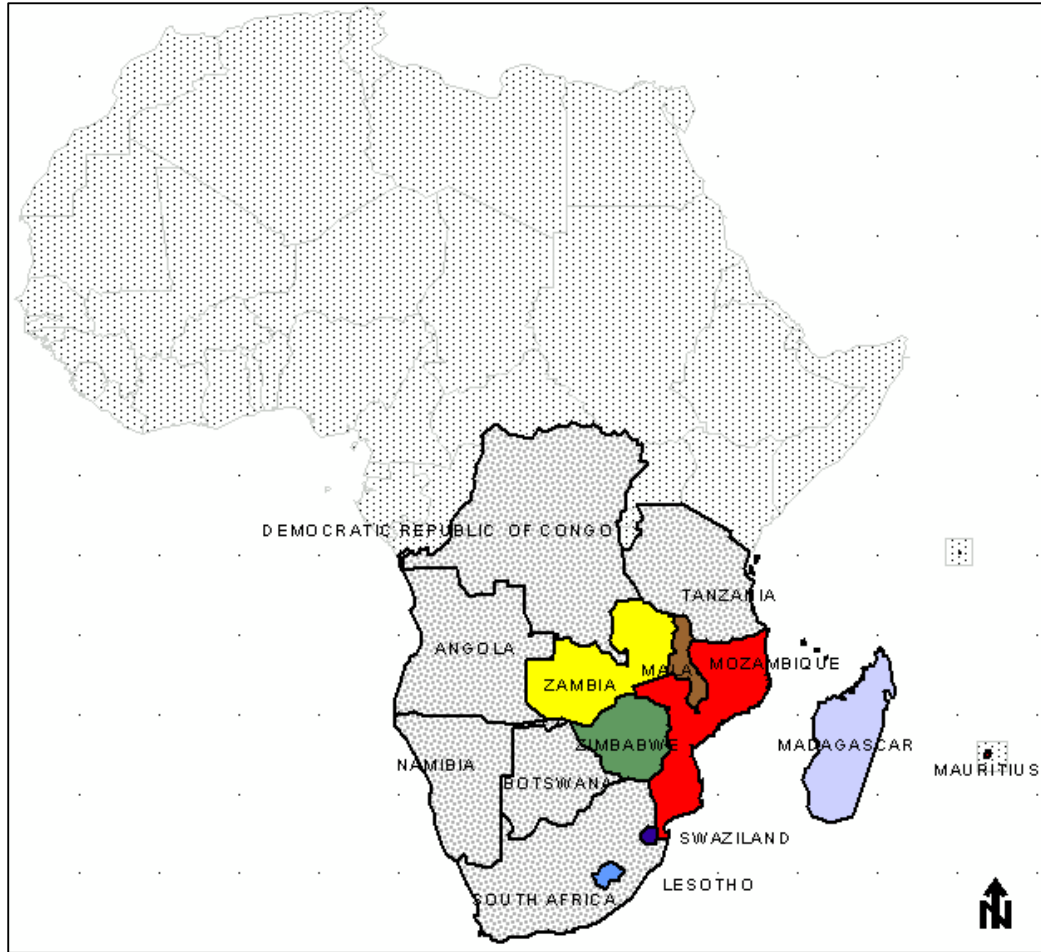




# State of Food Insecurity and Vulnerability in Southern Africa

## Regional Synthesis - November 2006



***from the National Vulnerability Assessment  
Committee (NVAC) Reports  
April to June 2006***

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A collaborative report of the National Vulnerability Assessment Committees in Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe; the SADC Regional Early Warning Unit; the SADC Regional Remote Sensing Unit, WFP; FEWS NET; FAO; UNICEF; WHO, and OCHA with financial support from National Governments, WFP, RSA and DFID





## **I. Summary – Areas of Concern in 2006**

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The vulnerability assessments and analysis carried out in most of the SADC countries indicate that food availability has improved tremendously with the good agricultural production in the 2005/06 season. However, pockets of food insecurity still persist in most countries across the region for the following reasons:

- Excessive rainfall received in some areas had a negative impact by destroying crops, roads and bridges making some areas inaccessible and thus affecting availability of grain. The excessive rain also resulted increased incidence of water borne diseases;
- Chronic vulnerability to food insecurity, particularly among populations dependent on rain fed agriculture;
- Increased erosion of assets resulting in weak resiliency and failing livelihoods of the already poor households due to droughts, HIV and AIDS and other hazards
- High morbidity and mortality as a result of water-borne disease, such as malaria, cholera and diarrhoea and the high prevalence of HIV and AIDS in the region;
- Current interventions are poorly targeted and not addressing the main constraints or shocks of communities;
- Poor implementation of coordinated programmes on health, education, HIV and AIDS, water and sanitation;
- Trade imbalance between those with political power and the poor (governance issues) and;
- Inappropriate Government policies e.g. policies discouraging trade and free markets.

### **I.1: Areas of Immediate Concern**

**Food:** High rates of malnutrition and cases of food insecurity were reported in some of the six countries assessed. An estimated total of 3.1 million people are food insecure in Lesotho, Malawi, Mozambique, Swaziland and Zimbabwe. Most of these people are chronically food insecure, with a few cases of transitory food insecurity in areas affected by floods, excessive rains and dry spells. The worst affected areas depicted by low dietary intake, high prevalence of malnutrition or high coping strategies index and at least 30% of the population assessed as food insecure are:

- Lesotho: Senqu River Valley and the Mountains Region
- Malawi: isolated districts such as Kasungu, Mzimba, Ntchisi and Dowa in the Central, Nsanje, and Chikwawa in the South;
- Swaziland: Areas in the Lubombo region.
- Zimbabwe: Binga, Kariba, Hwange, Rushinga, Mudzi, Chiredzi, and Umzingwane Districts;

**Non-Food:** Water and sanitation conditions are poor in most of the rural districts of Swaziland and in some areas in Mozambique where salinity is a problem. School dropouts are high in Zimbabwe and Swaziland with the main reason being unaffordable school fees and also deaths or illness in the family.

### **I.2: Chronic/ Transitory Food Insecurity**

Isolated cases of food insecure populations need assistance mainly through developmental programmes and programmes targeting the: chronically malnourished children, asset poor households and poor households with a chronically ill member or with the recent death of a household member. The chronic food insecurity conditions that seem to affect some populations in the region need to be addressed through developmental programmes and other policy interventions, which include a concerted effort to reduce the poverty levels, and to address the special needs of households affected by HIV and AIDS.

### **I.3: Recommended Interventions**

#### **Short Term Interventions:**

- Interventions in the form of food-for-work, child supplementary feeding, therapeutic feeding and home based care for the chronically ill in vulnerable households, households that are vulnerable and

hosting orphans, etc should be assisted to prevent them from resorting to negative coping mechanisms. Such interventions should also be linked to long-term developmental programmes.

- Targeted cash transfers to meet immediate food needs should be implemented where markets are well functioning.
- Since most countries in the region had surplus production in relation to their stated requirements, humanitarian agencies (NGOs and the UN agencies such as WFP) should attempt to purchase commodities locally for their programmes with food components to support local markets especially in areas where households are selling their maize at very low prices.
- Provision of support in the form of agricultural inputs such as fertilizers should be done through the markets where functional and through special arrangements for the poor farmers and where markets are not functioning properly to allow farmers access to affordable inputs.
- Agricultural input support programmes through input trade fairs, voucher system, etc should be implemented to promote a wide range of crops in a way that does not undermine emerging market based seed security systems.

#### ***Intermediate to Long Term Interventions***

- Government and international organizations should introduce developmental projects such as rehabilitation of roads, and bridges damaged by the heavy rains to facilitate physical access to markets for rural households that depend on sales of food and cash crops (and possibly livestock and their products) for income.
- Development of small-scale irrigation systems and conservation farming should be encouraged to expand the agricultural base and crop diversity for the rural communities.
- International agencies should assist Governments in promoting health and nutrition education on dietary intake and disease prevention which should also be essential in all developmental programs aimed at changing behaviour on health and nutrition practices.
- The chronic nature of vulnerability that exists within some populations in the SADC countries needs to be addressed through a concerted effort by government-funded Social Protection Programmes, with support from international agencies.
- Promote local knowledge on the use of improved drinking water sources to reduce disease. In addition, programmes that improve capacity to store water during the dry season should be promoted.
- Programmes to reduce seasonal or permanent school dropouts should be implemented by the government and development partners.

