior to the onset of El Niño, a humanitarian country team (HCT) existed in Madagascar, Malawi and Mozambique. An HCT has since been set up in Zimbabwe and Lesotho, prompted by El Niño. However, overall humanitarian response capacity in the region is severely limited, as humanitarian presence in the region is generally small and has a development focus.

**Lesotho:** After declaring an emergency on 22 December 2015, the Government of Lesotho has appealed for assistance. The Lesotho Disaster Management Authority issued a Drought Response and Mitigation Plan that includes a Health and Nutrition Response Plan. The Ministry of Health and the Food & Nutrition Coordinating Office, with the support of partners, will lead on the implementation of Health and Nutrition Response Plan.

**Madagascar:** Since November, under the coordination of the National Office for Disaster Management (BNGRC), 120,000 severely food insecure in drought-hit districts in southern Madagascar are being assisted through food-for-assets, in response to last year's drought. It is estimated that due to continued drought into January 2016, and resulting crop failure, up to 570,000 people will be affected. The Nutrition Cluster has developed a Response Plan for March 2016 to May 2017. This includes MAM and SAM treatment and outreach screening activities in the seven most affected districts as well as protection rations for families supported with nutrition interventions. From October to December, blanket feeding will be implemented for children aged 6-23 months and PLWHIV to prevent against acute malnutrition.

**Malawi:** A National Food Insecurity Response Plan is already being implemented to cover needs up to March 2016, and the Department of Disaster Management Affairs is currently preparing a national multi-sectoral Contingency Plan including floods, dry spells and disease outbreaks (mainly cholera). The Nutrition Cluster drought response plan aims to ensure that wasted children receive lifesaving nutrition support for six months, strengthening the capacity at Nutrition Rehabilitation Units, and all children are targeted with Vitamin A supplementation and deworming.

**Mozambique:** On 9 February 2016, the Government of Mozambique requested additional support to respond to the current drought. A Nutrition Cluster response plan is being developed with key nutrition activities including MAM and SAM treatment, outreach screening and SBCC activities.

**Swaziland:** On 18 February 2016, the Government declared a national state of emergency and initiated the National Emergency Response, Mitigation and Adaptation Plan (2016-17). The plan is cross-sectoral, including Management Acute Malnutrition, and adds a second meal to the national school feeding programme.

**Zimbabwe:** On 4 February 2016 the Government declared a state of disaster and issued a 2016-2017 Drought Disaster Domestic and International appeal for assistance – which included micronutrient/under five feeding and school feeding. The humanitarian country team has released a humanitarian response plan as of September 2015.

## Building Resilience

Most countries in the region are still in the early stages of developing resilience strategies. Malawi, Lesotho and Zimbabwe are the countries where resilience initiatives have made most progress. Efforts are also underway or being planned in Mozambique and Mauritius. During two SADC workshops (the 2014/15 Post-Season Workshop, and the 2015/16 Pre-Season Workshop), several Member States expressed interest in initiating discussions amongst government line ministries to mainstream resilience approaches, and in developing national resilience strategies.

**Zimbabwe:** Zimbabwe developed a national Resilience Strategic Framework in March 2015. It focused on improving food and nutrition security; sustainable livelihoods and capacities to manage risks; increasing access to social/basic services; social protection; mainstreaming resilience in relevant sector policies; and risk-financing mechanisms (e.g. crisis modifiers). The Zimbabwe Resilience Building Fund (ZRBF) was set up in 2015 to provide a flexible, coordinated, timely and predictable mechanism to support the achievement of increased national resilience to food and nutrition security shocks, aligning to nationally determined priorities. The Fund has a crisis modifier/risk financing mechanism that avails timely, appropriate and cash-based funding for communities that experience shocks, and builds upon the premise of the Joint Donor Disaster Resilience Strategy for Zimbabwe (developed in 2014) to provide donor-coordinated support to resilience efforts. The UK's Department for International Development (DFID) will provide £3.5m in 2015-2016 as the first phase of a potential £25m contribution (until 2018) to the Zimbabwe Resilience Building Fund.

**Lesotho:** During 2013-14, the World Food Programme helped develop a Resilience Strategic Framework, but it did not receive sufficient buy-in from the government and was not taken further. Lesotho hosted two national resilience workshops in 2014 and 2015, with the aim of agreeing on resilience programmes for implemented. Some resilience-building activities have been successfully piloted with the potential to be scaled up. In addition, a number of safety nets have been established that have the potential to be scaled up. The country has not received any donor funding for their resilience programmes.

**Malawi:** The UN, in collaboration with the Government and several RIASCO partners and donors, developed a Resilience Strategy for Food Security in 2012. This resilience strategy includes the introduction of practical, community-based, early recovery projects. They provide the basis for temporary employment, training and income generation towards self-sufficiency. Various development partners and civil society organisations have already been addressing community resilience<sup>11</sup>, and this resilience strategy will build on their work. The implementation of the Resilience Strategy is coordinated under the HCT, and is led by the UN Resident Coordinator. Malawi is participating in the African Risk Capacity (ARC) Risk Pool in 2015/16 and could benefit from an insurance pay-out at the end of its agricultural season in May, should below-average rainfall persist over the coming months.

