

# Report on the RIASCO Action Plan

for the El Niño - Induced Drought in Southern Africa  
2016/2017



July 2017



**Cover photo credit**

WFP/David Orr: Manzini, Swaziland  
June 2016

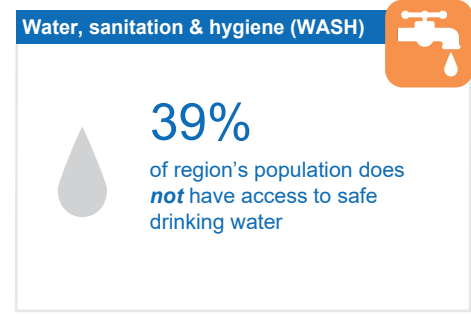
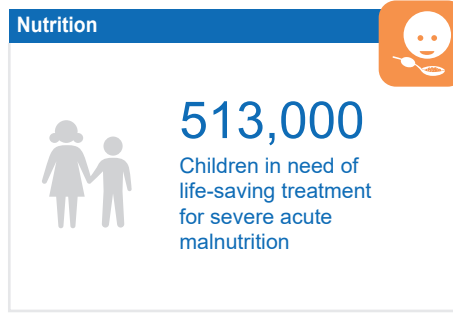
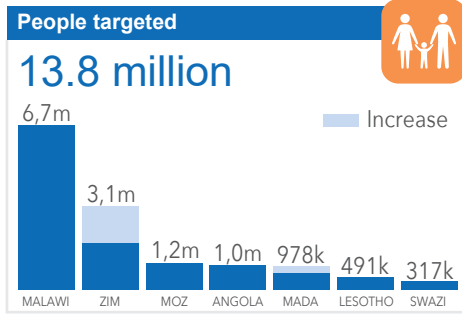
# LIST OF ABBREVIATIONS

ART	Antiretroviral Therapy
AWD	Acute Watery Diarrhea
CERF	Central Emergency Response Fund
CLTS	Community Led Total Sanitation
CMAM	Community-based management of acute malnutrition
DRC	Democratic Republic of Congo
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
ECD	Early Childhood Development
ENSO	El Niño Southern Oscillation
EWS	Early Warning Systems
FFA	Food Assistance for Assets
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
IFRC	International Federation of Red Cross
IMF	International Monetary Fund
IPC	Integrated Food Security Phase Classification
MAM	Moderate Acute Malnutrition
MUAC	Mid-Upper Arm Circumference
NRU	Nutrition Rehabilitation Units
NVAC	National Vulnerability Assessment Committees
PLHIV	People Living with HIV
PSEA	Protection from Sexual Exploitation and Abuse
RIASCO	Regional Inter-Agency Standing Committee
RUSF	Ready-to-Use Supplementary Food
RVAA	Regional Vulnerability Assessment and Analysis
SARCOF	Southern Africa Regional Climate Outlook Forum
SAM	Severe Acute Malnutrition
SFP	Supplementary Feeding Programme
SMART	Standardized Monitoring and Assessment of Relief and Transitions
VAA	Vulnerability Assessments and Analysis
WASH	Water, Sanitation and Hygiene

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## KEY FIGURES



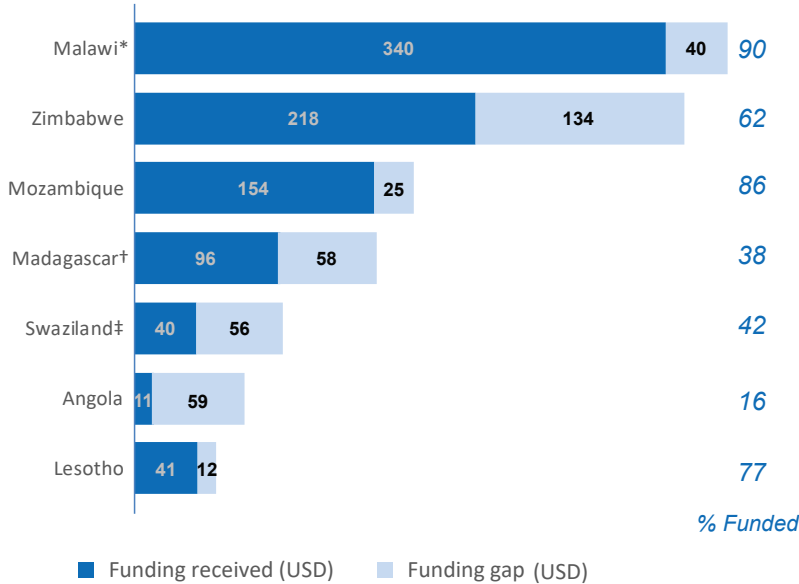
## RIASCO FUNDING

**\$1.3 billion**  
REQUESTED (US\$)

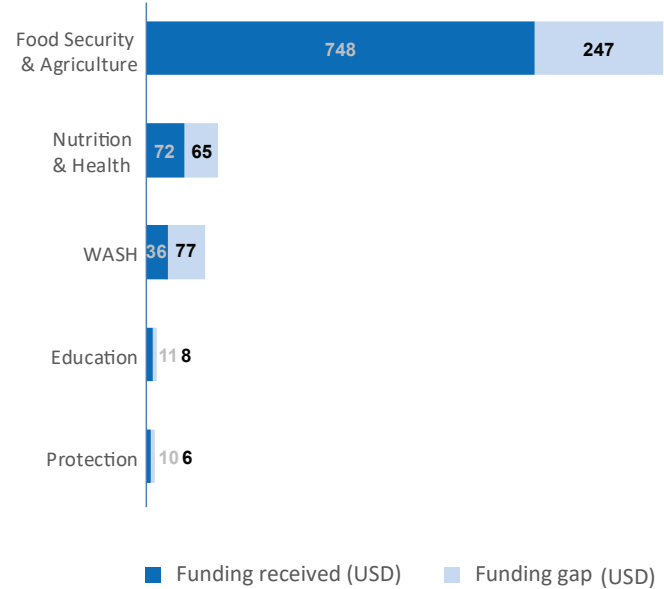
**70%**  
FUNDED

**\$900 million**  
RECEIVED (US\$)

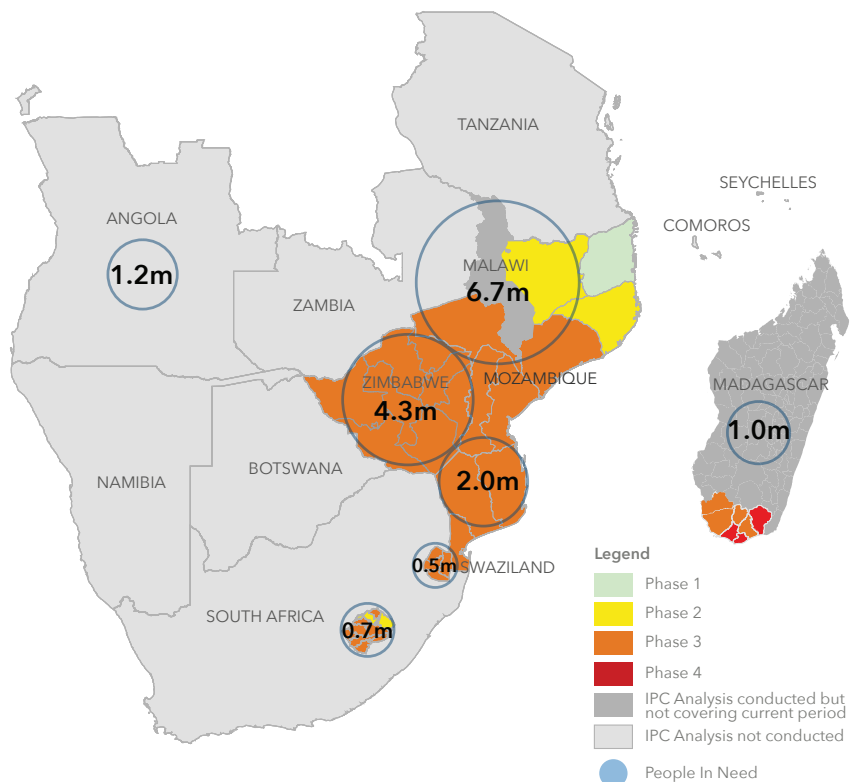
Requirements by country (million \$) % funded by country



Funding by sector (million \$)



## IPC DATA ON PEOPLE IN NEED



## EXECUTIVE SUMMARY

El Niño conditions during the 2015/16 planting season caused Southern Africa's worst drought in 35 years, representing a second consecutive failed harvest. This created severe food and water shortages and compounded existing vulnerabilities in all humanitarian sectors. While governments led the response, the scale of needs overwhelmed national capacity. Five countries declared national emergencies: Lesotho (22 December 2015), Zimbabwe (04 February 2016), Swaziland (18 February 2016) and Malawi (13 April 2016). Mozambique declared a Red Alert (12 April 2016), while Madagascar issued a message of solidarity (26 August 2016); All called for urgent international assistance.

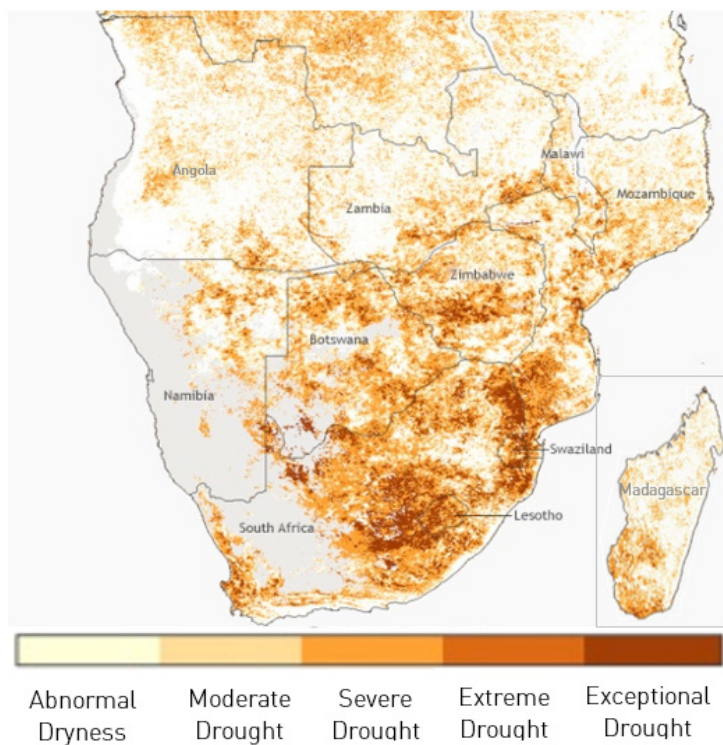
Members of the Southern Africa Regional Inter-Agency Standing Committee (RIASCO) deployed staff to the Southern African Development Community's (SADC)'s El Niño Logistics and Coordination Team (established in May 2016) to provide technical assistance. On 26 July 2016 SADC declared a regional emergency and launched a 13-country, US\$2.4 billion [appeal](#) to assist 41 million El Niño-affected Southern Africans. In support of SADC's appeal, RIASCO launched its [Action Plan](#) on 27 July, which was revised in [December 2016](#). The Action Plan prioritized seven countries: Angola, Lesotho, Madagascar, Malawi, Mozambique, Swaziland and Zimbabwe.

The Action Plan was based on three pillars: a humanitarian pillar, setting out immediate needs in the seven priority countries; a resilience pillar undertaken in parallel to humanitarian efforts; and a macro-economic pillar, which sets out policy options for governments to address the long-term impacts. The plan requested \$1.3 billion to provide humanitarian assistance (pillar 1) for 13.8 million people up to April 2017, of which \$900 million has been received (70 per cent).