## 2.0: Introduction and Context

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The SADC VAC system is comprised of the multi-agency Regional Vulnerability Assessment Committee (RVAC) and the National Vulnerability Assessment Committees (NVAC). Since June 2002, each has conducted a series of vulnerability assessments in the region<sup>1</sup>. Starting with a food needs focus, the scope of these assessments has progressively broadened to other sectors using a livelihoods-based approach<sup>2</sup>. The current assessments have now not only covered food production and shortfalls, but also health and nutrition, water and sanitation, HIV and AIDS, and education in so far as these sectors relate to food security.

Based on the assessments conducted in the nine countries of Angola, Lesotho, Botswana, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe, between April and June 2006, this report provides an overview on food security and livelihoods for 2006 and presents trend analyses since 2003, based on the available data.

The VAC reports of 2006 indicate that the season was very good both in terms of rainfall and agricultural production. However, despite the relatively good season and generally improved food security conditions in the region, the reports identify a number of people who are vulnerable to food insecurity. This confirms the fact that vulnerability to food insecurity in the region is chronic in nature and is largely an outcome of growing poverty, HIV and AIDS, and weak governance, commonly referred by the UN in the region as the “Triple Threat”. The situation has been exacerbated by consecutive years of below normal seasons and poor harvests since 2002 leading to the gradual erosion of household assets. In addition, the policy environment in some countries has also had a negative impact, resulting in some households facing reduced availability and affordability of basic commodities and services such as education, health, water, agricultural inputs and staple foods.

### 2.1: Poverty trends in Southern Africa

All SADC Member States except Zimbabwe and Swaziland have shown positive economic growth rates, as indicated by Gross Domestic Product (GDP) increases of more than 3% between 2000 and 2005. The growth of the economies however, has not meant reduction in the percentage of people living below the poverty datum line however; the percentage of people living below the poverty datum line remains high. At least two-thirds of the poor households (those living on less than a dollar per day) are in rural areas and derive their livelihood from agriculture (UNDP Annual Report 2005). Some of the SADC countries (Zambia, Zimbabwe, South Africa, and Botswana) reversed progress in child mortality towards achievements of the Millennium Development Goals (MDGS) target. The countries where the Human Development Index has decreased include: Namibia, Zimbabwe, Swaziland, Lesotho and Zambia. (UNDP Annual Report 2005). Some of the SADC countries such as Namibia, Zimbabwe, South Africa and Zambia are among the countries with the highest rates of income inequality. Income inequalities have an effect on life expectancy where children born into the poorest 20% of the households are two to three times likely to die before the age of five years compared to the children born into the richest 20% of the households.

### 2.2: Description of the 2005/06 Rainfall Season

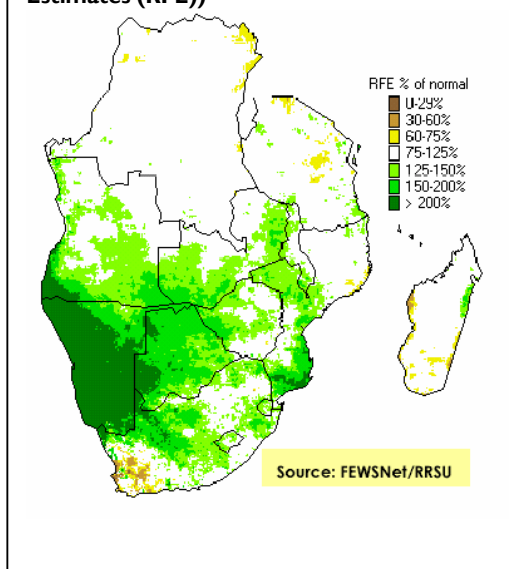
The 2005-2006 season was generally very wet, with most areas in the region receiving unusually high rainfall (Figure 1). Most of the region received more than normal rainfall, with areas in Namibia indicating more than twice the normal rainfall. However, it should be noted that the normal annual rainfall in Namibia is not very high, an average of 300 mm. A few areas, including many parts of Tanzania, received below normal rains (less than 75% of average), while most areas had either approximately normal seasonal rainfall totals of greater than 75% of average. An end of season report from SADC RSSU indicate that excess /surplus water of at least 300mm may have affected isolated parts of Angola, the DRC, Zambia, Malawi, and parts of Namibia, Botswana, Tanzania, Zimbabwe and Mozambique. While total seasonal rainfall has so far been adequate for many domestic, industrial and agricultural applications, there are a number of areas in the region that were negatively affected by either periods of inadequate rainfall or excess rainfall. Those areas with insufficient rainfall experienced wilting of crops while those areas with excess rainfall experienced flooding, nutrient leaching and weed infestation affecting crop yields.

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<sup>1</sup> The first vulnerability assessments were conducted in Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe. Since 2004, they have progressively been extended to Angola, Botswana, and Namibia.

<sup>2</sup> A livelihood comprises the capabilities, assets and activities required for a means of living. A livelihood is sustainable when it can cope with and recover from shocks, maintain itself over time, and provide the same or better opportunities for all, now and in the future.

**Fig.1. Percentage normal rainfall for rainfall totals from 1 September 2005 to 30 April 2006 based on Satellite Images (Rainfall Estimates (RFE))**



Despite a good rainfall season, problems of access to inputs were experienced in a number of countries especially in Zimbabwe, Zambia, and Lesotho. Limited availability and high prices contributed to poor access to improved seeds, fertilizers and hiring of tractors by smallholder farmers in most countries. Some countries such as Malawi had input programmes for farmers to ease the access problems.

### 2.3: Agricultural Production in 2005/06 Marketing Year

A July 2006 report from SADC FANR states that the assessments in SADC Member States indicated that the area planted to crops was higher than the previous season in most countries except for South Africa, where estimates indicated that commercial farmers had reduced maize planted area by almost 50 percent. Total regional production of cereals was estimated at 22.95 million MT, thus declined 11% from the 2004/05 harvest of 25.22 million MT. However, there has been a substantial increase in overall cereal production in other SADC Member States, with the countries (excluding South Africa)

contributing about 64% of the cereals compared to the 50% that they normally contribute on average. Maize production by other Member States has also increased substantially to 64% of the total production of 17.76 million MT estimated for 2006. Cereal production has increased in all countries compared to last year except for Angola where it decreased by 29%, South Africa by 40% and Swaziland by about 9 percent.

Despite an improvement in cereal production in 2005/06, most countries still face cereal deficits that need to be covered through commercial imports or food assistance to meet national requirements. The only countries with a surplus are Malawi and Zambia - South Africa only reflects a surplus if pipeline requirements are not considered. Considering white and yellow maize stocks, South Africa has a surplus of white maize of over 1 million MT and has plans to export over 900,000 MT of white maize. However, given the level of the gap, the maize imports for most countries have to be filled from outside the region, given the reduced production in South Africa and the increased demand for maize likely in South Africa as part of the maize will likely be absorbed in the bio-diesel project (Table 1).