**Social Protection:** Nearly all countries in the region have established some form of social safety net, which have helped to increase the resilience of the most vulnerable people. According to the [World Bank](#), food and in-kind transfers are the dominant component of total safety net spending in the region (27 percent, on average). Amongst cash-based transfers, social pensions account for the highest share of expenditures. The region is home to some of the largest scale social pension schemes introduced to date. Swaziland's school meal program is the biggest school feeding programme in the world per capita, covering 26 percent of the population, with Lesotho coming in fifth, at 21 percent of the population. Lesotho is the country in the region that spends the most of its GDP on social safety net programmes (9 percent). In Lesotho, a number of safety nets are designed to cover a wide array of social risks and vulnerabilities. The major ones are pre-school and school feeding, cash for work (Fato-Fato), cash grants for elderly, OVC, the destitute, and people with disabilities. Overall, these various safety nets cover 30-70 percent of district population. This provides an important source of cash and food for households covered, and fulfills a significant portion of food and non-food requirements. However, one of the major programs, cash for work, is not targeted. This reduces the impact of these programs in protecting the most vulnerable. Thus lack of targeting in some of the programs, limits their contribution to poverty reduction. Scaling up safety net programmes such as unconditional cash transfers can be an effective and rapid way to reach vulnerable people, and in preventing damaging coping strategies such as the selling of assets, and therefore strengthens their resilience.

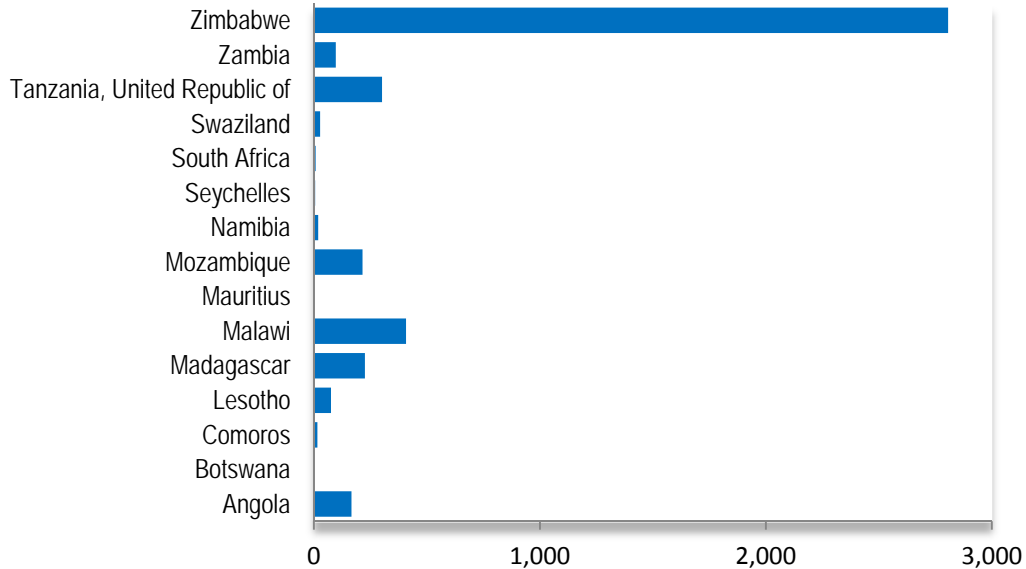
## Humanitarian Funding

According to Financial Tracking Service (FTS), humanitarian partners in Southern Africa received \$188m in 2015, representing 42 percent of regional requirements (\$450m). Although funding to the region in 2015 increased compared to 2014, recent years have seen a steady downward trend. Funding for the HIV pandemic, for example, has plateaued, and for many countries, significantly declined. This poses a serious challenge in reaching prevention targets in the region and ensuring that populations of humanitarian concern are not left behind in accessing prevention and treatment services.

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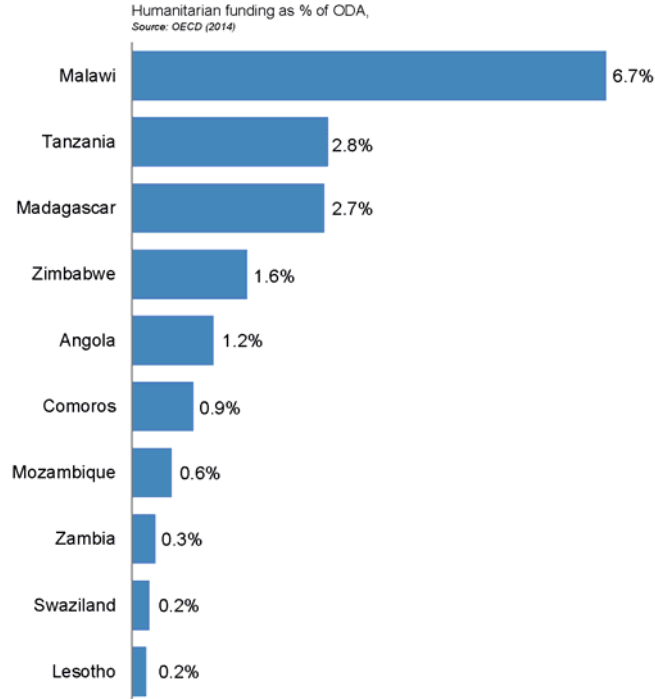
<sup>11</sup> E.g. DFID, Norway and Ireland sponsored an "Enhanced Community Resilience Project" to the tune of GBP 21m that started mid-2012, and is implemented by national and international NGOs in vulnerable districts.

## Total Funding by Country 2005-2016 (in US\$m) (Source: FTS)



Much of the region remains dependant on official development assistance (ODA), with a number of countries dependants on ODA for more than 10 percent of their gross national income (GNI). As illustrated by the table, humanitarian funding accounts for a fraction of what countries receive through ODA.