Critical funds from international donors including USAID, DFID, ECHO, CERF and the Governments of China and Japan enabled a significant humanitarian response, especially in stabilizing regional food security. National and international NGOs, as well as the International Federation of Red Cross (IFRC) and local Red Cross societies, played an indispensable role in the response. With the concerted efforts of governments and the humanitarian community, more than 10.6 million people were reached with food assistance at the peak of the response (January to April 2017). More than 360,000 children under age 5 with acute malnutrition were admitted for treatment, and 1.5 million people were provided with safe water. Coordination among various partners enabled the provision of emergency education programming, such as school meals and life-saving messaging on hygiene practices. Education and Protection partners collaboratively achieved significant results for 451,000 children, demonstrating the key role the sectors play in promoting resilience and disaster risk reduction (DRR). With hopes pinned on an agricultural recovery, more than 1.6 million drought-affected households were reached with programmes to boost agricultural production.

With climate change predicted to bring more frequent and intense natural disasters to the region, the RIASCO Action Plan included a range of practical options to build resilience, based on the idea that while droughts cannot be prevented from occurring, they should not result in humanitarian emergencies. These options included the development of sound national policies and strategies, expanded and strengthened social safety nets, promotion of climate smart agriculture, reinforced early warning systems and improved management of water and other natural resources. These must be combined with solid risk management and fiscal instruments at national and regional levels. A \$150 million World Bank project in Botswana to protect water sources is a current example; as well as the recent availability of longer term disaster risk insurance products.

**Figure 1: Southern Africa: Drought conditions in February 2016, just weeks before the main harvest**



Map by Dan Pisut and Climate.gov, based on NOAA AVHRR satellite data from the STAR programme NESDIS.

## HUMANITARIAN IMPACTS OF THE DROUGHT

During the October 2015 to March 2016 rainfall season, Southern Africa experienced an El Niño-induced drought that crippled rain-fed agricultural production, which accounts for the livelihoods of most Southern Africans. The subsequent April 2016 harvest proved meagre, with a regional maize production shortfall of 9.3 million tons; representing a second successive poor harvest.

Food insecurity worsened dramatically: the RIASCO Action Plan targeted 13.8 million people for emergency food assistance at the peak of the lean season from January to April 2017. Almost 513,000 children required treatment for severe acute malnutrition and 780,000

children required treatment for moderate acute malnutrition.

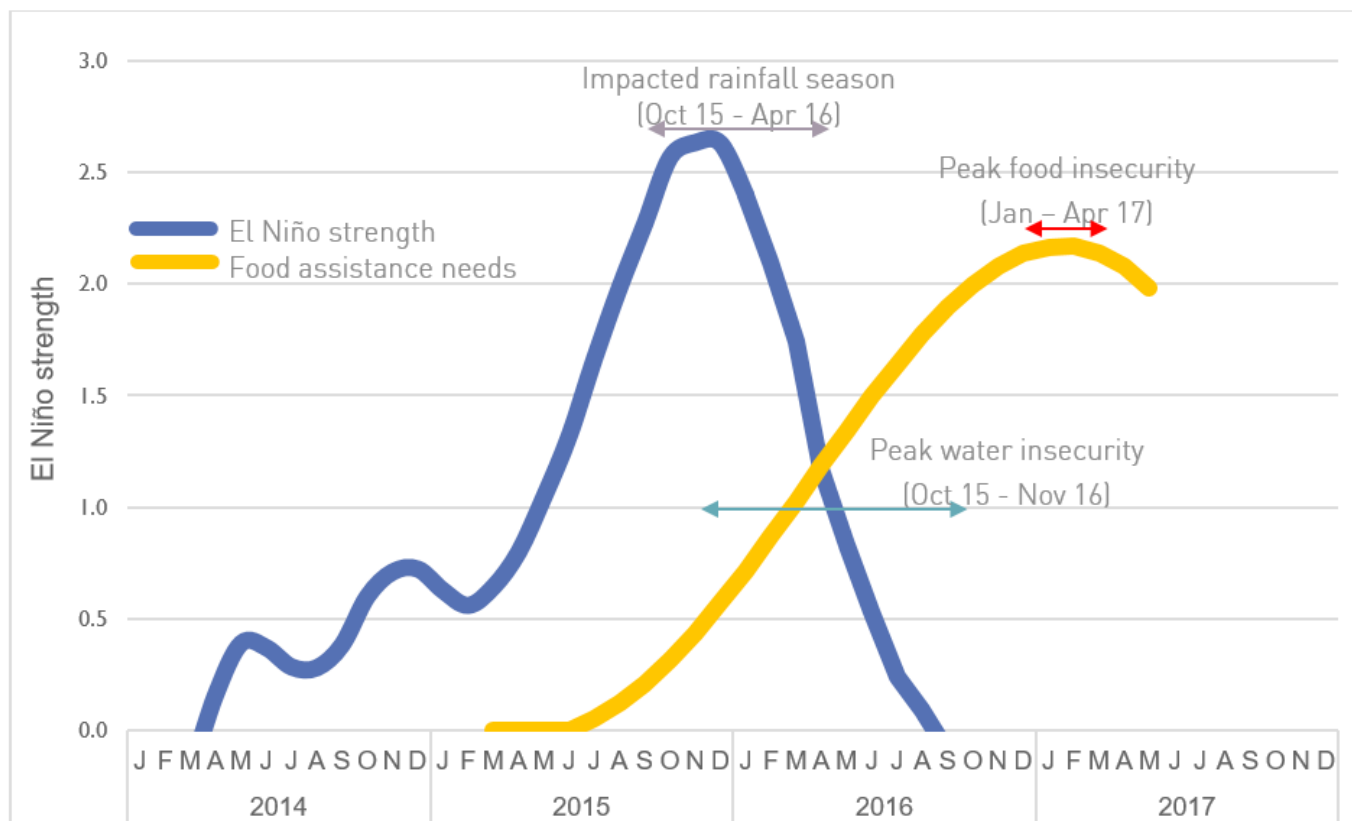
Due to a lack of infrastructure, only 61 per cent of the region’s population had access to safe drinking water and only 39 per cent access to adequate sanitation facilities. The El Niño-induced drought exacerbated these already fragile conditions. More than three million children faced reduced access to safe drinking water as a direct result of the drought.

Disease outbreaks increased as people were forced to drink from unprotected water sources; and medical care declined as clinics and hospitals depleted their water resources. Several disease outbreaks were recorded, including cholera (Malawi, Mozambique, Zambia and Zimbabwe), typhoid (Malawi and Zimbabwe), diarrhea (Lesotho, Malawi, Mozambique and Swaziland), dysentery (Zimbabwe), yellow fever (Angola) and malaria (Botswana and Madagascar). At least 135 out of the 404 health districts in Southern Africa were affected by El Niño, including 45/70 in Angola, 7/112 in Madagascar, 25/29 in Malawi, 54/144 in Mozambique, 4/4 in Swaziland, and 15/63 in Zimbabwe.

The impact on education was significant as children left school to help their families cope, or lost out on schooling due to illness. The drought affected 42 per cent of primary schools in Malawi, forcing more than 137,000 children to drop out of school; while 78 per cent of primary and secondary schools in Swaziland (661 in total), were designated drought-affected. The drought disproportionately affected women and children, and families are still acutely feeling the impacts of the drought.

Regional vulnerabilities were also exacerbated by a major economic downturn. South Africa, the economic engine of the region, [grew](#) by only 0.7 per cent in 2016. As these are largely primary sector economies, weak commodity prices combined with unfavorable exchange rates and slow economic growth magnified the impacts of the drought.

Figure 2: Southern Africa: Timeline of El Niño Humanitarian Impacts



## LESSONS LEARNT AND RECOMMENDATIONS

The El Niño-induced drought caused significant humanitarian needs across Southern Africa, even within middle income countries, due to underlying vulnerabilities. The RIASCO Action Plan was instrumental in mobilizing international assistance, which helped save lives, protect livelihoods and reduce human suffering. Below are some lessons learnt during the response, with recommendations.

Lesson Learnt	Recommendation
Government and SADC leadership is critical in coordinating and implementing the response.	Advocacy should be undertaken for governments to take ownership of the emergency and fund national contingency plan budgets.
Geographical convergence and the provision of an integrated package of interventions maximized impact and effectiveness of interventions.	Make sure that future humanitarian interventions converge geographically and are integrated through the provision of a range of basic services.
Early warning did not always translate into early action by affected communities, humanitarian responders and political decision-makers.	Stronger linkages should be created between early warning and political decision-making to generate informed early action.
Development partners and government are focused on rapid response at the onset of a crisis, and the opportunity for coordination and planning for early recovery is easily lost.	Humanitarian and development partners should support national governments to link disaster risk reduction (DRR) and response with social protection systems.



Community-level engagement did not always directly reach political decision-makers.	Systems should be put in place to ensure that community-level engagement feeds into decision-making.
A lack of timely assessment data and real-time monitoring systems impeded the response of some sectors.	Collective agreement on assessment methodology at national sectoral level must be reached during the preparedness phase, together with commitments from authorities and partners on triggers, assessment team deployment and publication deadlines.
Assessment methodologies are not standardized, which hinders informed decision-making.	The standardization of assessment methodologies and response modalities in all sectors and across SADC Member States will improve humanitarian response.
Member States and their partners often lack the resources, both financial and technical, to conduct full-scale assessments and develop and implement comprehensive response plans.	Response planning, from assessment to implementation, should take into account national capacities and prioritize activities accordingly.
Cash-based responses were not systematically coordinated and coordination often took place outside existing national coordination fora.	Under government leadership, humanitarian and development partners should coordinate social protection interventions, in particular cash transfers, and apply a common system of targeting, transfer size and information management to ensure maximum harmonization in delivering support. Coordination should be based around existing national coordination platforms.
In general, national social cash transfer programmes were not strong enough to rapidly respond to the needs of affected people through horizontal and vertical expansion, leading to the implementation of parallel cash-based interventions.	Provide support to Governments in the region to develop shock-responsive social protection systems, including single register, in order to facilitate the effective and rapid horizontal and vertical expansion of nationally led interventions in time of shocks.
In some cases, national social protection systems were not adequately equipped to expand vertically or horizontally to rapidly respond to the needs of people affected by emergencies. Humanitarian responses, including cash-based responses, were largely not coordinated through national social protection working groups or coordination mechanisms, contributing to parallel humanitarian responses.	Prior to the onset of shocks, development partners should provide support to Governments in the region to develop effective, scalable shock-responsive social protection systems, including single and/or integrated registries, in order to facilitate the effective and rapid horizontal and vertical expansion of nationally-led interventions in time of shocks.
While humanitarian cash transfers were largely coordinated within sectoral working groups and clusters, particularly for the Food Security Cluster, there was little coordination on target populations and benefit levels among clusters, and benefit levels were generally not aligned with national social protection coordination mechanisms. Existing national social protection coordination platform were seldom use to coordinate cash transfers interventions.	Coordination and planning around cash transfer values, key populations, coverage and contingency funding, needs to happen in advance of an emergency to be effective.  Social protection responses to crises, including cash-based programming, should be coordinated through governments' national social protection coordination mechanisms where they exist. This will help to ensure standardized benefit levels and inclusion of social protection beneficiaries within emergency responses, and focus short-term cash responses on reinforcing government-led systems.
Inter-sectoral joint programming, such as providing HIV treatment in nutrition centres, proved effective.	Inter-sectoral coordination must go beyond information-sharing platforms to ensure complementarity and synergies, especially through joint programming.

## FUNDING

Funding from international development partners and national governments saved lives, protected livelihoods and helped reduce human suffering. National social protection programmes were strengthened and cash transfer programmes expanded to stimulate local markets. As of April 2017, \$900 million was raised for the humanitarian programmes in the RIASCO Action Plan – about 70 per cent of the total requested. Angola, the only RIASCO priority country that did not develop a budgeted response plan, received only 16 per cent of the required funding, of which almost half (\$4.8 million) came from the OCHA-managed Central Emergency Response Fund (CERF), designed to be a kick-starter only for emergency humanitarian responses. Funding levels underscore the importance of longer term humanitarian planning coupled with a resource mobilization strategy.