**Table 1: All Cereal Balance Sheet for the SADC Countries for 2006/07 Marketing Year**

Country	Maize Opening Stocks as at 01 April 2006	All Cereals Opening Stocks as of 01 April 2006	2005/06 Maize Production	2005/06 Cereal Production	Domestic Requirements /Consumption	Desired Carryover SGR stocks	Domestic Cereal Gap (Surplus/ Deficit)	Estimated Commercial Imports	Food Aid Imports stocks/ pipeline	Expected Exports	Remaining Cereal Gap/ Surplus
Lesotho	6	47	103	126	394	21	-242	221	22	0	1
Malawi	74	78	2,611	2,754	2,396	60	376	113	0	2	487
Mozambique	50	167	1,534	2,098	2,479	159	-373	0	0	0	-373
Swaziland	7	21	60	61	187	8	-113	0	0	0	-113
Zambia	20	22	1,424	1,597	1,545	55	19	0	0	0	19
Zimbabwe*	53	76	1,705	2,026	2,461	250	-609	0	0	0	-609
<b>TOTAL (6 countries)</b>	<b>210</b>	<b>411</b>	<b>7,437</b>	<b>8,662</b>	<b>9,462</b>	<b>553</b>	<b>-942</b>	<b>334</b>	<b>22</b>	<b>2</b>	<b>-588</b>
Angola	10	25	520	672	1,490	24	-817	91	0	0	-726
Botswana	2	7	13	49	321	35	-300	291	0	0	-9
Mauritius	1	4	2	2	199	10	-203	193	0	0	-10
Namibia	4	34	52	110	266	40	-162	82	0	0	-80
SA	3,834	5,567	6,361	8,269	12,788	1,559	-511	0	0	0	-511
Tanzania	47	111	3,373	5,189	6,072	144	-916	0	0	0	-916
<b>Total (other Countries)</b>	<b>3,898</b>	<b>5,748</b>	<b>10,321</b>	<b>14,291</b>	<b>21,136</b>	<b>1,812</b>	<b>-2,909</b>	<b>657</b>	<b>0</b>	<b>0</b>	<b>-2,252</b>
<b>TOTAL SADC</b>	<b>4,108</b>	<b>6,159</b>	<b>17,758</b>	<b>22,953</b>	<b>30,598</b>	<b>2,365</b>	<b>-3,851</b>	<b>1,223</b>	<b>0</b>	<b>0</b>	<b>-2,628</b>

Source: SADC FANR, August 2006

### 3.0: Assessment approaches/methodologies

The NVACs used different approaches when undertaking the 2006 assessments, varying from rapid appraisal to detailed quantitative household surveys using a Livelihoods Analytical Framework. The design of the assessment methodology, the geographical coverage and the depth of analysis by the VACs was determined by (i) the objectives of the assessment, (ii) the technical capacity within the VAC, (iii) external technical support sourced and (iv) financial resource and time constraints (Table 2):

- Some countries such as Botswana and Namibia used rapid assessment tools to understand the status of agricultural production in their countries. Namibia only covered the crop production areas of Caprivi, whilst Botswana covered the entire country.
- Zambia conducted a rapid appraisal covering only some districts with plans to conduct country-wide multi-sectoral assessment later in 2006.
- Angola covered two provinces
- Lesotho and Malawi covered the whole country using the HEA approach
- Mozambique did a rapid appraisal covering most provinces with plans to conduct country-wide multi-sectoral assessment later in 2006.
- Swaziland and Zimbabwe conducted multi-sectoral country-wide surveys in rural areas.

In most countries the assessments were conducted using a combination of qualitative and quantitative approaches. In the qualitative component, key informant interviews were conducted at district or /and community level. In the countries that used rapid appraisal while conducting the interviews, a judgment-based approach (intelligent observations) was employed. For the household surveys, multi-stage stratified probability sampling techniques were used to obtain statistically valid results at the sub-national level.

**Table 2: Methodology and Coverage of the 2006 Assessments**

Country	Methods/ Approaches Used	Geographic Coverage	Sectors/ Areas Covered	Results
Angola	<ul style="list-style-type: none"> <li>▪ 264 Households Surveyed</li> <li>▪ - 22 Key Informant Community groups Interviewed</li> </ul>	<ul style="list-style-type: none"> <li>▪ Zaire and Huambo provinces</li> </ul>	<ul style="list-style-type: none"> <li>▪ Health</li> <li>▪ Water and Sanitation</li> <li>▪ Food Access</li> <li>▪ - Nutrition</li> </ul>	<ul style="list-style-type: none"> <li>▪ Percent Food Insecure</li> <li>▪ Risk Factors</li> <li>▪ Malnutrition Rates</li> <li>▪ - Access to sanitation</li> </ul>
Botswana	<ul style="list-style-type: none"> <li>▪ Rapid Appraisal</li> </ul>	<ul style="list-style-type: none"> <li>▪ 27 Districts (entire country)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Agriculture</li> <li>▪ Market prices</li> </ul>	<ul style="list-style-type: none"> <li>▪ Crop harvest estimates</li> <li>▪ Food balance sheets</li> </ul>
Lesotho	<ul style="list-style-type: none"> <li>▪ Household Economy Approach (HEA)</li> <li>▪ - A separate Nutrition Household Survey</li> </ul>	<ul style="list-style-type: none"> <li>▪ 60 Villages in 6 Livelihood Zones</li> </ul>	<ul style="list-style-type: none"> <li>▪ Agriculture,</li> <li>▪ Market price Changes;</li> <li>▪ Expenditure and Income</li> <li>▪ Nutrition</li> </ul>	<ul style="list-style-type: none"> <li>▪ Crop Harvest</li> <li>▪ Food Deficit</li> <li>▪ Malnutrition Rates</li> <li>▪ Food Balance Sheet</li> <li>▪ Livelihoods- Sources of Livelihoods</li> </ul>
Malawi	<ul style="list-style-type: none"> <li>▪ Household Economy Approach (HEA)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 14 out of 28 districts affected by either dry spells or floods.</li> <li>▪ Nutrition surveys in 3 Livelihood Zones in 5 districts</li> </ul>	<ul style="list-style-type: none"> <li>▪ Agriculture</li> <li>▪ Market Prices</li> <li>▪ Nutrition</li> <li>▪ - Income and Expenditure</li> </ul>	<ul style="list-style-type: none"> <li>▪ Malnutrition</li> <li>▪ Food Deficit (missing food entitlements)</li> </ul>
Mozambique	<ul style="list-style-type: none"> <li>▪ Rapid Assessment</li> <li>▪ Collection of data at Provincial Level using standard matrices</li> </ul>	<ul style="list-style-type: none"> <li>▪ 9 provinces analysed</li> <li>▪ 35 districts visited</li> </ul>	<ul style="list-style-type: none"> <li>▪ Agriculture</li> <li>▪ Market Prices</li> <li>▪ Nutrition</li> <li>▪ Health</li> <li>▪ Water and Sanitation</li> <li>▪ Food Access</li> </ul>	<ul style="list-style-type: none"> <li>▪ Malnutrition</li> <li>▪ Food Deficit (food entitlements)</li> <li>▪ Food Balance Sheet</li> <li>▪ Poultry distribution</li> <li>▪ Hazard impact scenarios</li> <li>▪ -income sources and survival</li> </ul>
Namibia	<ul style="list-style-type: none"> <li>▪ Household Food Security Surveillance</li> </ul>	<ul style="list-style-type: none"> <li>▪ 6 cropping regions in the Caprivi Strip</li> </ul>	<ul style="list-style-type: none"> <li>▪ Agriculture</li> <li>▪ Market Prices of cereals</li> <li>▪ Consumer Price Index (CPI)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Food Balance Sheet</li> <li>▪ Livelihoods- Sources of Livelihoods</li> <li>▪ Food Access</li> <li>▪ Drinking water sources</li> </ul>