**Humanitarian requirements for Southern Africa have been revised upwards due to El Niño in 2016.** Since the onset of El Niño, Lesotho, Malawi, Swaziland and Zimbabwe have issued new response plans, which require \$387m for short-term response interventions. Humanitarian Country Teams (HCT) in Lesotho, Mozambique and Zimbabwe have developed – or are finalising – humanitarian response plans that seek a total of \$251m to support government efforts. Humanitarian partners are currently revising the Zimbabwe plan, and funding requirements will likely be adjusted upwards.



**The increase in funding requirements is set against a backdrop of increasing unmet humanitarian requirements globally.** Global humanitarian funding requirements have increased by nearly 600 per cent over the past decade (from \$3.4 billion in 2005 to about \$20 billion in 2016). While net donor funding has increased every year, the gap between funds required and funds received

has continued to widen (from about 30 per cent in 2005 to nearly 60 per cent in 2015). Most humanitarian funding in 2015 was allocated to Syria, Iraq, South Sudan, the Central African Republic and the Democratic Republic of the Congo. This underscores the need to increase engagement with other actors who play a role in reducing humanitarian needs, including governments, development actors and the private sector. It also highlights the need to identify priority areas and hotspots where interventions should be focused, based on evidence that considers compounding risks and pre-existing vulnerabilities.

**Humanitarian funding requirements are likely to increase significantly in 2016** due to rising food insecurity, malnutrition, water shortages, and diseases, as a result of El Niño. Based on available data and projections for the region, it is estimated that total funding requirements in April 2016 will increase to between \$3.2 billion and \$4.8 billion by April 2016, out of which between \$346m and \$518m may be required from the international community.

**Funding levels have been low and unable to meet the increase in needs.** Governments in the region have not systematically allocated funds to humanitarian efforts, while some donors have been hesitant to fund response efforts until the extent of impact is confirmed, despite the alarming warning signs. So far in 2016, donors have provided some \$834,500 to the region, according to the FTS.

**Inadequate funding to date has been a major barrier to scaling up assistance to the required levels** and in allowing early action to prevent people from falling deeper into crisis. In Malawi, WFP and UNHCR recently warned that lack of **funding** in refugee camps could have severe consequences for more than 23,500 refugees. Funding shortfalls have forced WFP to reduce food rations and suspend the provision of foodstuffs over the last six months. Ration cuts mean that refugees are only receiving 40 percent of the recommended minimum daily kilocalories.

#### IV. Vulnerability Hotspots

(Refer to Annex 4 for the country pages)

Virtually the entire Southern Africa region has been affected by El Niño; however the region exhibits high levels of spatial variation in vulnerability and therefore humanitarian need. Certain regions are particularly at risk due to the compounding effects of multiple threats.

##### 1. Southern Angola and urban Luanda:

Angola is undergoing a severe outbreak of yellow fever. The epidemic is spreading rapidly. Angola has some of the highest rates of multi-dimensional poverty in the region. Falling oil prices has significantly affected the Government's response capacity.

##### 2. Southern Zimbabwe:

One in three Zimbabweans in rural areas are now food insecure. It is estimated that 2.8m rural households will be food insecure by March 2016. The acute child malnutrition rate is the highest in 15 years at 2.3 percent, above the emergency threshold.

##### 3. Lesotho:

A quarter of the population is estimated to be food insecure and this number may rise further in 2016. The staple food price has increased by 230 percent, severely limiting people's access to food. There is an increased likelihood of waterborne diseases in a context where access to health is hampered by limited water availability.

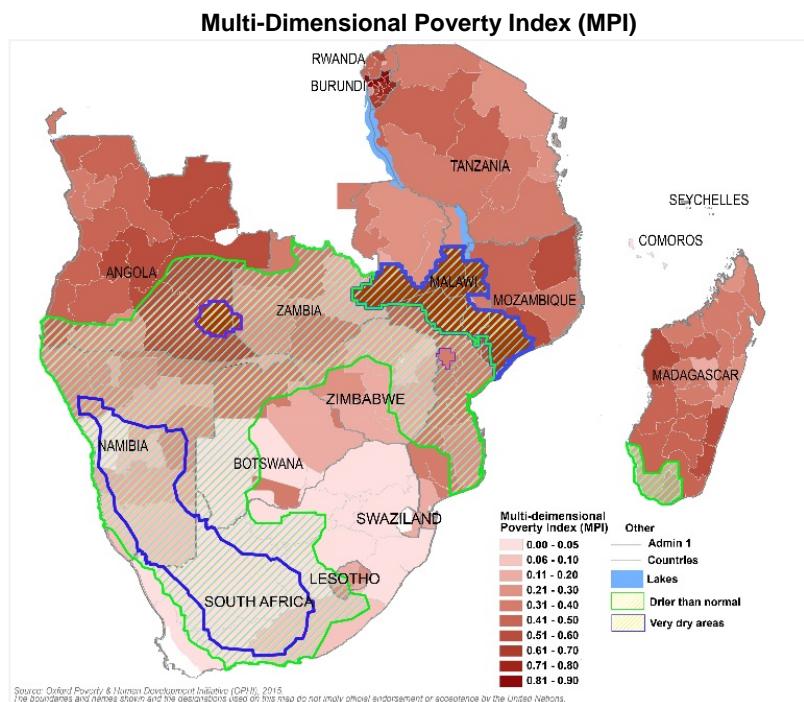
A 300 percent increase in diarrhoeal disease was reported between November and December 2015. The Southern districts are of particular concern.

##### 4. Swaziland:

The drought has increased the number of people in need of food assistance to an estimated 300,000, which accounts for about 26 percent of the total population. In the worst-case scenario, up to 538,000 people – 45 percent of the population. Urban areas are already experiencing may require food assistance. Water sources have dried up. El Niño may increase the transmission rate of HIV, which is of grave concern given that Swaziland has the highest prevalence rate in the world.