**Table 1: Humanitarian Drought Response Funding in RIASCO Priority Countries**

Country	Funding Requirements (\$)	Funding Received (\$)	Gap (\$)	Gap (%)
Malawi*	395,361,811	340,372,318	40,197,927	10
Zimbabwe	352,304,020	218,440,361	133,863,659	38
Mozambique	179,070,000	153,976,374	25,093,626	14
Madagascar**	154,934,800	95,538,735	59,396,065	38
Swaziland***	95,360,000	39,748,100	55,611,900	58
Angola	70,409,614	11,280,049	59,129,565	84
Lesotho	52,641,594	40,729,865	11,911,729	23
<b>Total</b>	<b>1,300,081,839</b>	<b>900,085,802</b>	<b>385,204,472</b>	<b>30</b>

Funding data received from country focal points as of April/May 2017. Excludes regional funding.

\*Unfunded gap for Malawi includes different calculations for Food Security and Protection, based on country requirements. \*\*Madagascar excludes Early Recovery. \*\*\*No funding data updates received for Swaziland.

While the Food Security and Agricultural sector received 76 per cent of its requirements, several critical sectors were poorly funded. This includes WASH (32 per cent funded) and Nutrition and Health (52 per cent funded). Despite several countries recognizing the need to address needs for people living with HIV (PLHIV) during the drought, mobilizing funds for such activities remain challenging.

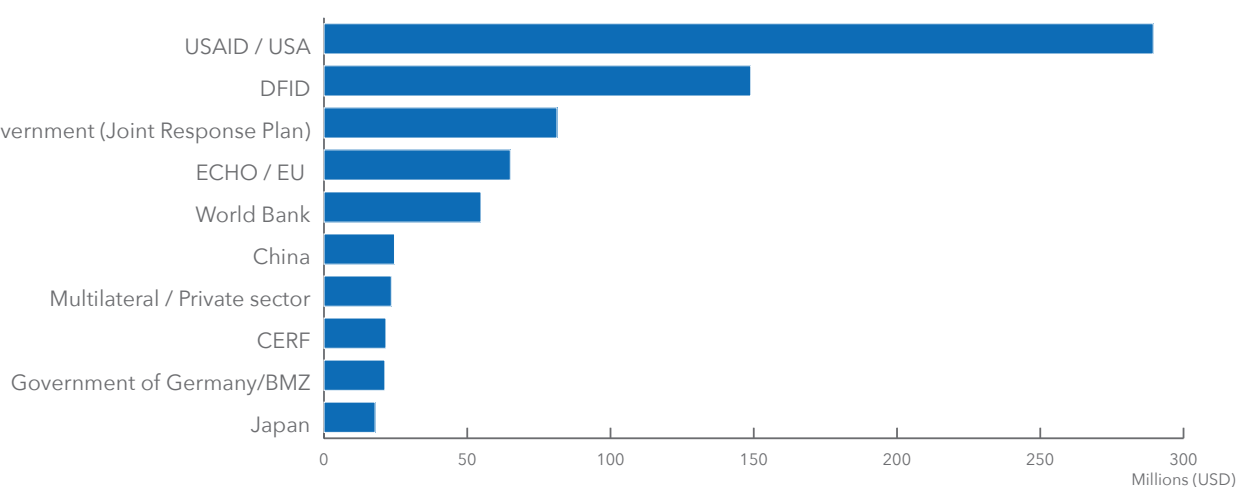
**Table 2: Humanitarian Drought Response Funding in RIASCO Priority Countries by Sector**

Sector	Funding Requirements (\$)	Funding Received (\$)	Gap (\$)	Gap (%)
Food Security and Agriculture	1,013,146,156	748,192,530	247,053,598	24
Nutrition and Health	134,082,850	72,246,186	64,838,888	48
WASH	112,874,250	35,967,059	76,907,191	68
Protection	15,583,332	9,587,342	5,995,990	38
Coordination	2,994,582	2,337,351	763,468	25
Early Recovery	2,500,000	7,863,223	-5,363,223	
Multi-sector*		12,600,000	(12,600,000)	
<b>Total</b>	<b>1,300,081,839</b>	<b>900,085,802</b>	<b>385,204,472</b>	<b>30</b>

\*Multi-sectoral funding has not been allocated to individual sectors yet, but has been received and contributes to the overall percentage gap calculation.

The region has a very narrow donor base, with only a few major donors. The World Bank and the International Monetary Fund (IMF) have provided direct support to the humanitarian appeal in some countries, and as some of this was in the form of loans, government are also sharing the burden. In Malawi, for example, development partners have stepped up their assistance to Government, with the IMF providing \$49 million for the importation of maize.

**Figure 3: Main Donors of the Humanitarian Drought Response in Southern Africa**



\*Source: UN Country Focal Points (excludes Swaziland donor funding)

# ANALYSIS BY SECTOR

## Protection

### Key Messages

- Gender-sensitive programming, including targeted interventions addressing the critical needs of most vulnerable groups (especially women and children) will help alleviate negative coping mechanisms and existing inequalities.
- Given the impact of the drought on HIV and gender-based violence (GBV), it is imperative to develop a multi-sectoral approach for a broad protection response covering all vulnerable groups to ensure that no one is left behind.

### Situation Overview

The El Niño phenomenon has disproportionately affected women and children, exacerbating existing protection threats and vulnerabilities and creating new ones. While men and boys experienced GBV as a result of the El Niño-induced drought, women and girls were the most affected. Across the region, women and girls' socially ascribed roles of water, food, and fuel-wood provision increased their exposure to the risk of GBV linked to El Niño. In assessments carried out on the protection impact of the drought in 2016 in Swaziland and Lesotho, it was found that the subordinate position of women increased their vulnerability and exposure to GBV; notably to domestic/ physical violence, intimate partner violence, economic violence, sexual violence (rape) and negative traditional practices (forced and early child marriages). Distant and non-gender responsive humanitarian interventions and public services in the Health, WASH and Justice sectors, increase women's vulnerability or exposure to GBV. The Lesotho study affirmed the existence of various community protection structures with the chiefs as the significant actors in dealing with GBV cases, among their other responsibilities. However, their inadequate knowledge and skills limit their ability to effectively handle GBV cases. Elsewhere reports of an increase in GBV associated with negative coping mechanisms to mitigate the drought and food insecurity were received.

### Achievements

Some countries carried out Protection and GBV assessments on the impact of drought to inform a multi-sectoral response.

### Lessons Learnt

Protection prevention, response and resilience interventions have a better impact if mainstreamed across sectors. In Swaziland, for example food sector interventions mainstreamed Protection.

# Child Protection

## Key Messages

- El Niño's impacts continue to disproportionately affect women and children. Families in 2017 are also faced with significant localized flooding across the region, resulting in new protection implications, which exacerbate existing vulnerabilities. With continuing limitations in funding coverage for the child protection response, and in the context of new population displacement, there are still significant humanitarian needs that remain unaddressed.
- Key protection issues are emerging from a new wave of El Niño-induced shocks, including distress symptoms, exposure to gender-based violence and transactional sex, an increase in negative coping mechanisms, and family separation. Gender-based violence has been identified as a significant driver of HIV/AIDS infections in women in the region. As families struggle to recover, children are withdrawing from school or getting married in search of livelihood opportunities, including across borders, to support their families as a coping strategy.
- With impacts of the drought and flooding continuing, the increase in population movement is likely to continue. Migration in search of food, water or cash creates additional vulnerabilities because of exposure and can result in sexual violence and exploitation with associated risk of HIV transmission, and family separation, with children sometimes left behind with older siblings or elderly caregivers, or unattended for long periods. Gaps in systems for monitoring of child migration and related risks, including arrests and detention, trafficking, and other protection impacts, continue to exist and measures to identify and reduce these risks need to be put in place and/or enhanced.

## Situation Overview

The drought caused both internal and cross-border migratory movements of communities in search for protection and livelihood opportunities. Significant humanitarian needs remained unaddressed given the chronic limitations in funding coverage for the child protection response, especially in the current context of population displacement. Protection issues which emerged amongst children affected by El Niño included distress symptoms, family separation, sexual violence and exploitation, child marriage and an increase in negative coping mechanisms such as removing children from school to work in agricultural fields. Reports indicated increased numbers of unaccompanied and separated children in mixed migration flows across the region. National child protection systems were unable to meet the challenges posed by the emergency due to human and financial resource constraints.

## Achievements

Despite significant funding gaps, the sector was able to deliver on aspects of the RIASCO protection strategy, with a focus on technical support for coordination, assessments and development of sector response plans; a range of capacity building initiatives across the region; targeted protection-focused initiatives relevant to country-context; and integration of child protection interventions into cash transfer and social protection initiatives.

Protection partners received training to increase their capacity to trace and reunify children who have been separated from their caregivers, and to provide structured psychosocial support. Further capacity building initiatives were aimed at supporting partners to gain a better understanding of child protection minimum standards for emergency response, to improve the

quality of response services, and mainstream child protection into the work of other sectors.

Working jointly with the Education Sector, more than 451,000 children benefitted from resilience-building life-skills interventions, psycho-social support aimed at reducing stress impacts, and awareness-raising on a range of protection and gender-based violence related issues.

Efforts to prevent sexual violence and abuse were particularly noteworthy in Malawi where protection from sexual exploitation and abuse (PSEA) focal points were established across the country. An inter-agency community-based complaints mechanism is in the process of being established to enforce accountability to affected populations, and multiple trainings were delivered to UN agency staff, government departments, police services and NGOs, followed by targeted violence and HIV community awareness raising initiatives, including during and after food distributions. School visits were conducted to ensure police presence in schools and enhance learner-police interaction. Police officers were also deployed in uniform to ensure visibility and accessibility, and in plain clothes to gather intelligence, observe interactions and detect behaviors suggesting grooming for sexual exploitation and abuse.

Inter-agency work on the mainstreaming of gender and protection issues in humanitarian response and coordination was particularly noteworthy in Mozambique, where UNICEF partnered with IOM, UNFPA, UN Women and the Protection cluster members to finalize a mainstreaming resource adapted to the Mozambican context with specific guidance and indicators. The aim of this work was to increase the prevention of abuse, trafficking and exploitation while improving access to assistance for victims among displaced and affected populations in emergency settings in Mozambique. Actors in Mozambique have focused efforts on raising awareness amongst and building the capacity of community leaders, key community stakeholders and local authorities on the core aspects of prevention and response to gender-based violence, as well as identify and refer vulnerable groups and mainstream protection into camp coordination and camp management.

In Swaziland, plans are underway for the provision of social care and referral services to children affected by violence and for the piloting of a family-based model for prevention of violence against children in one of the drought affected/prone areas in Shiselweni region. Furthermore, community child protection committees were sensitised on responding to child protection incidents with special emphasis on maintaining an alert during the drought.

As much as possible, countries used existing formal and informal systems, structures, and surveillance and reporting initiatives to identify and respond to child protection impacts. However, more remains to be done, particularly on the prevention of sexual violence and exploitation, response to gender-based violence, targeted case management of the most vulnerable children and their caregivers, and identification and response to children migrating internally and across borders in search of livelihood opportunities.

## **Lessons Learnt**

Less attention and funding was received for critical short and long term protection impacts. With limited development funding, the existing child protection services were already fully stretched and unable to meet the additional needs resulting from recurrent emergencies.

The slow onset aspect of this continuing crisis in countries not accustomed to emergency response modalities, together with significant gaps in preparedness and response planning, and the low visibility of protection resulted in delays in undertaking critical needs assessments and limitations in the protection response modalities and coverage.

The lack of adequate evidence-based assessment reports presenting clear analysis, based on validated methodologies resulted in donor concerns which impacted on funding for the overall sectoral response.

Protection should be integrated into other sectors, especially assessments and analysis.

## Education

### Key Messages

- While critically low levels of funding persist, Education and Protection partners were able to collaboratively achieve significant results for 451,000 children, demonstrating the key role the sector plays in promoting resilience and disaster risk reduction.
- Education provides a unique opportunity for strengthened community resilience; multi-sectoral El Niño responses conducted through schools can provide access to safe water, sanitary latrines, hygienic practices and life-saving messaging to children and adolescents who represent a significant proportion of the most vulnerable among affected populations.
- Data collection, analysis and sharing were challenging initially, but innovative means such as the school monitoring system EduTrac and the RAPIDPRO open-source software platform are increasingly becoming mainstreamed within the Education sector.