			<ul style="list-style-type: none"> <li>▪ HH access to food and Coping</li> </ul>	
Swaziland	<ul style="list-style-type: none"> <li>▪ Household survey (969 HH)Key Informant Interviews</li> </ul>	<ul style="list-style-type: none"> <li>▪ All four administrative regions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Food Access</li> <li>▪ Nutrition (child and mother)</li> <li>▪ Health</li> <li>▪ Assets</li> <li>▪ Income</li> <li>▪ Food Consumption</li> <li>▪ Cash Expenditure</li> </ul>	<ul style="list-style-type: none"> <li>▪ Access to social services- schools, etc</li> <li>▪ Health, HIV and AIDS</li> <li>▪ Malnutrition</li> <li>▪ Water and Sanitation</li> <li>▪ Food security status</li> </ul>
Zambia	<ul style="list-style-type: none"> <li>▪ Key Informant Interviews with District Disaster Management Committee Members</li> <li>▪ 932 Households Purposively sampled</li> </ul>	<ul style="list-style-type: none"> <li>▪ 20 districts in the south, south west and south east</li> </ul>	<ul style="list-style-type: none"> <li>▪ Food</li> <li>▪ Water and sanitation</li> <li>▪ Market shocksMarket Prices of cereals</li> <li>▪ Health and Nutrition</li> <li>▪ Food Consumption</li> <li>▪ Impact of floods</li> </ul>	<ul style="list-style-type: none"> <li>▪ Food and non-food needs</li> <li>▪ Malnutrition</li> <li>▪ Livelihoods and their sources</li> <li>▪ Food Access</li> <li>▪ Drinking water sources</li> </ul>
Zimbabwe	<ul style="list-style-type: none"> <li>▪ 2,765 Households Interviewed</li> <li>▪ 227 Key Informant Interviews conducted</li> </ul>	<ul style="list-style-type: none"> <li>▪ 230 sites sampled representing 23 Food Economy Zones, in 8 provinces and all farming sectors</li> </ul>	<ul style="list-style-type: none"> <li>▪ Food Access</li> <li>▪ Nutrition (child and mother)</li> <li>▪ Health</li> <li>▪ Assets</li> <li>▪ Income</li> <li>▪ Food Consumption</li> <li>▪ Cash Expenditure</li> </ul>	<ul style="list-style-type: none"> <li>▪ Food Insecure Population</li> <li>▪ Health</li> <li>▪ Malnutrition Rates</li> <li>▪ Education and Child Welfare</li> <li>▪ Water and Sanitation</li> <li>▪ Agriculture</li> </ul>

Generally most of the assessments were designed to meet the following objectives; a) determine the impact of the varied rainfall season on food security, health and nutrition, water and sanitation, markets, infrastructure, crop and livestock production; b) examine the linkages between food security in rural livelihoods to various sectors; c) determine the food and non-food needs; d) evaluate resources and local ability to mitigate the effect of natural disaster and constraints; e) assess the magnitude and impact of natural disasters in food security and nutrition and f) forecast the evolution food security and nutrition situation for 2006/2007 and also comparison with the last 4 years; and g) recommend appropriate response options.

## 4.0: Key findings

### 4.1. Levels of Food Insecurity and Trends

The 2006 VAC assessments identified just less than 3.1 million food insecure people in the six countries (Table 4a) compared to 14.4 million in the drought of 2002, when the problem reached crisis proportions.

The requirements for food aid or cash to replace missing food entitlements has also decreased from just over one million MT in 2002 to around 200,000 Mt in 2006 (Table 4b). This improvement has been attributed in part to the good rainfall season in 2005/06 and also the agricultural input support schemes in countries such

**Table 4a: Population Assessed as Food Insecure**

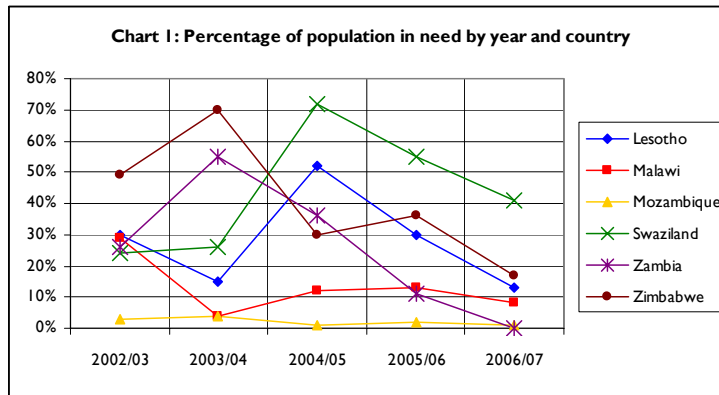
	2002/03	2003/04	2004/05	2005/06	2006/07
Lesotho	650,000	270,000	948,300	541,000	245,700
Malawi	3,300,000	400,000	1,300,000	1,320,000	833,000
Mozambique	590,000	964,000	202,000	428,200	121,500
Swaziland	270,000	217,000	600,400	634,400	465,900
Zambia	2,900,000	60,000	39,300	1,232,700	0
Zimbabwe	6,700,000	5,422,600	2,300,000	2,884,800	1,392,500
<b>TOTAL</b>	<b>14,410,000</b>	<b>7,333,600</b>	<b>5,390,000</b>	<b>7,041,000</b>	<b>3,058,700</b>

**Table 4b: Food Requirements in MT**

	2002/03	2003/04	2004/05	2005/06	2006/07
Lesotho	36,000	32,900	27,500	12,000	12,900
Malawi	237,000	30,600	50,000	37,900	57,300
Mozambique	48,000	127,200	31,300	-	-
Swaziland	20,000	23,900	28,300	25,400	-
Zambia	224,000	1,400	9,500	118,300	0
Zimbabwe	486,000	388,600	177,000	225,500	91,000
<b>TOTAL</b>	<b>1,051,000</b>	<b>604,600</b>	<b>323,600</b>	<b>419,100</b>	<b>161,200</b>

are:

- In **Malawi**, the assessments established that the Districts of *Blantyre, Chikwawa, Balaka, Dowa, Kasungu, Mwanza, Nsanje, Salima, Lilongwe, Mangochi, Nkhata Bay, Mzimba, Phalombe, Ntichisi, and Rhumphi* have some populations who are food insecure. Although the total numbers of people and districts that remain food insecure have decreased compared to last year, the first eight of above districts such as *Blantyre* have had food insecure populations for the last five consecutive years.
- In **Zimbabwe**, all the *58 rural districts* have been assessed to have some populations that have access problems for the last 5 consecutive years even when maize is easily accessible in the markets. The percentage of people affected per district however varies, and the assessments highlight the fact that the problems in Zimbabwe are more due to the economic shocks to which these populations are exposed.



- In **Lesotho**, the *Senqu River Valley and the Southern Lowlands* have also had food security problems for the past five consecutive years. In 2006 in Lesotho, apart from *Senqu and Southern Lowlands*, the

as Malawi and Zambia, which resulted in improved harvests.

Whilst overall numbers of food insecure populations are on the decline, populations living in particular areas of Malawi, Lesotho, Swaziland and Zimbabwe have consistently been affected by significant levels of food insecurity. These areas

poor population groups in the *Peri-urban* and *Foothills* livelihoods zones are also experiencing food security problems.

- In **Swaziland**, the *Lubombo* region has the largest proportion of households that are classified as food insecure, accounting for about 30% of the population. *Hhohho* and *Manzini* present the lowest proportion of food insecure households (less than 20%). *Shiselweni* also has lower levels of food insecure households but at the same time it has one of the largest levels of households receiving food aid (more than 35%). About 15% of the households were classified as food insecure in this area.
- **Zambia and Mozambique** have been assessed to have satisfactory food security conditions and only pockets of populations have been identified as food insecure in the normally arid zones. Given the general improved food security conditions in the region, the existing pockets of food insecurity could be described as chronic in nature but, although short-term interventions such as food aid distributions would be necessary to avert hunger, these alone would not be appropriate to solve the underlying causes of food insecurity except if combined with long term developmental programmes.

#### 4.2: Undernutrition in children

Research shows that, for the southern Africa region, in terms of undernutrition in children, levels of wasting are usually low. However, there is a problem with chronic undernutrition or stunting in children in the region. From the assessments conducted in six of the SADC Countries, malnutrition was measured either within the VAC assessments or through separate studies. In general, wasting prevalence normally associated with acute food insecurity is low in most areas as measured by the World Health Organization (WHO) standards except for the *Southern Lowlands* of Lesotho, *Zambézia*, *Niassa* and *Cabo Delgado* in Mozambique and some of the assessed districts of Zambia.