##### 5. Southern Mozambique:

Mozambique is planning for a possible two-fold increase in food insecurity. It is estimated that some 600,000 people are in Crisis (IPC phase 3). The south has some of the highest rates of multi-dimensional poverty in the region. The current drought situation will lead to more than 72,300 children being malnourished over the next six months in the 5 regions affected by the drought. Confrontations between the Government and the opposition increased in December 2015,



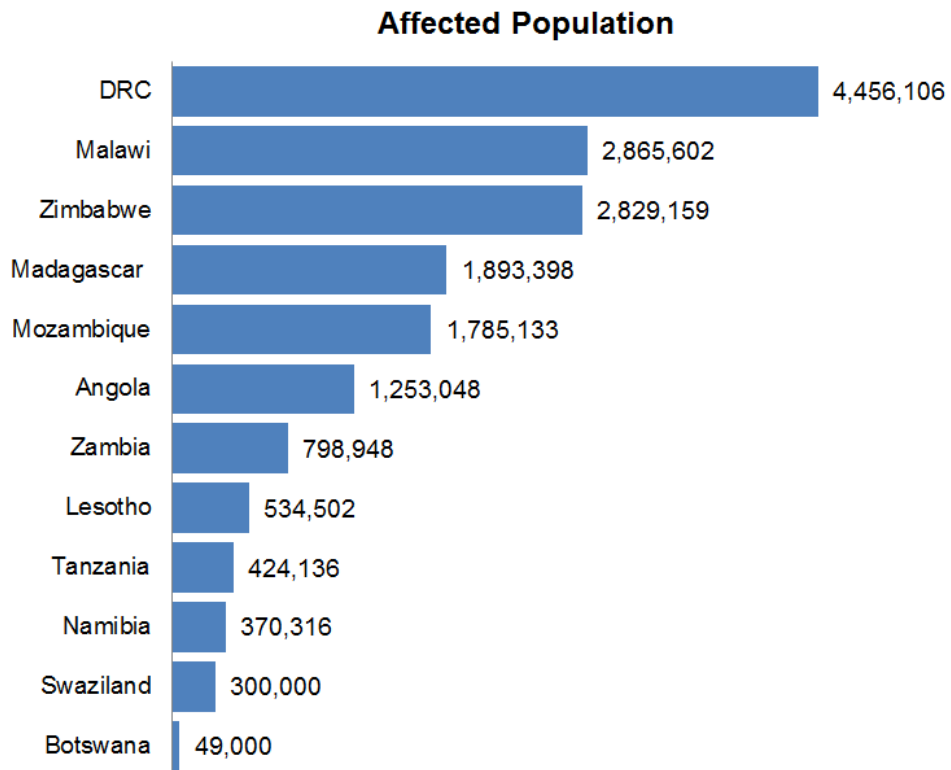


raising concerns of a risk of renewed fighting that could lead to an increase in humanitarian needs. Already more than 10,000 Mozambicans have fled to Malawi, and the Government of Malawi recently agreed to their movement to Luwani.

6. **Southern Malawi:** The majority of the country has been affected but the situation is worse in the south. More than 2.8 million people are suffering from food insecurity following devastating floods in early 2015 and the prolonged drought. In some markets in the south, the price of maize is 175 percent higher than the three-year average. Malawi has the highest number of people in Crisis (IPC phase 3). Cases of severe acute malnutrition have jumped by 50 percent from December 2015 to January 2016. El Niño is likely to further increase the risk of cholera and typhoid.
7. **Southern Madagascar:** An estimated 1.14 million people are food insecure in Madagascar, with 665,000 of these people facing severe food insecurity. In the southern areas, vulnerable households' access to food is also declining at an alarming rate.

**Annex 1: Number of food insecure people in southern Africa 2015/16**

(source: FNSWG)



## Annex 2: Emergency Response Preparedness Actions Taken (2016 to date)

Country	Contingency Plan (CP)	Planned Scenario	Preparedness Actions
Angola	Preparedness Plan, Contingency, Response and Disaster Recovery and Natural Disaster Plan 2015-2019	800,000 people affected	Preparedness Plan, Contingency, Response and Disaster Recovery and Natural Disaster Plan amended and extended in third quarter of 2015
Botswana	None	N/A	Government allocated funds to emergency response and subsidization of fodder in December 2015
Comoros	National Contingency Plan 2015-2016	25,000 people affected by cyclone	CP updated in 2015; maps of vulnerabilities, hazards and risks developed to support decision-making;
Lesotho	National Multi-hazard Contingency Plan 2015-2018	534,502 people in need of food aid until June 2016	Contingency plan updated in October 2015; Government declared a 'state of emergency' in December 2015
Madagascar	Separate national contingency plans for drought, cyclone and epidemics	350,000-1m people affected	Contingency plans updated in November 2015; Emergency Operations Centre has been activated since mid-December (start of cyclone season)
Malawi	National multi-hazard Contingency Plan 2015-2016	2.8m people affected	Clusters activated in September 2015; National Food Insecurity Response Plan 2015-2016 developed in September 2015; Government took out risk insurance policy from ARC worth \$30m starting mid-November; Contingency plan updated in December 2015; Departments pre-positioned some contingency stocks in September/October; Currently establishing Emergency Operations Centres in capital and districts
Mauritius	National Disaster Schemes		National Disaster Schemes updated for flooding, tsunami, cyclone, earthquake and landslides in 2015
Mozambique	2015/2016 National CP for rainy season, cyclones	1.8m people affected	Government approved 2015/2016 CP in October 2015
Seychelles	Yes & Response plan		
Swaziland	National Multi-hazard Contingency Plan 2016-2017	300,000 people affected by food insecurity	Government declared 'drought emergency' in February; UN established Technical Working Group on drought in December 2015; multi-sectoral assessment conducted
Tanzania	Inter-agency Contingency Plan 2015-2016	Floods/rains: 50,000 people	Government issued directives to Regional Administrator undertake preparedness measures; Stocks pre-positioned; Government evictions of people living in flood-prone areas; national clean-up campaign for cholera in December; UN updated inter-agency CP in July 2015