### Situation Overview

Throughout the response partners within the Education Cluster and working groups have implemented coordinated programmes and multi-agency assessments to determine the damage caused to education infrastructure, attendance rates and the situation of learners in El Niño-affected areas. Response actions such as catch-up classes, provision of teaching and learning materials and cash transfers, continue. With the onset of rain, some urgent drought-related responses, such as water trucking and the provision of additional meals at school, have been discontinued.

### Achievements

Drought and flood response plans for education were informed by coordinated real-time data collection. The systematic monitoring of the drought's impact on education was used to create relevant and actionable contingency plans.

Coordination of education partners led to collaborative, innovative and contextually appropriate temporary classroom design, built to be safe and resilient to the challenging environmental conditions. Partnership between education actors, local law enforcement, education ministries, UNICEF, WFP and other sector partners have resulted in the successful provision of emergency education programming, such as the provision of catch-up classes to those who have dropped out, the construction of temporary classrooms, school meals and life-saving messaging on hygiene practices.

The disruption to education was mitigated by the provision of temporary learning spaces, water trucking and catch-up classes. Data collection on WASH needs in schools has been undertaken and continues. Teaching and learning materials, early childhood development (ECD) and

recreation kits and cash transfers have been provided, ensuring that absenteeism is minimized and teachers are supported in their work. The impact of the provision of breakfast at schools have convinced some governments to continue with such interventions beyond the drought.

In response to information needs, the EduTrac system of gathering and analyzing data from schools has been adapted in some El Niño-affected countries to measure the impact of natural disasters on learners' attendance and on the school system.

Messaging related to DRR have been shared with learners by teachers. Learners have formed DRR clubs, within which child-led actions are discussed and acted upon, preventing and/or mitigating the negative impact of emergencies and providing positive examples to other community members. Suspension of school for short periods when extreme weather predictions are issued has been implemented as a precautionary measure. Educational personnel have been trained in disease prevention and response, harnessing the convening power of schools in the fight against cholera, acute watery diarrhea (AWD), typhoid and other communicable diseases common during times of drought and floods.

### **Lessons Learnt**

Previously instituted country-specific emergency preparedness and response guidance and training has been extremely beneficial in enabling governments to respond rapidly and effectively to needs in the Education sector. Capacity and competency to respond, coupled with familiar assessment instruments, proved critical in ensuring rapid and successful responses.

A common vision among governments and partners enabled holistic programming to be delivered, which was further enhanced by the provision of cash transfers through education funding in some settings. The resulting benefits to affected communities included improved access to safe water, hygiene and sanitation, increased capacity of local education authorities in monthly analysis of school data, and the prevention of disruption to education (through reduced cost and catch-up classes). The convening power of schools during El Niño response was evident and should be further explored in emergency preparedness and response coordination and analysis.

The provision of school meals (breakfast and lunch) during the drought triggered questions of sustainability, as meals are proven to be highly effective in motivating learner attendance and improving concentration levels. Dropping such provisions is problematic, considering that the children worst affected by drought are among the prevailing most vulnerable populations.



# Food Security, Agriculture and Livelihoods

## Key Messages

- Humanitarian assistance played an instrumental role in stabilizing the food security situation in the region. Extensive coverage was realized, with concerted response from governments and the humanitarian community, and reached over 10.6 million beneficiaries at the peak of the response. Between June and September 2017, most of the region will experience Minimal (IPC Phase 1) outcomes.
- Given the chances of another El Niño developing by the end of 2017, and thus another potential drought, vulnerability analysis and mapping capacities must continue to be enhanced. This will inform appropriate preparedness and resilience actions that are crucial for reducing the potential impacts of future droughts.
- Countries in Southern Africa faced several hazards with detrimental effects on food and nutrition security. Madagascar experienced a cyclone, which was also partly responsible for flooding in Mozambique and Zimbabwe. Concurrently, the Fall Armyworm outbreak affected around 330,000 hectares of staple crops, especially maize, across the region. While the pest's impact on the April 2017 harvest is expected to be minimal, future harvests could be at risk.

## Situation Overview

There has been considerable progress made in the adoption of IPC. Mozambique, Madagascar, Swaziland, Lesotho and Zimbabwe all completed IPC analysis. The acute food security situation during the peak lean season was projected as follows: Zimbabwe: 4.1 million food insecure population (IPC 3 and 4); Mozambique: 2.3 million people (IPC 3 and 4); Madagascar: 846,000 people (IPC 3 and 4); Swaziland: 350,000 people (IPC 3 and 4); and Lesotho: 345,000 people.

WFP, working in close collaboration with the Food and Nutrition Security Working Group (now co-led by FAO and FEWS NET), will provide technical assistance to SADC and its 15 Member States' National Vulnerability Assessment Committees (NVACs). The Regional Vulnerability Assessment and Analysis (RVAA) programme will be the entry point, as this programme aims to strengthen national vulnerability assessments and analysis (VAA) processes and development to generate timely VAA information and knowledge that better informs resilience programming.

### Regional Food Security Trends

The region will experience some improvement in food security outcomes, except for parts of Tanzania, Madagascar and the Eastern Democratic Republic of Congo (DRC). In Madagascar, a combination of drought and cyclonic activity affected rice production in the central, south-eastern and north-eastern parts of the country. A large shortfall in rice production is expected to cause an increase in rice prices, which in turn will affect the recovery of the Grand Sud. Eastern DRC and Tanzania are expected to have food insecurity hotspots due to drought.

Preliminary crops estimates indicate an above-average April 2017 harvest. Total cereal production in Malawi is expected to increase by 38 per cent from last year, in Namibia by 80 per cent, in South Africa by 83 per cent and in Zambia by 32 per cent. South Africa has an exportable surplus of around 4.3 million tons of maize and Zambia around 1.2 million tons. Zimbabwe recorded a 52 per cent increase in area planted with maize, 54 per cent in area planted with sorghum and 91 per cent in area planted with finger millet; production prospects

are good and Zimbabwe will likely have an exportable surplus. Although crop assessments are still ongoing across the region, most countries are expected to produce above national requirements; therefore, marketing will be challenge. Continued rains up to harvest time in some areas are likely to increase post-harvest losses, and therefore the monitoring of aflatoxin levels in stores is recommended. Similarly, there is a need to intensify post-harvest management programmes.

### El-Niño Conditions in 2017

The El Niño Southern Oscillation (ENSO) conditions are currently in cool-neutral phase and had been warming since November-December 2016, but the rate of warming reduced in March 2017. Current projections suggest a 51 per cent chance of El Niño developing by the end of the year, versus a 31 per cent chance of neutral conditions continuing. More detailed information will be available in the next two to three months.

Although it is too early to determine the signal strength and impacts, experience has shown that at a minimum, the presence of El Niño conditions trigger below average rainfall. Therefore, improvement of the food security situation due to average to above-average production expected from the 2016/17 season may only be momentary. Post-harvest management interventions are critical to ensure that smallholder farmers benefit from the above-average production. Resilience-based actions are therefore critical for mitigating the impact of future droughts.

### Fall Armyworm

Outbreaks of Fall Armyworm have been reported in 11 SADC countries: Angola, Botswana, DRC, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zimbabwe and Zambia, with the potential to threaten the winter season cropping. While there is no evidence that the drought caused the armyworm spread, the pest does thrive in high-temperature low-rainfall conditions, which also underscores the future threat of this pest.

Sub-optimal or ineffective chemical control methods have sometimes been used by farmers due to their limited scientific understanding of the pest. These measures are likely to have create resistance that could complicate future efforts to control the pest.

The prediction of El Niño conditions in the next cropping season could also potentially provide ideal conditions for the proliferation of the pest. As it is too early to confirm the possibility of El Niño in 2017, a scenario-based approach is recommended to determine the expected effects of El Niño in the next cropping season.

### Markets and Prices

Prices are declining in Malawi and Mozambique, both of which experienced very high food prices during the El Niño-induced drought. The decline is attributed to the projected increase in food availability in the post-harvest period. Elsewhere prices are stable or declining in response to improved food availability conditions. It is projected that the dry conditions in Eastern Africa could increase the demand of maize from Zambia and so the decline in maize prices in Zambia could only be temporary.

## Food Security Overview

Unconditional food- and/or cash-based assistance for the El Niño response was planned until March 2017, but was extended until mid-2017 for severely food insecure populations in Lesotho, Madagascar, Mozambique and Swaziland prior to the transition of relief operations to Food Assistance for Assets (FFA) programmes. The largest scale-up of the response was in Malawi, where an estimated 6.9 million beneficiaries were reached. In Zimbabwe, based on the findings of the ZimVAC rapid assessment, relief operations were extended until April 2017 in 13 priority districts to deter early harvesting and consumption of immature crops. In Mozambique, pockets of food insecurity remain in some parts of the country due to delayed and failed harvests; relief assistance will gradually be scaled down by June 2017.

Preliminary findings of a multi-sectorial assessment in Madagascar revealed that the level of food insecurity is high in the south-east, while the situation is relatively stable in the south (particularly in assisted areas). Pockets of severe food insecurity in Betioky, Tsihombe, Toliara and Taolagnaro (Fort Dauphin) will continue to necessitate unconditional assistance during the next few months; efforts on early recovery and resilience should be reinforced. Cash-based assistance was also significantly scaled up in Lesotho and Swaziland, and gradually be scaled down by July 2017.

**Table 3: Food and Cash Based Assistance Beneficiaries for El-Niño Response\***

Country	Beneficiaries Targeted	Beneficiaries Reached	Beneficiaries Reached (%)
Lesotho	510,000	461,670	87
Madagascar	978,000	685,160	70
Malawi	7,282,297	6,909,310	95
Mozambique	1,068,000	672,551	63
Swaziland	316,928	161,535	51
Zambia	1,052,760	739,828	70
Zimbabwe	2,011,738	1107753	55
<b>Total</b>	<b>1,362,1975</b>	<b>10,636,506</b>	<b>78</b>

\*WFP beneficiaries as of end of March 2017

## Agriculture and Livelihoods Overview

Agriculture and livelihood support was a humanitarian response priority. Cluster partners supported a range of agricultural recovery programmes for affected households, including the provision of seeds and other planting materials (through seed fairs, vouchers and conditional cash transfers); livestock restocking and livelihood support to vulnerable livestock farmers (through the provision of livestock feeds, vaccines, and medicine); drilling of boreholes and rehabilitation of water points to support small-scale irrigation farming; and support to national agriculture and food security clusters to enhance information sharing and consensus building on the response.

**Table 4: Agriculture and Livelihood Beneficiaries for El-Niño Response\***

Country	Funding Appeal (\$)	Funding Received (\$)	Funding Received (%)	HH Targeted	Beneficiary HH	HH Covered (%)
Angola		1,815,795		15,000	11,295	75
Lesotho	15,651,813	11,324,415	72	85,850	73,972	86
Madagascar	22,000,000	5,120,004	23	230,000	76,200	33.1
Malawi	10,500,000	7,341,273	70	260,000	222,550	85.6
Mozambique	8,000,000	4,298,904	54	371,400	140,540	37.8
Swaziland	8,400,000	2,451,979	29	72,700	26,500	15.3
Zambia	3,300,000	-	0	173,000	-	
Zimbabwe	35,200,000	7,650,202	22	486,000	157,715	32.5
Regional Coordination	1,750,000	2,923,422	167			
<b>Total</b>	<b>100,150,000</b>	<b>40,414,324</b>	<b>40</b>	<b>1,683,100</b>	<b>762,915</b>	<b>45.3</b>

\*FAO beneficiaries as of end of March 2017

## Achievements

Food assistance partners significantly scaled up operations through a combination of food and cash transfers, reaching more than 10.6 million beneficiaries at the peak of the response in January 2017.

More than 1.6 million households across the region were reached with agricultural recovery programmes to boost agricultural production for improved food security among the affected households.

Preliminary food security and market assessments in southern Madagascar, where emergency operations scaled up rapidly, indicate that the food security situation (particularly in assisted areas) is relatively stable, particularly in assisted areas, demonstrating the positive impact of the response.