WHO Classification Standards			
	Stunting	Underweight	Wasting
Low	< 20%	< 10%	< 5%
Moderate	20-29%	10-19%	5-9%
High	30-39%	20-29%	10-14%
Very high	≥ 40%	≥ 30%	≥ 15%

Country	Area/Region	Stunting <sup>1</sup>	Underweight <sup>2</sup>	Wasting <sup>3</sup>
Lesotho	Country-wide	37.9%	18.4%	2.3%
	Mountains	41.7%	21.5%	1.6%
	Senqu River Valley	54.1%	17.6%	0
	Northern Lowlands	30.2%	10.7%	2.4%
	Southern Lowlands	32.6%	20.5%	5.3%
	Foothills	34.3%	17.1%	2.9%
Malawi	Peri-Urban	20.8%	17.1%	1.8%
	North (W. Rumpho & Mzimba)	45.9%	20.1%	2.8%
	Central (Kasungu & Lilongwe Plains)	51.1%	27.8%	2.6%
Mozambique	South (Lake Chilwa & Phalombe Plains)	38.7%	23.2%	4.5%
	Maputo	18.8%	11.0%	4.4%
	Gaza	32.2%	17.0%	2.3%
	Inhambane	27.2%	13.6%	1.8%
	Sofala	36.5%	18.6%	4.1%
	Manica	28.9%	21.0%	3.6%
	Tete	37.2%	30.1%	4.2%
	Zambézia	27.8%	23.8%	6.9%
	Nampula	49.9%	35.9%	4.7%
	Niassa	26.9%	18.6%	5.4%
Swaziland	Cabo Delgado	52.0%	36.8%	5.0%
	Hhohho	28.1%	8.0%	2.7%
	Manzini	31.3%	8.4%	1.6%
	Shiselweni	31.3%	9.1%	1.0%
Zambia	Lubombo	29.1%	11.0%	1.0%
Zambia	In the affected districts	33.4%	28.5%	9.5%

<sup>1</sup> A **stunted child** has a height-for-age Z-score that is below -2 SD based on the NCHS/CDC/WHO reference population.

<sup>2</sup> An **underweight child** has a weight-for-age Z-score that is below -2 SD based on the NCHS/CDC/WHO reference population. This condition can result from either chronic or acute malnutrition or a combination of both.

<sup>3</sup> A **wasted child** has a weight-for-height Z-score that is below -2 SD based on the NCHS/CDC/WHO reference population.

Zimbabwe	Mashonaland East	30.9%	15.6%	3.1%
	Mashonaland Central	31.2%	15.0%	2.9%
	Mashonaland West	28.2%	19.7%	4.1%
	Midlands	30.1%	12.1%	0.6%
	Manicaland	34.7%	19.5%	4.2%
	Masvingo	31.2%	13.9%	2.8%
	Matabeleland North	24.6%	14.9%	4.1%
	Matabeleland South	37.3%	18.9%	3.4%

The highest levels of underweight or low-weight-for-age in children 6-59 months were found in Northern Mozambique, the affected areas in Zambia and central Malawi. *Cabo Delgado* and *Nampula* are classified as having very high levels of underweight while the *Senqu River Valley* and *Southern Lowlands* in Lesotho, all assessed regions of Malawi, *Manica* and *Zambézia* provinces in Mozambique and the affected districts in Zambia have high levels of underweight. Children in Swaziland are the least likely to be underweight with all regions except *Lubombo* classified with low levels.

More than half the children measured in the *Senqu River Valley* in Lesotho, Central Malawi, and *Cabo Delgado* in Mozambique were chronically malnourished. In addition, the *Mountain Zone* in Lesotho and *Nampula* Province in Mozambique are classified by WHO standards as having very high levels of chronic malnutrition in children less than five years of age.

Under-nutrition rates as measured by stunting prevalence in **Lesotho** were highest in 2000 while in 2002 there was a decline followed by another increase in 2004. The 2004 LDHS report indicated that 38.2% of children under five are chronically malnourished (stunted), 19.8% of children are underweight, and 4.3% children are acutely malnourished (wasted). The nutrition survey from March 2006 (WFP, FNCO, LVAC), shows that 37.9% of children under five are chronically malnourished, 18.4% are underweight and 2.4% are suffering from acute malnutrition. However, the *Southern Lowlands* have the highest prevalence of underweight (20.5%) and wasting (5.3%) while stunting is highest in *Senqu River Valley* (54.1%). Though the *Mountain Zone* is considered food secure, there are very high rates for underweight and stunting (Table 5).

In **Malawi** the Global Acute Malnutrition (wasting plus Oedema) increased from 4.5% in 2003 to 7.6% in 2005 and has decreased to between 3 to 5.4% in 2006. Wasting has decreased in all districts compared to 2004 and 2005. In 2004, 5.1% of children in the north were wasted compared to 3.6% in 2005 and 2.8% in 2006. In the Central region, wasting has increased from the slightly from the 2004, increasing to 7.6% in 2005 but has since decreased to 3% in 2006. In the southern districts wasting has decreased from about 8% in 2004 and 2005 to about 5.4% in 2006. The decrease in global acute malnutrition and wasting in Malawi is supported by the improvement in the food security conditions in general. However, rates of stunting and underweight remain of critical concern as the rates are high according to the WHO standards (Table 5).

In **Mozambique**, acute malnutrition measured by wasting is reported to have decreased due to availability of food, with underweight rates and low birth weights being within acceptable levels in most of the country except a few isolated districts. Underweight rates are moderate (between 10 and 19%) and not alarming in *Cabo Delgado*, *Zambézia*, *Manica* and *Nampula* Provinces. The chronic and acute malnutrition rates are highest in the districts of *Niassa* and *Cabo Delgado* provinces despite better food production compared to the rest of the country. The VAC indicated that the high malnutrition rates could be attributed to poor access to health, water and sanitation facilities and poor eating habits.

In **Zimbabwe**, causes of malnutrition in children are reportedly a result of household food insecurity, diseases and maternal child caring practices. In the recent assessment, having suffered any sickness in the past 2 weeks especially from diarrhoea was significantly associated with being underweight. Children who were coming from households that were female-headed were more than one and a half times likely to be wasted. Stunting levels, in contrast to wasting, appear to be increasing. Overall for the eight provinces, stunting was 30.3%, while the highest stunting rates were found in the provinces of *Matabeleland South* (37.1%) and *Manicaland* (34.8%).

In **Zambia**, malnutrition rates have been high, statistics for 2001/02 DHS indicate stunting at 47%, underweight children at 28% and wasting has remained almost static at 5% from between 1996 to 2001. A follow up assessment by the VAC in selected worst affected areas was conducted in February 2006. The results showed prevalence of wasting at 9.5% and could be of concern, underweight prevalence was recorded at 28.5%, higher than the acceptable WHO level of 10% but still constant. The stunting rate was 33.4% similar to that of the November 2005 VAC rapid assessment. However, due to differences in sampling methodologies, it is difficult to compare these to the DHS figures.

In **Swaziland** all regions were classified as having low rates of acute malnutrition. On the other hand, all regions were classified as having moderate to high levels of chronic malnutrition. As the country with the highest prevalence of HIV infection in the world, it is difficult to understand how much of the problem of chronic malnutrition is associated with the disease.

#### 4.3: Health Status, Illness and HIV and AIDS

The health status of people in SADC countries remains of concern with populations suffering from frequent bouts of diarrhoea, endemic malaria, cholera outbreaks, tuberculosis and the highest prevalence of HIV and AIDS in the world. According to the UNAIDS Overview of the Global AIDS Epidemic (2006), the rate of HIV infections seems to have stabilized in most countries with slight increases in South Africa and decreases in Zimbabwe. The exceptionally high infection levels continue in Botswana, Namibia and Swaziland.