Zambia	National Multi-hazard Contingency Plan 2014-2015	605,213 people affected	National Early Warning Technical Committee currently updating the CP; Government/Ministerial meeting held early January to decide on mitigation measures and additional support needed; Government has decided which districts/regions need support
Zimbabwe	National Multi-hazard Contingency Plan for first 6 months of 2015, update is waiting Government Approval	2.8m people affected	Government declared 'state of disaster' in February; developed response plan; scaled up existing Food Deficit Mitigation Programme, Productive Safety Net Programme and Harmonised Social Cash Transfers; and carried out public awareness campaign for rainfall season risks



## Annex 3: Relevant Country Plans and Funding Status

### Government Response Plans

Country	Name of plan	Status	Funding ask	Funding status <sup>12</sup>	Gap
<b>Lesotho</b>	National Response Plan for Food Insecurity 2016	Released in Jan. 2016	\$36m	Government has pledged \$10m (28% funded)	\$26m
<b>Malawi</b>	National Food Insecurity Response Plan 2015/2016	Dated Sept. 2015	\$146m	\$71m allocated (49% funded)	\$75m
<b>Swaziland</b>	Drought Emergency Response, Mitigation and Adaptation Plan (2016-2022)	Launched by Government early Feb. 2015	\$30m immediate response (total \$80m) for	\$1m allocated (3% funded)	\$29m
<b>Zimbabwe</b>	Drought Disaster Domestic and International Appeal for Assistance 2016-2017	Launched by Government early Feb. 2015	\$175m immediate response (total \$1.6 billion) <sup>13</sup> for	N/A	N/A
<b>TOTAL</b>			<b>\$387m</b>		<b>\$130m</b>

### Humanitarian Country Team (HCT) Response Plans

Country	Name of plan	Status	Funding ask	Funding status <sup>14</sup>	Gap
<b>Lesotho</b>	Humanitarian Response Plan 2016	Being finalized	\$59m (TBC)	\$11.8m received (21% funded)	\$47.2m
<b>Mozambique</b>	Humanitarian Response Plan (February-July 2016)	Being developed	\$60m (TBC)	N/A	N/A
<b>Zimbabwe</b>	Food Insecurity Response Plan 2015-2016	HCT working on new 2016/17 plan	\$132m	\$59m \$13m received (44% funded)	\$73m
<b>TOTAL</b>			<b>\$251m</b>		

<sup>12</sup> The figures in this column are based on information obtained from governments.

<sup>13</sup> Based on Government breakdown of emergency priority assistance required for first three months.

<sup>14</sup> The figures in this column are based on information obtained from the regional office and country staff.

## Annex 4: Country Profiles

### PEOPLE IN NEED



### PEOPLE TARGETED



### REQUIREMENTS (US\$)



### FUNDING GAP (US\$)



## Angola

An estimated 1.25m people are currently food insecure, with the southern provinces of Cunene, Huila and Namibe particularly affected. El Nino is causing another year of failed harvests, with the number of people requiring assistance in Cunene Province, for example, increasing from 500,000 to 700,000 (a quarter of the population), and these figures are expected to continue rising as we move through 2016. Crop losses are expected to be as high as 75 per cent in parts of the south. The country is also battling an outbreak of foot and mouth disease, which is adding to livestock deaths.

A yellow fever outbreak is also proving difficult to contain. Since the outbreak in Angola began in December 2015, a total of 1,975 suspected cases of yellow fever (618 laboratory confirmed) and 258 deaths have been reported, the majority of them in the capital, Luanda, and in 2 other provinces. Amid concerns that the virus will spread to other urban areas and to neighbouring countries, a large-scale vaccination campaign was launched in February 2016 and has so far reached almost 7 million people.