Enhanced interagency collaboration between FAO, WFP, UNICEF, and OCHA through the establishment of an El-Niño Coordination Cell within SADC boosted coordination and response capacity and facilitated the development of the SADC Humanitarian Appeal. Regional assessments on the impact of El Niño on agriculture, especially on seeds and water availability, access and livestock among affected countries and populations, enhanced availability of information to guide the evidence-based responses.

Effective monitoring of emerging threats to agriculture, such as pests and diseases (e.g. the Fall Armyworm, locusts and trans-boundary livestock diseases) helped facilitate regional dialogue, information sharing and consensus building.

## Lessons Learnt

Due to the complexity of the Fall Armyworm infestation and gaps in technical capacities, countries are still struggling to properly assess and quantify the full extent of the damages. Integrated pest management is recommended in dealing with it as it is an ecosystem-based strategy that focuses on long-term prevention of pests or their damage through a combination of biological, chemical control and farming adaptation techniques.

With the risk of another El-Niño during the 2017/2018 cropping season, enhanced vulnerability analysis and mapping capacities linked to provision of comprehensive pre-crisis data, overlaid with existing vulnerabilities and emerging risks, is crucial for scenario development and proactive engagement with stakeholders on preparedness and early action.

Appropriate resilience-based measures should be urgently taken to mitigate against potential impacts of ensuing droughts, for example improving access to and use of irrigation facilities; promotion of and investment in the usage of conservation agriculture; and urgent improvement of storage facilities.

Alternative consumption patterns away from maize towards more nutrition and climate-appropriate crops should be encouraged.

Given the above-average production prospects there is need to implement post-harvest management intervention to minimize losses.

# Health and Nutrition

## Health

### Key Messages

- In several countries, hospitals and clinics were not able to maintain basic services. There was a direct impact on health, human resources and infrastructure. Health systems which were already overstretched needed to respond to additional caseloads while maintaining minimum public services.
- Several disease outbreaks have been reported: cholera (Angola, Malawi, Mozambique, Zambia and Zimbabwe), typhoid (Malawi and Zimbabwe), dysentery (Zimbabwe), yellow fever (Angola), Crimean Congo Hemorrhagic Fever (Namibia) and malaria (Botswana, Namibia, Madagascar and South Africa), plague (Madagascar) and measles (South Africa).

### Situation Overview

The El Niño event and its consequences negatively affected human health and access to care and treatment, including directly through injury, morbidity and mortality and indirectly through its effect on the socio-economic and environmental determinants of health (water, sanitation, food security and safety, nutrition, secure shelter, and reduced household income). At least 135 health districts out of 404 were affected by El Niño, including 45 of 70 in Angola, 8 of 112 in Madagascar, 25 of 29 in Malawi, 54 of 44 in Mozambique, 4 of 4 in Swaziland, and 15 of 63 in Zimbabwe. In several countries, hospitals and clinics were not able to maintain basic services. Some health facilities faced a lack or shortage of water, as well as a lack of essential

medicines. For example, in Lesotho water shortages compromised the functioning of health facilities, leading to the suspension of some health services.

The loss of revenue caused by drought and the decline in agricultural production made vulnerable groups less able to reach health facilities due to the distance and the cost of transport. High food prices in the region and an overall economic downturn in many countries including liquidity issues, added another layer of negative coping mechanisms such as transactional sex, which increased vulnerability to sexually transmitted infections including HIV, as well as sexual exploitation and abuse. Reports indicated increased rates of attrition from HIV treatment and increased risk of transmission. Patients living with chronic diseases also defaulted on their medication. A significant reduction in attendance at outpatient consultations at the beginning of the year was also observed compared to previous years.

## **Achievements**

Health promotion and Child Health Day campaigns were carried out in several countries. Where no special emergency funds were available, there was an attempt to reach emergency affected areas with more intensive and extensive measures such as health promotion and other risk communication activities which were undertaken with a focus on high-risk population groups such as children under five years of age, pregnant women and breastfeeding mothers, the elderly, people living with HIV, TB and non-communicable diseases (diabetes, hypertension and cancer), as well as people living with disabilities. Activities included the development, printing and distribution of posters and leaflets; and public service announcements on television and radio. Ministries of Health conducted media briefings, as well as other social mobilization and community engagement activities. These activities were crucial for encouraging timely disease prevention and health care behaviours. Children treated for complications of severe acute malnutrition were also tested for HIV and linked to specialized treatment if positive. Adherence strategies continue to be strengthened for HIV treatment in drought affected areas.

## **Lessons Learnt**

Climate scientist have indicated an increased chance of another El Niño event within 2017. With this possibility, there is a risk that ongoing epidemics could worsen. In order to be effective in preparedness and response to the impacts of El Niño, several strategies will need to be undertaken, including the establishment of a baseline on potential and existing epidemics; analysis of risks posed to the health sector using climate outlooks for upcoming seasons; increasing surveillance, monitoring and thus establishing a system of early warning and risk communication; vulnerability and risk assessment mapping (VRAM) of geographical areas most likely to be affected; contingency planning to stockpiling of medical supplies; and ensuring a fund to increase surge capacity of health workers who can respond control epidemics if they arise.

Health is impacted by other determinants such as WASH conditions, food security and nutrition. Coordination with other sectors and information analysis (requiring information from these sectors) is vital to comprehensive risk analysis and effective response.

Climatic conditions significantly impact on the occurrence and distribution of disease. Strengthening the use of climate services for early warning and preparedness can assist in averting epidemics or ensuring they are brought under control in as short a time as possible, thereby saving lives.

Resilience building of health system must be incorporated into health responses for effective control of current and future epidemics.

# Nutrition

## Key Messages

- More than 360,000 children under age five suffering from acute malnutrition were admitted for treatment, including 167,462 with severe acute malnutrition (SAM) and 198,329 with moderate acute malnutrition (MAM).
- Global acute malnutrition (GAM) remains below the emergency threshold overall; however, pockets of high malnutrition persist.
- HIV testing in nutrition treatment settings allows for the identification of undiagnosed children living with HIV and linking them to treatment.
- Funding for the nutrition response was low, limiting emergency service provision.

## Situation Overview

Nutrition support was an important response priority during the drought, as nutrition indicators are tied to household food insecurity and escalating food prices. Several countries, including Madagascar, Zimbabwe, Malawi and Mozambique, conducted Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys to determine the nutritional status of the population affected by El Niño. Some countries (Lesotho, Swaziland, and Zimbabwe) integrated nutrition, HIV, and gender indicators into their VAA for the first time. This allowed for improved analysis and decision-making. While the nutrition situation remains volatile in the region, most recent surveys show GAM below emergency thresholds (with the majority <5 percent, indicating low severity, according to WHO). However, pockets with higher GAM prevalence remain across southern Madagascar, some parts of Zimbabwe, and the northern part of Mozambique. Moreover, stunting prevalence remains high or very high across all countries (>30 per cent).

**Table 5: Prevalence of GAM, 2016-2017 (%)\***

Country	Date of assessment	Type of assessment	Area of assessment	GAM (WHZ)+	SAM (WHZ)
				Results from sub-national surveys indicate the range of point prevalence obtained from those districts surveyed.	
Lesotho	May 2016	VAA	National	2.7%	1.4%
Madagascar	March 2017	SMART	Sub-national (4 districts)	8.1% 13.9%	Lowest: 0.7% Highest: 2.7%
Malawi	May 2016	SMART	National (7 livelihood zones)	2.5%	0.5%
Malawi	November 2016	SMART	National (7 livelihood zones)	4.1%	0.8%
Mozambique	March-Apr 2017	SMART	Sub-national (3 districts)	Lowest: 3.0 Highest: 5.4%	Lowest: 0.3% Highest: 1.4%
Swaziland	July 2016	VAA	National	2.1%	1.2%
Zimbabwe	June 2016	VAA	National (Rural)	4.4%	1.9%
Zimbabwe	November 2016	VAA	National (Urban)	4.9%	2.1%
Zimbabwe	February 2017	SMART	Sub-national (25 districts)	Lowest: 0.4% Highest: 5.8%	Lowest: 0% Highest: 2.6%

*\*Table 5 notes: Please note that these assessments were carried out using varying methodologies and over different administrative levels (district, provincial and national) No direct comparison can be made between countries. + Weight for Height Z-score*

People living with HIV/tuberculosis (PLHIV/TB) remain at higher risk for malnutrition. In Malawi, 191,521 people living with HIV/AIDS and TB received nutrition support from January to November 2016, of which 4,111 (2.1 per cent) were admitted as severely undernourished and 17,184 (9 per cent) as moderately undernourished<sup>1</sup>. In the Zimbabwe Urban Livelihoods Assessment it was found that HIV/AIDS was the most frequently reported illness and that 3 per cent of households had one or more of their members suffering from TB<sup>2</sup>.

## Achievements

Mass nutrition screening using the Mid-Upper Arm Circumference (MUAC) and bilateral pitting oedema was conducted in several countries (Malawi, Zimbabwe, Mozambique, and Madagascar,) which resulted in early case detection and treatment of children with acute malnutrition and improved treatment outcomes. In Malawi, the first phase of mass screening ran from January to May 2016. The number of children aged 6 to 59 months reached was 1,701,225, of which 15,311 were classified with SAM and 56,140 with MAM. These children were treated in a community-based management of acute malnutrition (CMAM) programme. In January 2017, a total of 1,158,442 children were screened in Zimbabwe, of which 24,194 (21,685 with MAM and 2,507 with SAM) were referred for further treatment in January 2017, a total of 1,158,442 children were screened in Zimbabwe, of which 24,194 (21,685 with MAM and 2,507 with SAM) were treated. In Mozambique, nutritional screening was done in seven priority provinces. The total number of children screened was 232,932, of which 2,935 were classified as SAM and 11,775 as MAM. In Madagascar, nutrition screening was undertaken in all drought-affected districts. A total of 272,675 children were screened, of which 3,174 were found to have SAM and 18,432 MAM. The use of mobile clinics in Mozambique and Madagascar improved access to screening and treatment of malnutrition for hard to reach populations.

Malawi demonstrated improved integration for nutrition and HIV in CMAM centres. These services were introduced in Chikwawa and Mangochi in November 2016, and Nsanje in January 2017. In Nsanje, HIV Counselling and Testing uptake in the Nutrition Rehabilitation Units (NRU) has since increased from 92 per cent at baseline to 96 per cent in April 2017, from 61 per cent to 79 per cent in the OTP, and 25 per cent to 32 per cent in the Supplementary Feeding Programme (SFP). The HIV positivity rate in the NRU is now at 10 per cent with all identified positive children on Antiretroviral Therapy (ART); 11 per cent in the OTP with 73 per cent on ART and, whereas in the SFP, the positivity rate is 7 per cent with 77 per cent of the HIV positive children on ART. In Mangochi and Chikwawa, testing uptake in the NRU was 80 per cent with a positivity rate of 15 per cent.

In Zimbabwe, the nutrition treatment program has continued to offer a strong linkage between HIV testing and treatment, ensuring that all SAM cases are tested for HIV. From March to April 2017, 56 per cent of the children admitted for SAM treatment were tested for HIV and of those 7 per cent tested positive and were referred and initiated for anti-retroviral treatment. Please note this data is specific for 10 districts.

<sup>1</sup>UNICEF Malawi CMAM Program Data 2016

<sup>2</sup>Zimbabwe Urban Livelihoods Assessment, ZIMVAC September 2016



**Table 6: Summary of people reached by the nutrition sector response**

Nutrition Indicator	Cumulative results	Reporting Countries
Children 6 to 59 months admitted for SAM treatment	167,462	Angola, Lesotho, Madagascar, Malawi, Mozambique, Swaziland, Zimbabwe
Children 6 to 59 months admitted for MAM treatment	198,329	Madagascar, Malawi, Zimbabwe
Pregnant and lactating women who received MAM treatment	55,767	Malawi, Mozambique, Swaziland, Zimbabwe
People living with HIV/TB who received MAM treatment	39,500	Lesotho, Malawi, Swaziland, Zimbabwe
Children 6 to 59 months who received Vitamin A supplementation*	5,793,475	Angola, Lesotho, Madagascar, Malawi, Mozambique, Swaziland, Zimbabwe
Prevention of acute malnutrition in children 6 to 59 months**	416,250	Lesotho, Madagascar, Malawi, Zimbabwe
Prevention of acute malnutrition in pregnant and lactating women*	181,071	Lesotho, Madagascar, Malawi
Number of caregivers of children 0 - 23 months with access to IYCF counselling	306,887	Angola, Lesotho, Madagascar, Mozambique

\*Reflects the number of children that received at least one dose of Vitamin A supplementation in 2016.