**Table 6: HIV Prevalence, Deaths and Orphans due to AIDS**

	% adult population living with HIV		Deaths due to AIDS ('000)		Orphans due to AIDS ('000)	
	2003	2005	2003	2005	2003	2005
Angola	3.7%	3.7%	29	30	120	160
Botswana	24.0%	24.1%	18	18	100	120
Lesotho	<b>23.7%</b>	<b>23.2%</b>	22	23	75	97
Madagascar	0.5%	0.5%	2.1	2.9	8.2	13.0
Malawi	14.2%	14.1%	86	78	440	550
Mozambique	16.0%	16.1%	120	140	330	510
Namibia	19.5%	19.6%	16	17	67	85
South Africa	18.6%	18.8%	<b>290</b>	<b>320</b>	<b>780</b>	<b>1,200</b>
Swaziland	<b>32.4%</b>	<b>33.4%</b>	12	16	46	63
Tanzania	6.6%	6.5%	150	140	<b>970</b>	<b>1,000</b>
Zambia	16.9%	17.0%	100	98	650	710
Zimbabwe	22.1%	20.1%	<b>200</b>	<b>180</b>	<b>1,000</b>	<b>1,100</b>

Source: UNAIDS 2005

However the number of orphans seems to be increasing with an estimated regional increase of 20.3 percent. UNAIDS estimates that over 5.5 million children aged 0-17 are orphaned in the SADC region as a result of the HIV and AIDS epidemic. The greatest increase in number of orphans over the two years is in Madagascar, followed by Mozambique, South Africa, Swaziland and Angola. The greatest number of orphans compared to the population size is in Zimbabwe followed by Zambia. The number of deaths associated with HIV also generally increased, with some countries such as Zimbabwe, Tanzania and Malawi showing decreases of about 10 percent (Table 6).

The VAC assessment results tend to support this observation, for example in **Malawi**, the VAC report indicates that the under five-mortality rate was lowest at 0.84/10,000 per day in *Lake Chilwa* in the Southern districts and highest in the Central districts at 1.39/10,000 per day. However, these rates are lower than a threshold of 2/10,000 per day that warrants an emergency. The cases of diarrhoea in Malawi was at 17.9 % of population a decrease compared to 2005 when cases of diarrhoea were reported to have increased with a rate of 30% reported in some of the Central Districts, 26% and, for the southern districts, 16 to 26% was reported.

For the **Swaziland** VAC analysis, five proxy indicators were used to assess the impact of HIV and AIDS on rural households. The proxies were: (i) chronic illness of household member; (ii) deaths among adults 15-49 years; (iii) deaths among adults aged 15-49 years after a chronic illness; (iv) deaths or chronic illness reported as a shock by the household; and (v) presence of orphans in the household. From the data, death rates were also calculated for each administrative region. In order to compare findings with standard thresholds, two types of mortality rates<sup>4</sup> were calculated: (i) under 5 mortality rate (U5MR) and (ii) crude mortality rate (CMR).

The death rates (CMR and U5MR) were calculated for each administrative area and then compared to the UNICEF standards. For Swaziland, all administrative regions are below the Under 5 mortality rate threshold for humanitarian emergencies in Sub-Saharan Africa. However, for crude mortality, all regions are just at the threshold or above the emergency levels with *Shiselweni* being of specific concern.

<sup>4</sup> Mortality per 10,000 persons per day = (# deaths in surveyed households/(# persons in surveyed households\*180 days)) \* 10,000

In **Zimbabwe**, a total of 23% of households had had at least one ill member over last three months a slight increase from 20% of the households in 2005. Of this total number of responses, only 4% declared that the ill member had suffered from AIDS. Most of the responses mentioned HIV and AIDS related diseases like tuberculosis (19%), meningitis (2%), pneumonia (6%) and diarrhoea (6%). Other diseases mentioned were headaches (6.5%) and malaria (9%), which are also possible proxies for AIDS. In several instances, medical attention was not sought from health institutions: 44% of the households cited lack of money (45% in 2005) as the reason, while 30 % indicated religious and cultural beliefs (an increase from 26% in 2005). The ZimVAC assessment in 2006 supports the UNAIDS statistics on orphans, indicating that the largest proportion of orphans is due to paternal deaths (14%) with overall, 25% of children under 18 being orphaned. Demographically, the situation has not changed since 2005, where the levels have remained static. Out of the orphans and vulnerable children (OVCs), only 17% were receiving some assistance, including Better Education Assistance Module (BEAM) and humanitarian assistance, with some of them (11%) receiving BEAM support. Orphans seem to be receiving slightly more assistance than vulnerable children, 21% and 14% for any assistance, and 15% and 10% for BEAM, respectively.

In **Swaziland** the VAC results indicate that 18.3 % of the households have been affected by illness or death in the family with the highest percentage of 22% in *Manzini* and *Shiselweni*. The data also support the general indication that orphans have increased in Swaziland due to AIDS with 43% of rural households indicating they are hosting orphans. The highest percentages were recorded in the same provinces.

In **Zambia**, a total of 53% of the children were reported to have been sick within the two weeks prior to the survey most of them from diarrhoea and fever. Past studies in Zambia and elsewhere have shown that children with diarrhoea, cough, fever or malaria were more likely to suffer from acute malnutrition.

The 2006 VAC assessments in **Mozambique** indicate that the provinces of *Nampula*, *Zambézia*, *Sofala* and *Manica* had localized cholera outbreaks in 25 districts. Information from the Ministry of Health indicated a total of 6,223 cumulative cases and 29 deaths (0.5%) as of 14 August 2006. *Sofala* remains the province worst hit by cholera with 3,062 cases and 11 deaths (0.4%) recorded, followed by *Nampula* (2,297 cases), *Zambézia* (782 cases) and *Manica* (82 cases).

#### 4.4: Water and Sanitation

Access to safe drinking water and sanitation facilities remains a big challenge for most households in the SADC region. Zimbabwe, Zambia, Swaziland and Mozambique VACs assessed the water and sanitation conditions. From these countries, Swaziland had the poorest access to water with more than 50% of assessed households in the rural areas not having access to safe drinking water (Table 7).

Access to improved water source is problematic in all regions of **Swaziland**, with *Lubombo* being the worse-off where only 19% of households have access to an improved<sup>5</sup> water source. Water access in *Hhohho* is relatively better, as about half of the households have access to drinking water from improved sources. Access to improved sanitation is better than access to water in all areas, with about 60-80% of the households having access to a toilet. *Lubombo* was once more the worst region, as half of the population have no access to improved sanitation facilities. The VAC findings indicate statistically valid differences between access to water/sanitation and incidence of diarrhoea. The findings show that children from households with non-improved water source or with poor sanitation were more likely to experience diarrhoea than

**Table 7: Access to Safe Drinking Water for Selected Areas**

		% households
Swaziland	Hhohho	53%
	Manzini	41%
	Shiselweni	35%
	Lubombo	19%
	<b>Total</b>	<b>36%</b>
Zimbabwe	Mashonaland East	76%
	Mashonaland Central	80%
	Mashonaland West	64%
	Midlands	72%
	Manicaland	85%
	Masvingo	70%
	Matabeleland North	71%
	Matabeleland South	71%
<b>Total</b>	<b>74%</b>	
Zambia	<b>Total</b>	<b>62%</b>

<sup>5</sup> UNICEF definition

those with drinking water from improved sources or with improved sanitation.

In **Zimbabwe**, between 65% and 85 % of the rural people have access to drinking water from improved sources in the rural areas. On access to sanitation facilities, at least 43% of the households in Zimbabwe rural areas used the bush as toilet, 34% used ventilated pit latrines (VIP), 19% used traditional pit latrine, 2% used flush toilets and 2% used open pits. The highest proportion of households without access to toilet facilities is in *Matabeleland North* with 70%, *Midlands*, with 60% and *Masvingo* with 52% of the sampled households.

In the assessed districts of **Zambia**, the majority (56%) of households interviewed use boreholes (improved) as their main source of water while 19% use the river (unsafe). Another 14% of the total households use unprotected well (unsafe), 6% use protected well (safe) and 5% use the spring or other sources, indicating that many rural people still have poor access to drinking water from improved sources. Results from the assessment indicate that only 32% of the households interviewed treat drinking water. Most households interviewed (58%) used traditional toilets; 38% other types, which was mainly the bush and only 3% used the VIP toilets. Diarrhoea was found to be more prevalent in households that were using the traditional toilets (57%) and other types mainly bush (41%). Only 1% of VIP users reported diarrhoea cases.