<https://www.humanitarianresponse.info/en/operations/angola>

### PEOPLE IN NEED



### PEOPLE TARGETED



### REQUIREMENTS (US\$)

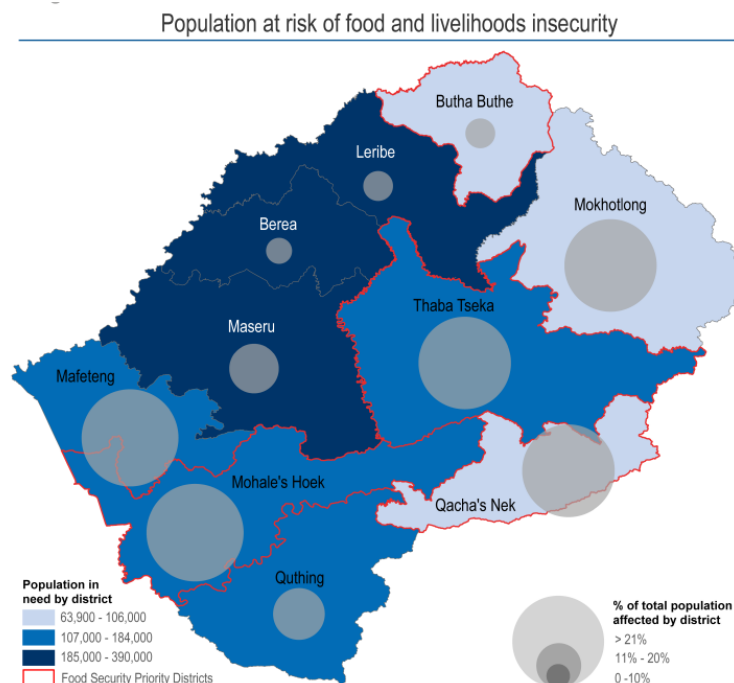


### FUNDING GAP (US\$)



## Lesotho

Lesotho is one of the worst affected countries in the region, with reports showing that the 2015/16 agricultural season has failed. For the May/June harvest period, 80 per cent of farmers are not expecting to harvest anything. Lesotho's Prime Minister on 22 December 2015 declared a State of Drought Emergency. Rain was received in the early months of 2016, which helped improve the water crisis that had been crippling the country. The results of a multi-stakeholder Rapid Drought Assessment conducted in January 2016 show that 535,000 people in the rural areas are experiencing food insecurity through June 2016. The situation is expected to worsen in the second half of the year into 2017.



<https://www.humanitarianresponse.info/en/operations/lesotho>

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**PEOPLE IN NEED**

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 **1.9M**

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**PEOPLE TARGETED**

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 **1.9M**

## Madagascar

Southern Madagascar –including the Androy, Anosy and Atsimo Andrefana regions –has been especially affected by El Niño-induced drought. The drought, which has affected these regions since October 2015, is impacting crops and livestock, water availability, food prices, livelihoods and nutritional wellbeing. Households' food and nutrition has significantly deteriorated. More than one million people in these regions are food insecure, of which 665,000 are severely affected. This represents 80 per cent of the population in the seven most affected districts (Amboasary, Ambovombe, Tsihombe, Bekily, Beloha, Betioky, Ampanihy). The communities' coping strategies are weakened by successive years of shocks. They are adopting negative coping strategies such as the sale of assets (including livestock), increasing wood collection activities; reducing the number of meals per day; withdrawing children from school; and migrating to other areas of the country. The deterioration of households' food security affects the nutritional status of children under five. In February 2016, Global Acute Malnutrition (GAM) levels reached an average of 8 per cent among this group. GAM rates were higher than the critical threshold of 10 percent in some areas. The district of Tsihombe is the most affected, with an average of 14 percent of children under five presenting signs of acute malnutrition.

<https://www.humanitarianresponse.info/en/operations/madagascar>

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**PEOPLE IN NEED**

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 **2.9M**

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**PEOPLE TARGETED**

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 **2.9M**

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**REQUIREMENTS (US\$)**

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 **146M**

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**FUNDING GAP (US\$)**

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 **136M**

## Malawi

On 12 April 2016, the President of Malawi declared a State of National Disaster caused by the prolonged dry spells during the 2015/16 season. Second round crop estimates show an expected 1.07 million tons national maize deficit, which is nearly five times the registered deficit last year and implies that the number of people in need of relief food assistance will significantly increase over the next 18 months. A pre-harvest MVAC assessment (released in March) found that all the three regions experienced dry spells due to effects of the El Niño, with the central and southern regions hit harder than the north. At the same time, heavy rains continue in the northern region, and could last until June, exacerbating the current flooding situation. At least seven displacement camps have been established with more than 35,000 flood-affected people. Food insecurity continues to aggravate Malawi's fragile nutrition situation, with vulnerable groups and people on ART/TB treatment feeling the heavy consequences of drought. Admissions to health clinics caused by moderate acute malnutrition have risen four-fold since January. A nutrition survey planned for April/June will further inform the nutrition response.

Given the outlook for the 2016/17 lean season, the annual MVAC (a rural vulnerability and food security assessment) will be conducted from early May to inform further mitigation actions and food insecurity responses, including identifying the number of people who will require assistance later this year.

<https://www.humanitarianresponse.info/en/operations/malawi>

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**PEOPLE IN NEED**

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 **1.8M**

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**PEOPLE TARGETED**

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 **1.8M**

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**REQUIREMENTS (US\$)**

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 **44.9M**

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**FUNDING GAP (US\$)**

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 **31.0M**

## Mozambique

On 1 April 2016, the Technical Secretariat for Food Security and Nutrition (SETSAN) released the results of the latest food and nutrition security assessment which indicated that 1.5 million people are acutely food insecure and in need of humanitarian assistance in the Central (Zambezia, Manica, Sofala and Tete provinces) and Southern regions (Gaza, Inhambane and Maputo provinces). 191,000 children are expected to be severe acutely malnourished in the next 12 months and GAM rates for children under 5 are 15.3% and 15.5 % in Sofala and Tete provinces respectively. Very few households have any cereal reserves for consumption and as a result, there has been a sharp reduction in the quality of diet between November 2015 and March 2016. (Prices of the staple food, maize, have increased by almost 100 per cent in markets when compared to this time last year.) The nutritional status of children is worrisome, particularly in Sofala, Tete and Manica provinces; there are very high GAM rates (over 15 percent in two provinces) with additional aggravating factors (weak health systems and water and sanitation challenges). Increasingly, children, particularly girls, are dropping out of school to help fetch water and food or because families are moving to areas with better conditions. In view of this alarming situation, the Government of Mozambique declared on 12 April a 90 day red alert, the highest level of national emergency preparedness, covering the central and southern areas of the country. This measure aims to intensify and expand response actions, disburse additional funds planned for emergency situations and mobilize resources through the cooperating partners.