\*\*Provision of fortified blended food or ready-to-use supplementary food (RUSF) provided to children and pregnant and lactating women in areas with high food insecurity to prevent deterioration of nutritional status.

## Lessons Learnt

Multi-sector convergence analysis (including mapping of targeted districts with activities) across Nutrition, WASH, Health, Social Protection and Change for Development (C4D) facilitated inter-sectoral collaboration.

Innovative strategies were successfully implemented for active case finding for acute malnutrition (mothers measuring MUAC on their own children in Madagascar); and for improving access to screening and treatment of acute malnutrition for hard-to-reach children (through use of mobile clinics in Mozambique and Madagascar).

Improved HIV and nutrition integration ensured HIV testing in nutrition centers and linkages to care and treatment in Malawi; lessons learnt are being leveraged for other countries.

Drought response initiatives linked community-level resilience building activities were more successful than initiatives that addressed only the impacts of the drought.

While efforts have been made in some countries through the integration of nutrition, gender and HIV indicators into the regular VAA process, the lack of timely and representative data on nutrition hampered monitoring of the situation and timely reporting of response efforts.

Capacity gaps in identification and treatment of acute malnutrition in some countries were

noted, as large scale nutrition programmes did not exist prior to the emergency. Investments in training of community and health workers were required; however, limited funding for nutrition resulted in restricted response coverage.

There were missed opportunities for providing comprehensive services to affected communities due to weak multi-sectoral coordination mechanisms. For example, HIV testing for children admitted to programmes treating acute malnutrition was only done in few countries.

Funding received has been critical to help set up to date point prevalence for acute malnutrition and contributed to improved VAA process in several countries (Malawi, Madagascar, Zimbabwe, Mozambique) but efforts to integrate nutrition, gender and HIV remain insufficient.

The likelihood of more frequent crisis is high thus the link between improved programme efficiency (the need to work better before emergency) and readiness to emergency response must be strengthened.

Improved inter-agency collaboration, including convergence mapping to highlight gaps for improving coordination, is key to ensuring a seamless transition between SAM and MAM patients and establishing uninterrupted continuum of care for acute malnutrition.

## Water, Sanitation and Hygiene (WASH)

### Key Messages

- Due to a lack of infrastructure, only 61 per cent of the region's population normally has access to safe drinking water and only 39 per cent access to adequate sanitation facilities. The El Niño-induced drought greatly worsened conditions for those people who already had low access and thus no resilience to deteriorating WASH condition.
- Despite severe funding shortfalls (with only 30 per cent of the required funds received), governments and WASH partners were able to provide safe water to 1.49 million people and reach 1.1 million people with hygiene promotion.
- The impact of the El Niño phenomenon has underlined the need to strengthen resilience in regular WASH programming, establish real-time WASH information management systems, and improve WASH emergency preparedness and inter-sectoral collaboration (especially with the Nutrition, Health and Food Security sectors).

### Situation Overview

Water scarcity for human use was extremely acute at the height of the drought, with people using unprotected water sources, and often sharing these with livestock. Such shortages have had multiple negative impacts: on health (including on people living with HIV/TB), nutrition, school attendance, functioning of clinics and risks of violence. In addition, a study by UNICEF and partners in Angola, DRC, Lesotho, Malawi, Mozambique and Zimbabwe found an increase in migration due to lack of food and water, with about a third citing lack of water as the main reason for their migration. Migration in search of food, water or cash can also lead to family separation, with children left behind with older siblings or elderly caregivers.

Significant localized flooding throughout the region (most particularly in Zimbabwe, Mozambique and Angola) has compromised access to clean water, safe hygiene and sanitation practices

where WASH infrastructure was destroyed. Reports from Madagascar have also indicated that relatively high levels of rainfall have paradoxically increased the risks of insufficient safe, potable water for drinking and the aggravated health risks of water and vector-borne illnesses, as families collect water from unsafe sources.

Of concern are the ongoing cholera outbreaks in four countries with a combined total of 5,536 cases and 76 deaths reported in Angola (363 cases, 15 deaths), Malawi (1,837 cases, 47 deaths), Mozambique (3,320 cases, 10 deaths) and Zimbabwe (16 cases, 4 deaths). The highly mobile nature of Southern Africa's population further aggravates this concern, as an outbreak in a country can easily spread to neighboring countries. The 2009-2010 Zimbabwe cholera outbreak is a dramatic example of this phenomenon as it affected all southern African countries apart from Lesotho.

## Achievements

Emergency WASH sector groups were established in six of the seven priority countries (except for Angola) to coordinate the WASH response. Governments and WASH partners were able to provide safe water to approximately 1.49 million people across the seven countries through a combination of approaches such as the construction/rehabilitation of water points, the distribution of household water treatment products and water trucking. In addition, partners were able to reach approximately 1.1 million people with hygiene promotion on hand-washing, adequate sanitation and safe household water treatment and storage.

In Zimbabwe, the WASH sector was able to reach 339,000 people with safe water and 542,500 people with hygiene promotion. In Mozambique, an analysis of the overall humanitarian response clearly indicated that WASH response efforts have been seriously constrained by difficulties in access due to political and military tensions as well as by the considerable humanitarian funding gap (the latter being the case in all countries). Despite these challenges the Mozambique WASH sector reached 291,000 people with safe water and 140,000 with hygiene promotion. In Madagascar, a total of 396,000 people was reached with safe water and hygiene kits which were distributed to the caretakers of children suffering from SAM upon discharge to complement the hygiene education that was administered to the caretaker during his/her stay at the nutrition center. A pilot water card voucher distribution project also benefitted 3,500 households in the drought affected southern districts. In Malawi, 194,000 people were reached with safe water, 221,000 with hygiene promotion messages and 175,000 with sanitation interventions. In Angola, hygiene kits were distributed to 70,000 drought-affected people, 109,000 people were reached with hygiene education messages and 118,000 people were provided with safe water through the rehabilitation of hand-pumps. In Swaziland, a total of 46,000 people were reached with safe water and 28,000 through hygiene promotion. In Lesotho, humanitarian partners contributing to the WASH response have reached over 132,000 people with safe water and 80,000 people through hygiene promotion.

The WASH sector has also responded to the ongoing cholera outbreaks in Angola, Malawi, Mozambique and Zimbabwe through the provision of household water treatment products, the establishment of WASH facilities in cholera treatment centers and hygiene promotion.

In addition to the provision of immediate WASH life-saving measures in response to the drought emergency, governments and WASH partners have initiated WASH climate resilience building measures in most of the affected countries. Partners are also supporting SADC in its Regional Trans-Boundary Water Programme and in advocating for resilience interventions such as:

- Strengthening water resources management at regional and local levels.

- Rainwater harvesting at household and community levels.
- Promotion of improved and sustained approach to sanitation and hygiene knowledge and practices.
- Concentration on community led approaches and concepts that promotes greater community involvement and management of WASH interventions such as the Community Led Total Sanitation (CLTS).
- Strengthening and increasing access to drought resilience WASH infrastructure in schools and health centers.
- Integration of climate resilience into all WASH Sector strategies and plans at regional and country levels.

### **Lessons Learnt**

In most countries, the WASH sector was not able to quantify the impact of the drought on WASH services due to weak information collection and management systems. The incorporation of WASH indicators in the VAC assessments in some countries was useful and is a practice that should be replicated. There is a need for improved WASH emergency preparedness and incorporate it into normal development programming.

The impact of the El Niño phenomenon has also underlined the need to strengthen resilience in WASH programming with activities such as integrated water resource management, rainwater harvesting, promotion of improved and sustained hygiene knowledge/practices, increased access to climate resilient WASH infrastructure in schools and health centres, and the integration of climate resilience into WASH sector strategies and plans.

The WASH response aimed at reducing mortality/morbidity associated with water shortages, malnutrition, food insecurity and cholera/AWD outbreaks. Even though there was consensus on the need of a multi-pronged approach that can address these different stresses together, there is little evidence of multi-sectoral collaboration beyond efforts on geographical convergence. There is therefore a need to strengthen inter-sectoral collaboration at the country level especially on multi-sector assessments, as well as multi sector preparedness and response modalities.

# BUILDING RESILIENCE

## Key Messages

- Resilience work has gained traction in the region with the recognition of the necessity of resilience building to ensure that development is risk informed and sustainable.
- SADC Member States have increasingly stressed their commitment to DRR and the building of resilience to disasters; to be addressed with a renewed sense of urgency in the context of sustainable development and poverty eradication and, as appropriate, to be integrated into policies, plans, programmes, and budgets at all levels and considered within relevant development frameworks. Stressing the importance of resilience building will require strong commitment and involvement of political leadership in every country at all levels in the creation of the necessary conducive and enabling DRR policy frameworks and their implementation.
- Southern Africa is a region exposed to compound and contiguous risks that lead to multiple, frequently repeating and compounding shocks that prevent communities from effectively responding to and fully recovering. Every year floods, droughts, crop pests, cyclones, economic shocks at household and community levels, and political risks and insecurity, induce the need for emergency aid to hundreds of thousands of people across the region due to chronic vulnerability. There is little indication that current responses, while essential to cater for the most acute humanitarian needs, can break this vicious cycle of recurrent crises and increasing vulnerability. This hinders economic growth and perpetuates poverty among the affected communities, further exacerbating vulnerabilities of the most economically and socially vulnerable. Climate change projections point to more extreme weather events requiring robust plans and continuous action to adapt and build resilience.
- There is increasing consensus at all levels that development strategies and policies should embed disaster risk management and vulnerability analysis to enhance resilience and reduce the negative impact of natural and man-made hazards on development gains and development interventions.

## Achievements

Across the region, resilience has become a key area of interest. Discussions include investing in research to understand and measure resilience. There is an increasing recognition that resilience is the nexus between humanitarian and development programming, and as a paradigm could enable lasting improvements in humanitarian conditions.

The focus of resilience-building interventions has been to address the challenge of breaking the vicious cycle of humanitarian crises and shocks by bridging the gap between immediate humanitarian response and development through resilient recovery and sustainable development. El Niño and La Niña episodes are part of the climate of the region.

SADC has recently finalized and approved the regional Disaster Preparedness and Response Strategy and a fund for DRR. The strategy has a strong component related to resilience building. Furthermore, the SADC Regional Humanitarian Appeal included a work plan and budget for resilience building. The appeal highlighted the following:

- Multi-sectoral approach to building resilience with both humanitarian and development actions inextricably linked and providing a fluid transition towards strengthening capacities

and resilience of households and communities to safeguard lives and livelihoods.

- Resilience building in the Agriculture sector should prioritize increasing productivity through climate smart agriculture and conservation agriculture; risk management strategies; weather-based index insurance; and investment in productive assets through group savings.
- In addition to productive sectors, building systems at all levels is required (regional as well as national and sub-national) for the delivery of social services that incorporate early warning and preparedness to recurrent shocks while maintaining the flexibility and capacity to scale up or adjust in times of need to address the root causes of vulnerability.
- Strengthen information management, risk communication, multi-hazard early warning, early action, preparedness planning and implementation in order to protect lives, livelihoods and assets; and the adoption of technology and innovation in resilience building.

At country level, national resilience frameworks or strategies have been drafted in several SADC Member States including Angola, Lesotho, Madagascar, Malawi, Swaziland and Zimbabwe, while Zambia has just finalized its Disaster Risk Management Framework. There is also significant progress in community-based early recovery programming in support of agricultural livelihoods including assets, infrastructure development, training, cash-for-work, purchase-for-progress (P4P), inputs and agricultural seed support.