#### 4.5: Food Frequency and Dietary Diversity

The number of meals household members normally consume is a proxy indicator of food access, as the number of meals change with prevailing food security situation of the household. Food consumption as measured by food frequency and dietary diversity have improved in 2006 compared to 2005 in

**Table 8: Comparison of Meal Frequency for the Under Five Children**

# meals per day	Zambia		Zimbabwe	
	May-06	Dec-Feb	May-06	Nov-05
One	1%	22%	3%	14%
Two	22%	32%	31%	30%
Three	57%	35%	53%	36%
4 or more	20%	11%	13%	20%

Swaziland, Zambia and Zimbabwe where analyses were conducted due to the good harvest in 2006. For an example in **Zambia**, the frequency of meals for adults correlates with the frequency of meals for children under five years for the same period assessed. During the December to February period, 42% of the households and 22% of the children were reported having had only one meal per day compared to 2% of households and 1% of children in May 2006. The frequency of meals improved between December and February, 36% of the households had two meals and only 20% had three meals respectively. In May 2006, the majority (52%) of households had three meals a day and 43% had two meals in May 2006. Meal frequency for children under-five was also showing a similar pattern. During the December to February period, only 35% of children were having three meals a day, 32% two meals a day and 22% only one meal a day. In the March to May period, a larger percentage of children (57%) had three meals, 22% had two meals and only 1% had one meal per day. The number of children who had more than three meals increased from 11% around December to February to 20% in the March to May.

A similar pattern was observed in **Zimbabwe** where the number of children less than five years having at least 3 meals per day increased from 35% in November 2005 to 53% in May 2006, while the number having only one meal decreased from 14% in November 2006 to 3% in May 2006. The increase in meal frequency for both adults and children indicates a general improvement in household food security (Table 8). In **Mozambique** an increase in the number of meals, diversification of the food diet, and consumption of foods with higher nutritional value was noted.

Swaziland, Zambia and Zimbabwe where analyses were conducted due to the good harvest in 2006. For an example in **Zambia**, the frequency of meals for adults correlates with the frequency of meals for children under five years for the same period assessed. During the December to February period, 42% of the households and 22% of the children were reported having had only one meal per day compared to 2% of households and 1% of children in May 2006. The frequency of meals improved between December and February, 36% of the households had two meals and only 20% had three meals respectively. In May 2006, the majority (52%) of households had three meals a day and 43% had two meals in May 2006. Meal frequency for children under-five was also showing a similar pattern. During the December to February period, only 35% of children were having three meals a day, 32% two meals a day and 22% only one meal a day. In the March to May period, a larger percentage of children (57%) had three meals, 22% had two meals and only 1% had one meal per day. The number of children who had more than three meals increased from 11% around December to February to 20% in the March to May.

**Table 9: Households with poor food consumption in Zimbabwe and Swaziland**

		% HH
Swaziland*	Hhohho	3%
	Manzini	3%
	Shiselweni	4%
	Lubombo	14%
Zimbabwe+	Mashonaland East	10%
	Mashonaland Central	13%
	Mashonaland West	10%
	Midlands	14%
	Manicaland	19%
	Masvingo	8%
	Matabeleland North	13%
	Matabeleland South	6%

\*Using Regional Dietary Adequacy Intake approach  
+Using WFP derived food consumption score approach

The frequency of food consumed in terms of food groups helps to determine the quality of diet in terms of diversity. The findings in Zambia, Zimbabwe and Swaziland showed a high intake of staples and vegetables in more than three days per week. Generally, there was very low intake of meat, fish, fruits,

and legumes. The fact that at harvest time (May) households still seemed to consume mostly staples and vegetables may be an indication of worse dietary patterns during the lean period. For the ZimVAC survey, the dietary diversity was measured through a Food Consumption Score while the SwaziVAC analysis used the Mozambican Dietary Adequacy Intake weights and thresholds to classify households as having either poor or adequate food consumption. The adequacy of diet has improved tremendously in **Zimbabwe** the percentage of households having poor consumption decreased from 61.6 % in 2004/05 to 12.1% in 2006, with a variation across provinces. Using this as a proxy for food security would suggest that the provinces likely to have more food insecure people are *Manicaland* followed by *Midlands*, *Matebeleland North*, *Mashonaland Central* and *Mashonaland West*. These provinces also have high rates of undernutrition in children. However, the numbers assessed using the energy requirements seem to contradict these findings in the Zimbabwe VAC.

In **Swaziland** the greatest percentage of those with inadequate dietary diversity or poor food consumption are in *Lubombo* (Table 9). Since most of the households have at least adequate dietary intake, it may mean that the 2005/06 season is a better year compared to 2004/05 since food consumption was not measured in previous VAC assessments.

#### **4.6: Access to Education**

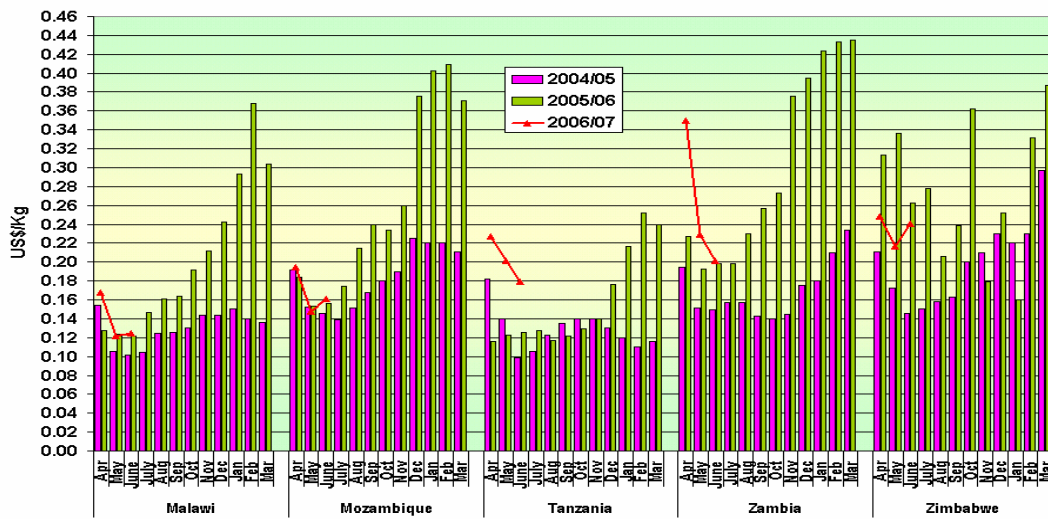
Access to secondary education seems to be a problem in some countries as attendance rates drop significantly between primary and secondary schools, indicating that many children do not advance to secondary education. School dropout in the primary level is also a problem in some countries. The main reasons for this include: lack of money for school fees, death in the family, chronic illness in the family, and acute malnutrition of children in the family. In **Zimbabwe**, about 14% of households had at least one school dropout. This compares favourably to last year when about 18% of households reported a drop out. Of all those children not in school, 33% (29 percent in 2005) were aged 6-12 years and 67% (71 percent in 2005) were aged 13-17 years. Among the dropouts, the major reason for being out of school was lack of school fees (68% compared to 60% last year). In **Swaziland**, absenteeism and dropping out of school are also a problem: about 20% of children reported to have missed at least 1 week of school during the previous 3 months. Unlike in Zimbabwe, the main reasons for missing school were child sickness (30% of those absent) and school expenses. It should be noted that 40% of households identified school expense as a main reason for male students to miss school. School drop out rates were evenly distributed among *Hhohho*, *Manzini* and *Lubombo*, where 10 to 12% of households said that at least one child dropped out of school in the previous six months. *Shiselweni* presented higher rates of school dropouts, reaching 17% of households. The main reasons cited were unusual situations developing in the household, children in the home being malnourished (wasted) death in the family, as well as chronic illness of a family member.

#### **4.7: Markets and Food Access**

In general sharp decreases in maize prices were reported from April in most of the districts in the region particularly in Lesotho, Malawi, Mozambique and Zambia due to better harvest in 2006. Even in highly inflationary environments such as Zimbabwe, the prices of maize in most districts decreased from the peak in February of Z\$33,000 per kg to Z\$24,000 per kg in April 2006. The prices of grain in Namibia and Lesotho in May were much lower than the South African May SAFEX price of about ZAR 1,150 per MT in May 2006. Retail maize prices are expected to rise as is usual at the onset of the hunger season in October/November as households exhaust on-farm stocks. Prices on SAFEX are also expected to rise around the same period in response to rising regional demand (Figure 4). Apart from the current low price levels, better domestic availability of cereals is also indicated by lower volumes of informal and formal cross border trade in cereals since the start of the marketing year in April 2006.