<https://www.humanitarianresponse.info/en/operations/mozambique>

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**PEOPLE IN NEED**

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 **0.3M**

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**PEOPLE TARGETED**

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 **0.3M**

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**REQUIREMENTS (US\$)**

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 **80.6M**

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**FUNDING GAP (US\$)**

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 **64.0M**

## Swaziland

The Swaziland Drought Rapid Assessment Report estimates maize production of 33,000t, a 64 per cent reduction compared with last year's season. Results confirm that 320,000 people are in need of immediate food assistance and the hardest-hit regions are Lubombo and Shiselweni.

The impact of the drought on nutrition is likely to be apparent in the coming months as food stocks run out and the effects of water shortages emerge. Swaziland has a very high prevalence of HIV/AIDS – 26 per cent among the adult population (15-49 years). A comprehensive joint health and nutrition rapid assessment conducted in late March show that lack of access to food is reducing adherence to anti-retroviral treatment (ART).

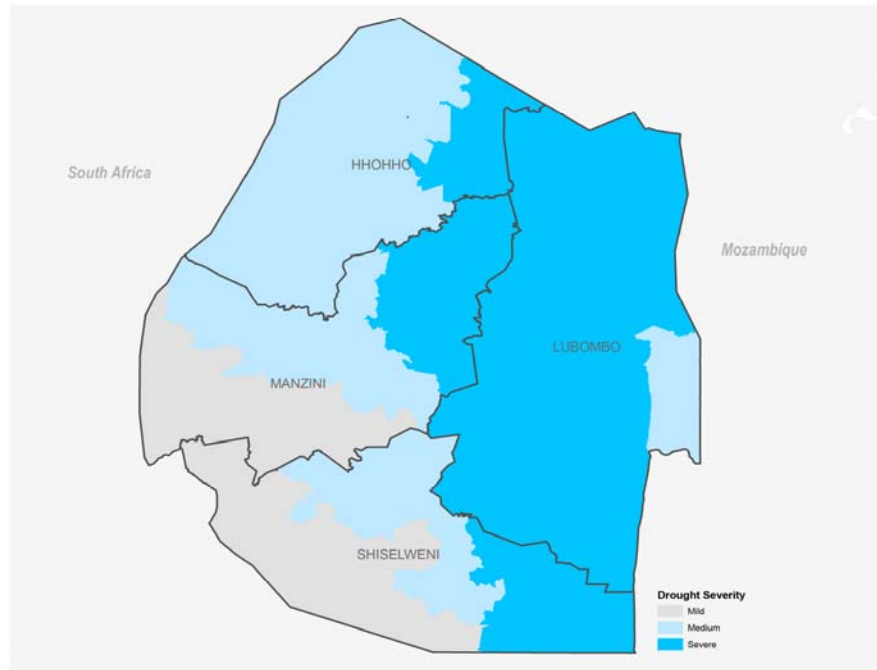
Maize prices increased by 66 per cent in January 2016. With a 30 to 60 day delay in the rainfall season, and poor rains when it did commence, thousands of subsistence farmers did not plant this season. This will also have a knock-on effect in 2017 as farmers will not have the resources to plant again. Swaziland faces fiscal and economic challenges, with poor predictions for Southern Africa Customs Union (SACU) revenue, continued slow economic growth and the devaluation of the South Africa Rand, to which the local currency is pegged.

Following the declaration of a State of Emergency in February 2016, Government published the National Emergency Response Mitigation and Adaptation Plan (NERMAP). US\$16.5 million was pledged by Government for both immediate and longer term interventions. Government held a meeting on 16 March 2016 to brief partners on the situation and mobilize additional resources. The Prime Minister requested technical and financial assistance from the international community to support the emergency response plan.



The Government of Swaziland has committed approximately US\$7 million to meet the immediate needs of the most affected, which will cover around 25% of health and nutrition needs and 20% of rural WASH needs. The United Nations Central Emergency Response Fund (CERF) approved US\$3.14 million to commence immediate, life-saving humanitarian interventions. This funding will enable the World Food Programme and UNICEF to provide food and emergency water and sanitation services to 95,000 of the most vulnerable people.

Drought Severity map of Swaziland



[www.humanitarianresponse.info/en/operations/swaziland](http://www.humanitarianresponse.info/en/operations/swaziland)