Member States, in collaboration with humanitarian and development partners, are increasingly focusing more on multi-sectoral approaches to build the resilience of affected communities in order to help bridge the existing gap between humanitarian and development interventions. Ongoing resilience building work has focused on protection of productive sectors, basic social services, social protection as resilience builders and the adoption of technology and innovation as vital resilience enablers. Additionally, other resilience building work include safety-net programmes; DRR and early warning systems; climate change adaptation; integrated water and natural resources management activities; small-holder farmer insurance schemes; access to finance; and importantly, progress in the preparation of national resilience frameworks and strategies.

All SADC Member States are making progress in increasing water storage (small multi-purpose reservoirs and sand storage dams); rainwater-harvesting technologies and artificially recharging aquifers; solar-powered water pumping; and water conservation, water recycling and re-use. WASH climate-resilience building is ongoing in most Member States. Member States are also expanding social protection programmes, including through cash transfers to the poorest and most vulnerable households. Healthier and better nourished people are more resilient, and there are numerous projects at household, community, school and clinic level for building local, sustained management of disease and malnutrition prevention through better access to clean water and safe sanitation, even during droughts.

During the 2016/2017 rainfall season, most countries in the region, in collaboration with regional, humanitarian and development bodies, made resilience-building efforts a priority to support farmers with timely access to inputs, implementing climate-adaptive agricultural techniques, and providing livelihood and other agricultural support.

A work plan for the development of the RIASCO Regional Resilience Programme has been developed. However, its implementation has not commenced as discussions are underway on how to harmonize this work with the development of the SADC Resilience Strategy (which is to be led by SADC and supported by development partners). The regional resilience initiative aims to support strengthening the resilience of vulnerable groups among the Southern African population.

The long-term goal is to establish a multi-sectorial and inter-agency Knowledge Hub and a Resilience Analysis Unit which will include support to SADC and national and regional partners to develop and implement well-informed resilience strategies, building on global and regional knowledge and experience already existing.

## Lessons Learnt

Countries in the region have increasingly adopted resilience as an overarching theme as the best way to address the recurring shocks of the region, including droughts, floods, among many others, through building the resilience of vulnerable communities to better withstand and recover from the shocks, and change practices if necessary. The recognition to enhance capacities to absorb, adapt and transform in the face of shocks and stressors through a significant level of collaboration among governments, regional bodies and international humanitarian and development organizations over a prolonged period is now the new norm.

The region is moving towards having long-term commitments to investing in resilience building as it makes economic sense to increase cost-effectiveness by reducing the financial, administrative and resource burdens of responding to recurrent shocks crises and missed opportunities in development.

Having a resilience building work plan and budget in the SADC Humanitarian Appeal; and a Resilience Pillar in the RIASCO Action plan, are commendable initiatives. These could be furthered by bringing on board the private sector and academia to influence and enrich resilience discussions.

However, the lack of resources mobilized for resilience building at the SADC level is of concern and efforts need to be increased to develop an implementable SADC Regional Resilience Programme to augment country resilience building efforts.

Key regional challenges include lack of dedicated resilience programming staff. High staff turnover during the drought impeded progress in the Resilience Pillar. Resilience programming aims to better synchronize and coordinate multi-sectorial and multi-level actors to potentially result in systemic change in key areas such as:

- Agriculture systems, through diversification and climate-smart agriculture linked to better nutrition;
- Improved health and nutritional status of vulnerable population groups;
- Strengthened use of climate services for early warning and preparedness in Health and other sectors;
- Harmonized, social protection approaches; and
- Emergency preparedness and expanded scope of DRR and CCA towards systemic change, individual and social transformation.
- Clarity of the differences in resilience to drought and other shocks
- Clarity of frameworks that promote community resilience to droughts.

Despite the various preparedness measures, most countries in the region have not demonstrated the ability to translate weather forecasts, whether it is El Niño or La Niña, into locally-usable early warning information in order to meet the needs of the affected populations, including building their resilience to disasters and climate risks. It is recommended that going forward:

- Risk-informed programming for resilience, be it in the humanitarian or development phase, must be founded on a thorough analysis of the national and sub-national structural vulnerabilities, that are constantly monitored and periodically updated for effective integrated early warning systems.
- Governments and development partners, in close collaboration with humanitarian partners, should scale up resilience programming as part of coordinated national plans to reduce the risks and mitigate the growing impacts of climate-related shocks by facilitating capacity strengthening for multi-sectoral and multi-level recovery and resilience programming and DRR programmes that allow for more comprehensive responses to disaster and climate risk, recovery and resilience building of communities to shocks. As any truly sustainable response should make the most of existing capacities, knowledge, resources and technology available in the country, resilience-fostering interventions must ensure system-wide commitment by engaging multiple stakeholders at all levels of society and governments to create a policy environment that accommodates and supports the resilience agenda.
- The academia is engaged to develop a standardized measure of resilience across the region. This can include the unification or adoption of existing methodologies.
- Governments should be encouraged to lead resilience discussion.
- RIASCO considers the establishment of a resilience atlas to profile key resilience work across the region.
- Investing more on initiatives aimed to mitigate forced migration resulting from environmental factors and where displacement does occur, providing recovery and transition support in the medium term to help build community resilience to future shocks and seek durable solutions to their situation.
- Ineffective Early Warning Systems (EWS) are a major concern for all countries in the Southern Africa region. Despite various country-specific preparedness measures, most of the countries in the region have demonstrated to be inadequately equipped to meet the needs of the affected populations and have requested support - both technical and financial - to respond more effectively to anticipated impacts.
- Increased investments for strengthening or where necessary creating, at country and regional level multi-level resilience building mechanisms aimed at addressing underlying vulnerabilities related to disaster risk, climate and extreme weather events to ensure that development is risk informed and sustainable.
- Investing more in well-designed social-protection mechanisms is necessary, even during non-crisis periods, to ensure protection for the most vulnerable and address some of the root causes of social and economic exclusion. It is also recommended that investments are made in gathering evidence on the protective function of crisis modifiers/ safety net scale up and that the evidence is used to advocate for risk transfer mechanisms. Scaling up social protection and safety nets, including livelihood protection/diversification and increasing access to basic social services for vulnerable people; ensuring responses support markets and promote private sector approaches; and the adoption of fiscal risk management instruments is recommended.



- Climate smart technologies (i.e. drought tolerant varieties, conservation agriculture, water harvesting) are also a priority area for action, and a necessary step to move away from the current over-reliance on rain-fed agriculture. Actions aiming to diversify the livelihood support systems should be promoted, including the investment in agricultural research and innovation, investments in agriculture support services, value chains and market infrastructure.
- Investing more on initiatives aimed at mitigating forced migration that result from environmental factors; And where displacement does occur, providing recovery and transition support in the medium term to help build community resilience to future shocks and seek durable solutions to their situation.
- For both donors and multilateral organizations, a paradigm shift is required to support/design of joint programmes containing both development and emergency elements to deal with the acute/transitory crisis, grounded on risk management rather than risk aversion and on the use of crisis modifiers.
- Governments, with the support of humanitarian and development partners, should double efforts and mobilize internal resources to scale-up resilience-building interventions.
- Support to Member States to develop capacities that will enable effective integration of global decisions and resolution for climate action and disaster risk management (DRM) outlined in the Paris Agreement and Sendai Framework for DRR 2015-2030 for more risk informed development trajectories aligned to the Sustainable Development Goals (Agenda 2030).
- Support the development of climate services for DRM, specifically: supporting climate information users (Health, Agriculture, water, energy, media, disaster managers, etc.) in understanding the risks posed to their sectors by factors identified in climate predictions and forecasts issued by the Southern African Regional Climate Outlook Forum (SARCOF).
- Seek community-based solutions that demonstrate resilience to droughts.

# DEVELOPMENTAL RISK MANAGEMENT SOLUTIONS

As expanded upon under Pillar 3 of the Action Plan and its December 2016 revision, Governments need to consider a range of risk management instruments, at the national or regional level, to mitigate the impacts of drought and other natural disasters. Governments with development partners must actively work to:

Ensure the availability of fiscal buffers at all times. Addressing food crises requires fiscal and foreign currency resources to finance food aid, reduce food taxes and extend social programmes. Retention of sufficient fiscal and foreign exchange reserves requires saving in good times to counter-cyclically smooth public spending in bad times. Related to such sound fiscal management is the capacity to borrow externally without compromising debt sustainability.

Build resilient production systems and markets through economic and productive diversification. Most of the rural populations in Southern Africa are dependent on the extractive use of natural resources through farming, fishing, crafts and the harvesting of forestry products. In addition, there is overdependence on maize as a single, soil-depleting crop which is vulnerable to drought. Due to technological gaps, poor physical infrastructure, inadequate support services, dependence on rain-fed agriculture as well as the eroding impact of frequent shocks (such as drought, floods, trans-boundary pests and diseases), farmers' production capacity is extremely low, relegating households and communities to a life of subsistence. There is an acute need for economic diversification (adopting a wider range of economic activities, e.g. off-farm income), as well as productive diversification to reduce the overdependence on rain-fed agriculture.

Support poor and vulnerable household by building on existing social safety net systems. The region has a basic network of safety nets that provide cash to the most vulnerable; though efficiency, coverage and targeting can be improved. Where markets are functioning and basic supplies are readily available, governments and partners can provide emergency cash assistance through such existing systems. In the medium to long term improvements to the systems contribute to increased resilience and ability to cope with crises.

Droughts and other climatic shocks will continue to impact Southern Africa, with likely increased frequency and intensity. The region is particularly vulnerable, given that its staple crop, maize, is highly susceptible to inter-annual rainfall variations, resulting in highly variable yields and price volatility.

With climate shocks, such as El Niño the 'new normal' more needs to be done to enhance countries' ability to manage and withstand shocks. Governments have several tools at their disposal to enhance their capacity to better withstand repeat shocks, by building fiscal buffers, robust food supply chains and dynamic safety-net systems. Although, the uptake of these new instruments has been limited to date in the sub-region, crises provide unique windows of opportunity for greater joint action amongst governments, humanitarian relief agencies and development partners, by enhancing the collective understanding of the range of options along the humanitarian, resilience, macro-economic and risk management spectrum. The next table highlights a range of practical options to build resilience and manage systemic risks through a sequenced, prioritized and cross-sectoral framework over the short, medium and longer-term.