## Zimbabwe

### PEOPLE IN NEED

 2.8M

### PEOPLE TARGETED

 2.8M

### REQUIREMENTS (US\$)

 1.5B

### FUNDING GAP (US\$)

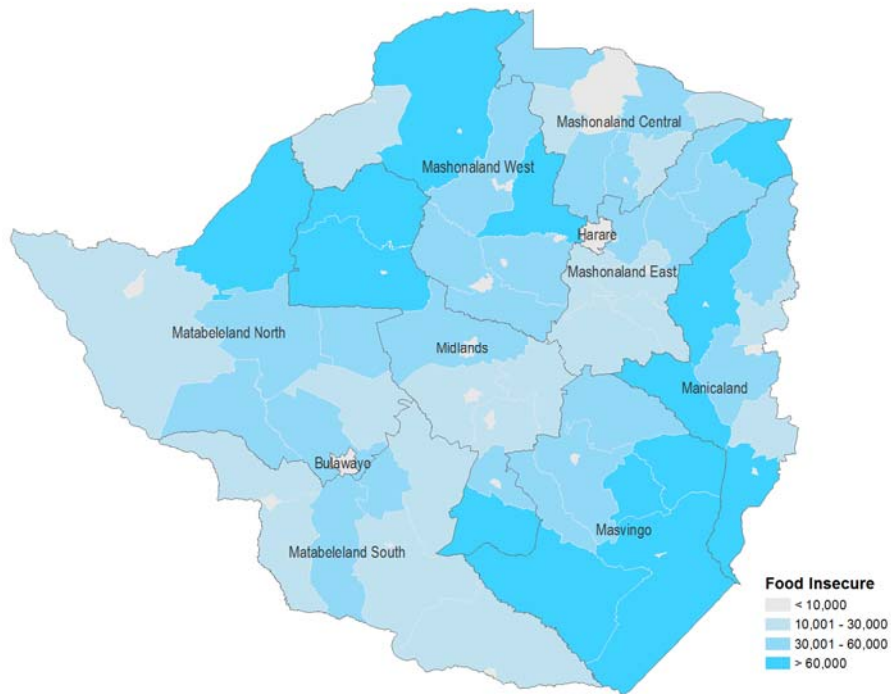
 1.5B

The combination of a poor 2014-2015 harvest, an extremely dry early season (October-December) and forecasts for continuing hot and drier-than-average conditions through mid-2016 suggest a scenario of extensive crop failure in Zimbabwe. With some 2.8 million people –more than a quarter of the rural population –already estimated to be food insecure, the number is projected to rise significantly over the next year, with the main harvest period in May expected to bring minimal relief. These projections prompted the Government to declare a state of national drought disaster in February 2016, and subsequently issue a domestic and international appeal for \$1.5 billion.

Nationally, 7,058 children with severe acute malnutrition (SAM) have been admitted to therapeutic treatment programmes between December 2015 and May 2016. Almost 17 per cent (1,162) of these admissions took place in emergency response districts where active nutrition screening is taking place. In these same districts the number of children admitted for SAM treatment has more than doubled compared to the same period last year.

An estimated 62,000 drought affected children, women and men were provided with access to safe water to prevent water and sanitation related diseases through the rehabilitation of piped water schemes and boreholes. There has been a significant decline in new typhoid cases comparing weekly epidemiological data. To date, 1,206 typhoid cases have been reported, out of these 75 have been laboratory confirmed, with 5 typhoid related deaths reported. UNICEF is continuing its response to the typhoid outbreak with the provision of Health and WASH services, including the drilling and rehabilitation of boreholes, hygiene promotion interventions and the distribution of medical supplies.

## Zimbabwe: Number of Food Insecure People



[www.humanitarianresponse.info/en/operations/zimbabwe](http://www.humanitarianresponse.info/en/operations/zimbabwe)

## Zambia

While in part expected to be affected by El Nino, Government has not called for international assistance. The size of the target population to be reached will only become clear following the Government's Crop Forecast Survey (results in early May), and the multi-sectoral impact and needs assessment published by the Zambia Vulnerability Assessment Committee (ZVAC) by the end of May. However, preliminary information points to a surplus production year better than the previous.

<https://www.humanitarianresponse.info/en/operations/zambia>

# RIASCO Regional Action Plan for El Niño



## HUMANITARIAN PILLAR

Co-Leads  
WFP/OCHA/UNICEF

- Develop Regional needs and requirements overview for short term assistance (0-12 months).
- Monitor and track changes in humanitarian needs and response required, including impediments to delivery.
- Develop scenario with priorities and forward view.

*Pillar section is based on Humanitarian Outlook document and aligned with the proposed SADC appeal*

*(costing based on information management and resource mobilization information from country-level documents)*



## RESILIENCE PILLAR

Co-Leads  
WVI/UNDP/FAO

- Develop Regional Risk analysis.
- Compile Resilience programming requirements of 0-36 Months from countries that have resilience strategies.
- Tailor Regional Resilience Framework in light of El Niño crisis.
- Map support needs to provide technical assistance to member states to revise existing resilience strategies and leverage ongoing development programmes and scale up successful resilience programmes that address vulnerabilities highlighted by the El Niño crisis.
- Identify research questions to begin now that will inform policy development (in pillar three).

*(costing based on information management and resource mobilization information from country-level documents)*



## MACRO FINANCE/ECONOMIC PILLAR

Co-Leads  
AfDB/WB

- Calculate, tracking and monitoring development loss due to disasters.
- Compile structural policy options to mitigate impact.
- Capture and track resources from institutions under this pillar contributing to El Niño response (for pillar 1)
- Provide quality assurance advice on policy development quality control and ensure linkages with the other pillars.
- Map support needs to provide technical support to countries on how to leverage and/or fast-track existing support from existing financing institutions.

Cross cutting areas including safety-nets, HIV/AIDS, gender and climate change

### AIMS AND OBJECTIVES

- Provide a concise common report (no more than 40 pages) that provides an overview of the short, medium and long term needs and response options to the current El Niño Crisis.
- Provide a common advocacy position among RIASCO members for use with MSs, SADC and external donors.
- Complements the SADC Appeal for short term response and their nascent plans to kick start a regional resilience / DDR strategy.
- Align and provide common linkages between various existing and planned regional agency programmes and strategies, particularly those in support of SADC and allowing a frame to coordinate support to country teams at the national level in priority contexts.

### TIMELINES ROLES AND RESPONSIBILITIES

- 1st document draft produced within 2 months by end of May or early June 2016 to be discussed at extraordinary meeting with SADC in Gabon to ensure complementarity with the Regional Action Plan.
- Pillar co-leads lead the development and drafting of templates, content and analysis together with RIASCO members to a pre-agreed structure.
- Document to be reviewed at an extraordinary RIASCO meeting co-convened with SADC at the start of June together with the first draft of the SADC appeal. Co leads to present pillars.
- Matrix to be completed during drafting process in next two months by sector leads



<http://www.unocha.org/rosa>

<https://www.humanitarianresponse.info/en/operations/southern-africa>

UNOCHA ROSEA