**Table 7: Southern Africa: Proposed Risk Management Framework for Intervention**

Interventions	Implementation Time Required (yrs.)		
	<1	1-3	>3
<b>Building fiscal buffers</b>			
Assess and quantify fiscal impact of shocks and analyze costs over time		X	
Evaluate budget mechanisms, arrange procedures for rapid budget re-allocation	X		
Establish counter-cyclical macro-fiscal policies to support savings/reserves	X		
Establish counter-cyclical macro-fiscal instruments, such as contingency funds		X	
Establish risk units in Ministries of Finance, with supportive institutional structures		X	
Arrange contingent loans and contingent grants		X	
Structure, design, and finance risk transfer solutions (through stand-alone contracts or risk pools)		X	
Strengthen and consolidate contingency plans	X		
Establish budget execution mechanisms	X		
<b>Building resilient production systems and markets</b>			
Boost resilient crop production (seeds, inputs, farmer awareness of likely conditions)	X		
Revise/remove policies that contribute to single-crop dependency, such as non- market based price stabilization and input support programs			
Replace ad hoc import/export restrictions with market-based price and supply hedging arrangements			
Invest in on-farm diversification and climate smart agriculture	X	X	X
Modernize management and operation of strategic grain reserves	X		
Invest in upgrading storage systems		X	X
Provide support to local and regional trade finance arrangements	X	X	
Invest in public-private sector approach to develop micro-level insurance programs		X	X
<b>Building on existing safety net systems</b>			
Integrate humanitarian relief operations with national safety nets (focus on under- served groups) to provide food but also inputs and seeds for next growing season	X	X	
Develop integrated registries of vulnerable households, including of mobile populations	X	X	

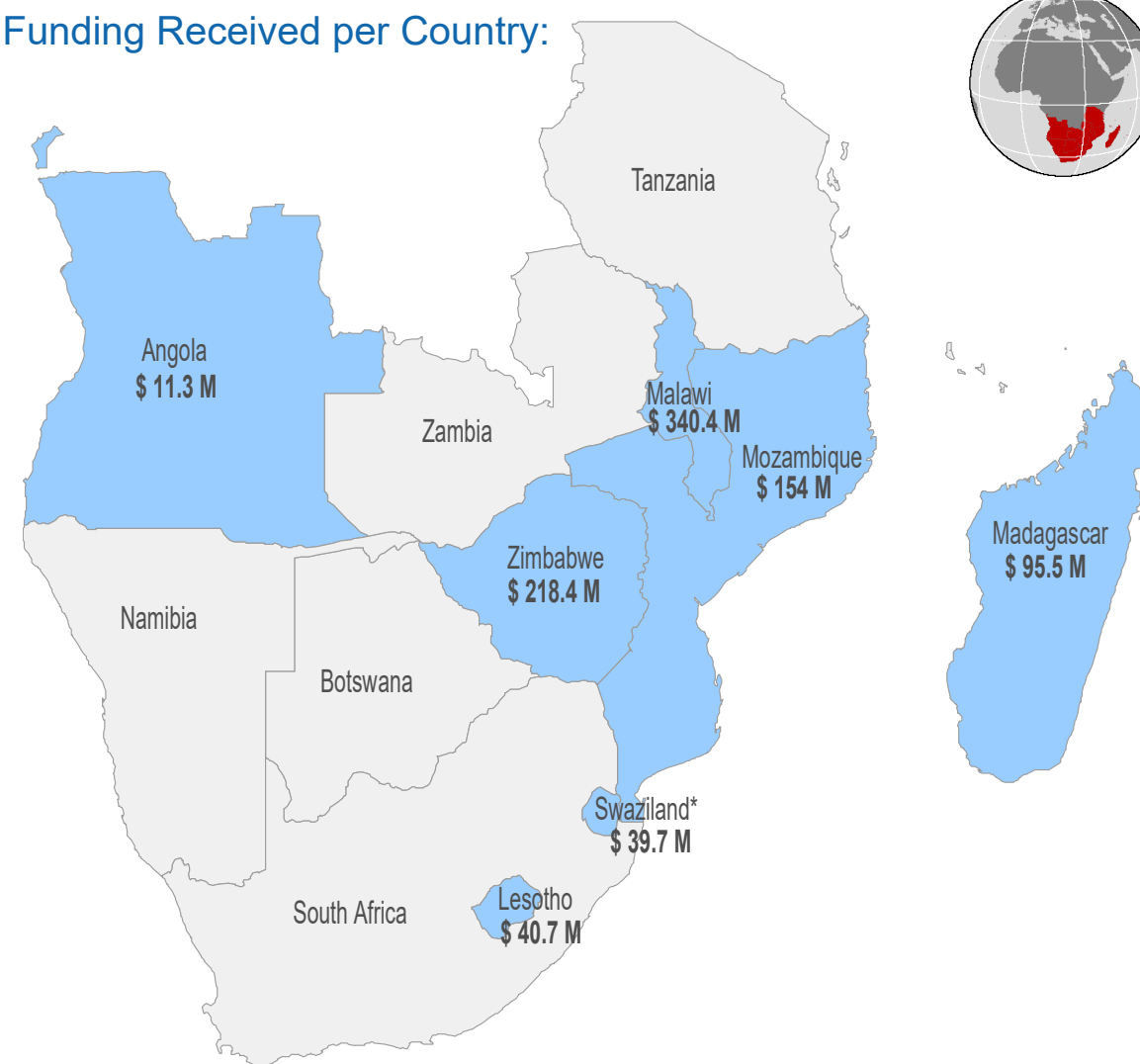
## Situation Overview

El Niño conditions during the 2015/16 planting season caused Southern Africa's worst drought in 35 years, representing a second consecutive failed harvest. This created severe food and water shortages and compounded existing vulnerabilities in all humanitarian sectors. While governments led the response, the scale of needs overwhelmed national capacity. In support of SADC's appeal, RIASCO launched its Action Plan on 27 July 2016, which was revised in December 2016. The Action Plan prioritized 7 countries: Angola, Lesotho, Madagascar, Malawi, Mozambique, Swaziland and Zimbabwe. The plan requested \$1.3 billion to provide humanitarian assistance for 13.8 million people up to April 2017, of which \$900 million has been received (70 per cent).

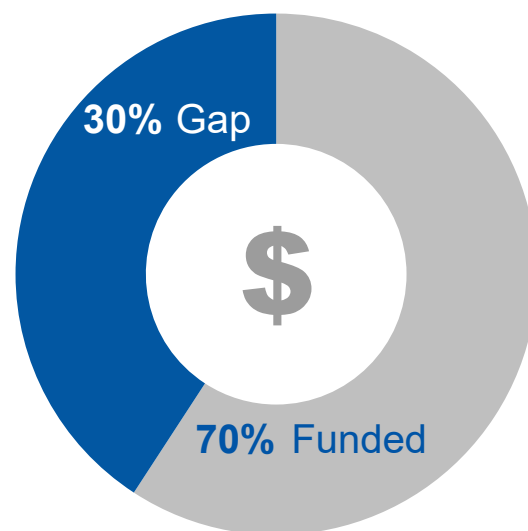
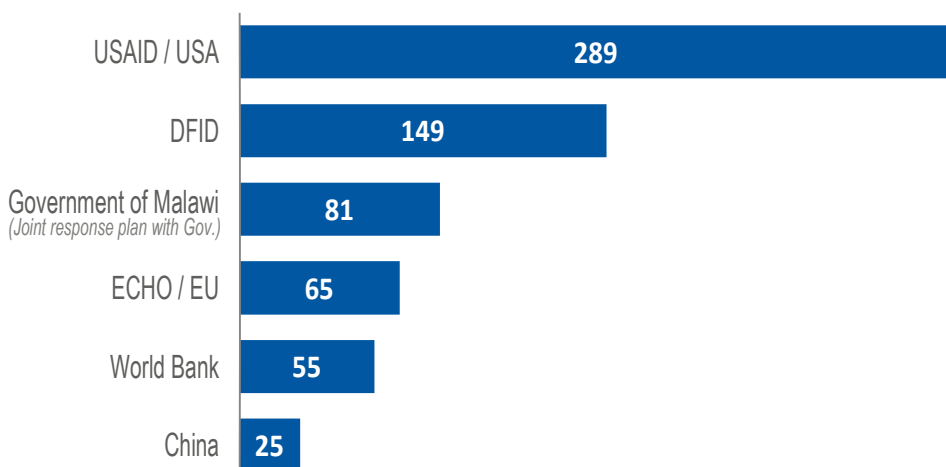
**\$1.3 billion**  
USD required

**\$900 million**  
USD received

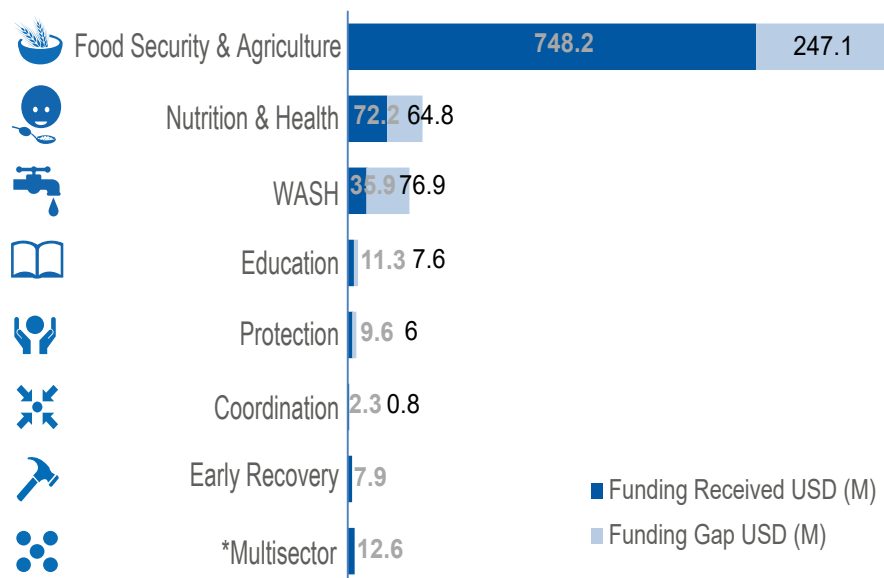
Funding Received per Country:



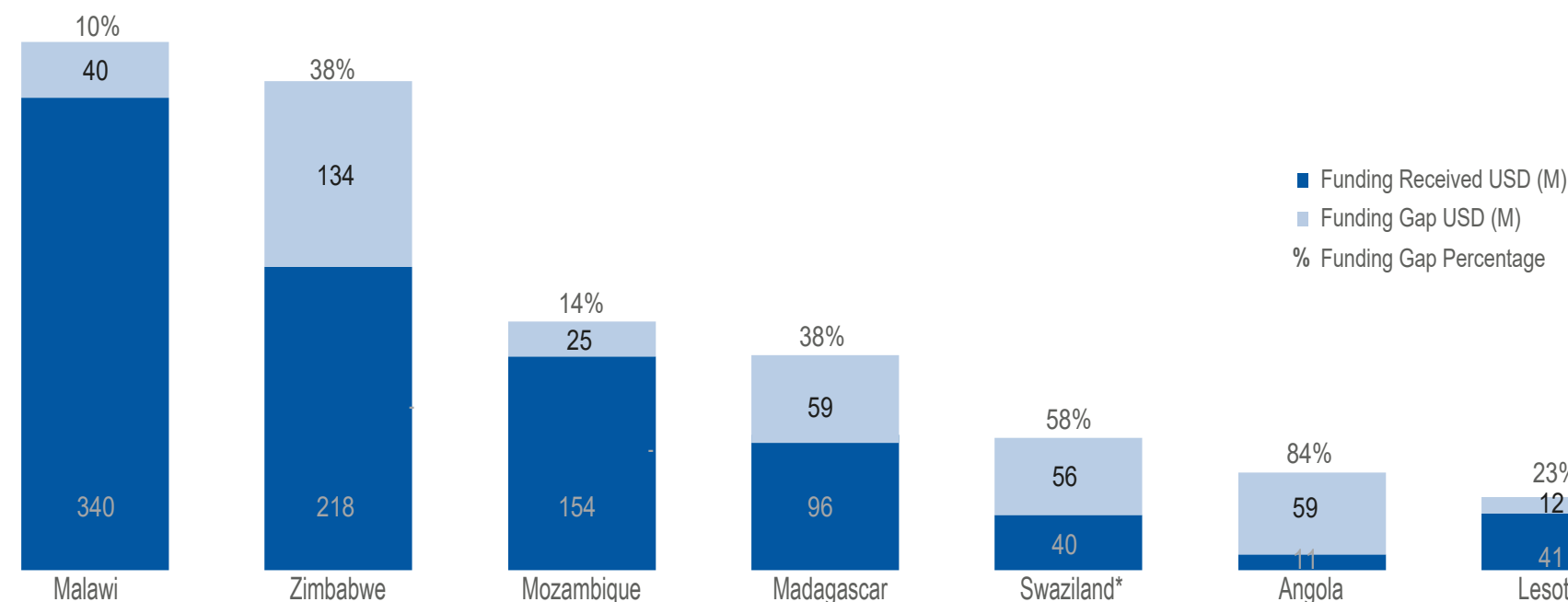
Top Donors (Millions USD) June 2017



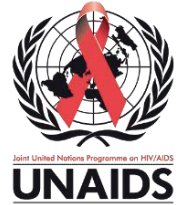
Funding by Sector (Millions USD) June 2017



Funding by Country (Millions USD) June 2017



\*Multi-sectoral funding has not been allocated to a sector yet  
Funding data obtained from countries in April/May 2017 (excludes regional funding and Swaziland funding update)



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