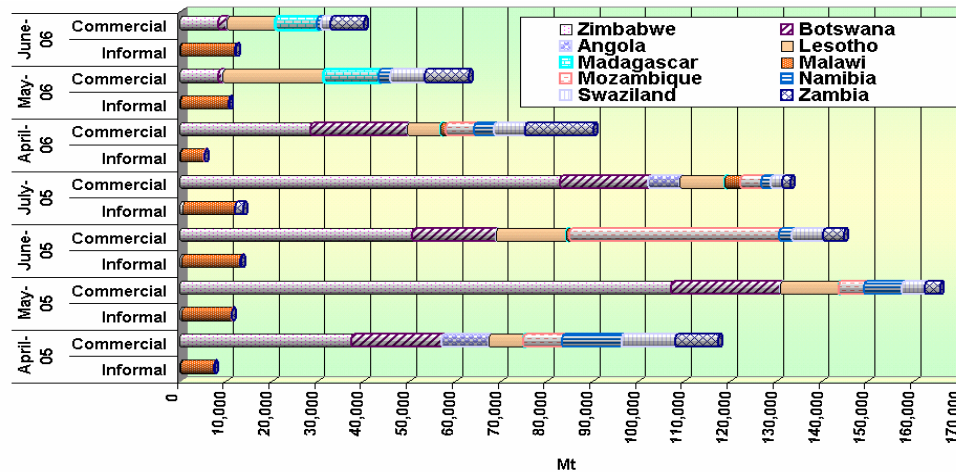
**Figure 4: Comparison of Regional Maize Prices**



Source: FEWS NET

According to data from the South African Grain Information Service (SAGIS) commercial cereal imports from South Africa show a declining trend compared to the same period in the last two years. A total of 1.9 million MT of maize and wheat were imported by SADC countries from South Africa in 2005/06 marketing year that started in April and ending in March. Most of the maize was imported by Zimbabwe. Data from the Southern Africa Informal Crossborder Food Trade system also indicates that from April 2006 informal imports of maize and rice have also been on the decline in all monitored countries. Most of the informal cereal imports are by Malawi (Figure 5).

**Figure 5: Formal and Informal Cereal Trade Comparison**



Source: WFP / FEWS NET

According to data from the South African Grain Information Service (SAGIS) commercial cereal imports from South Africa show a declining trend compared to the same period in the last two years. A total of 1.9 million MT of maize and wheat were imported by SADC countries from South Africa in 2005/06 marketing year that started in April and ending in March. Most of the maize was imported by Zimbabwe. Data from the Southern Africa Informal Crossborder Food Trade system also indicates that from April 2006 informal imports of maize and rice have also been on the decline in all monitored countries. Most of the informal cereal imports are by Malawi (Figure 5).

Marketing arrangements in any country affect commodity trade flows and prices. Constraints in the efficient functioning of markets exist in some parts of the region. These include under-capitalization of traders and formal commercial networks; poor access to remote areas; difficulties in getting food products from surplus to deficit areas, all of which result in higher food prices in the deficit areas. In **Zimbabwe** maize marketing is a monopoly of the state Grain Marketing Board (GMB) and, due to economic problems such as shortage of fuel and the low prices GMB pays to producers, the maize deliveries to the board this season have been below expectations. In **Malawi** farmers preferred to sell their produce to ADMARC, but due to lack of resources the agency has not been able to purchase all the maize offered in the market, resulting in farmers selling to private traders below ADMARC's MK20 per kg. On the contrary, in **Zambia**, the Food Reserve Agency had targeted to purchase 200,000 MT of maize and by September had exceeded the target by 14%, resulting in the highest quantity of maize purchased ever since the agency was established in 1995.

#### 4.8: Characteristics of Vulnerable Households

Characterization of the vulnerable is one of the most difficult aspects, as the analysis done in some countries indicates no difference in occurrence of any socio-economic status proxies. However, most of the VAC analyses have revealed that households that are likely to be vulnerable to food insecurity or poor/ low dietary diversity in 2006/07 generally exhibit the following characteristics;

- Large households hosting orphans;
- Households headed by people with low educational levels;
- Households without relatives who assist;
- Households with a mentally or physically challenged member;
- Households headed by the elderly;
- Households with chronically ill head or member;
- Households who had one member of the family who died recently;
- Households with deaths or chronic illness living with orphans
- Households with school dropouts.
- Asset poor households
- Households with malnourished children
- Households with poor food consumption/dietary diversity

A combination of any of these characteristics is likely to make a household vulnerable especially if its asset and income base is low for it to cope with the shock or hazard that it is exposed to. In 2005, the WFP Community Household Surveillance (CHS) monitoring system in six countries (Mozambique, Zimbabwe, Zambia, Swaziland, Malawi and Lesotho) indicated that the presence of orphans was the common trait of vulnerability followed by asset poor and female-headed households. However, there was considerable variation of the vulnerability characteristics across countries.

#### 4.9: Threats to Livelihoods in the Region

In general most rural people derive their livelihoods through a combination of activities namely; agriculture- cereal, cash crops, fruits, vegetable production; livestock – cattle, goats, sheep, pigs and poultry; casual labour, beer brewing, fishing, charcoal and firewood sales, mining, petty trade, handicrafts, pension or remittances.

The most common types of shocks / hazards faced by households in the region are droughts, floods, death or illness of a member of the family, pests and diseases in livestock and crops, high prices of food, low producer prices, poor infrastructure, inadequate water and sanitation conditions, health related, high education costs, shortage of draft power, theft of crops and livestock and insecurity.

For an example in **Swaziland** between one half to three-quarters of the rural households were affected by unusual events during the previous 12 months that limited their ability to eat, live and retain assets in the manner to which they were accustomed. While in *Lubombo* more than 60% of the households identified the shock as weather related events, the same was only true for 18% in *Hhohho*, and about 40% in *Manzini* and *Shiselweni*. Shocks related to deaths and/or serious illnesses were identified by more than 20% of the households in *Shiselweni* and *Manzini*.

In **Zimbabwe** the greatest challenge to the community was shortage of food on the markets, followed by transport problems and high prices. The shocks in **Lesotho** seemed uniform across all regions with

drought, hail or frost cited as a problem in all districts, animal diseases and crop pests were also more wide spread across the country. Land degradation and soil erosion were cited as problems of concern in some districts of **Lesotho** and **Malawi**.

The normal coping mechanisms that households employ to mitigate the impacts of such shocks on their livelihoods include reduction of meals eaten per day, acquiring credit or loans, expenditure switching (reducing the expenditure of non essential commodities such as beer, clothes, etc), and increased sale of livestock, assets disbursement, and increased search of casual labour.

## **5.0: Key Recommendations and Implications for Decision Makers**

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Although recommendations suggested in the VAC reports are area and country specific, the following summary presents those recommendations and policy actions that have been outlined by several of the countries to address the challenges faced by the vulnerable populations across the region.

### **Food based interventions:**

#### ***Short term Interventions***

- Food distributions to vulnerable households are recommended. These could be in the form of food for work, child supplementary and school feeding, therapeutic feeding and home based care for those identified as vulnerable people such as chronically ill in vulnerable households, or poor households hosting a high number of orphans.
- Targeted cash transfers for meeting food needs should be implemented where markets are functioning well.
- The food security status is dependent on, among other things, price and availability of staple foods as well as rural household's incomes. There is need therefore to monitor these factors and other food security indicators in order to update the food security situation and revise interventions appropriately.

#### ***Intermediate to Long term Interventions***

- Given that most of the caseloads identified are chronically food insecure households, efforts need to be made to link the short-term food needs interventions with the longer-term developmental projects and programmes that reduce the impact of the underlying causal factors. Such programmes/projects could be community public works that contribute towards creation or rehabilitation of communal productive assets and services such as feeder roads to facilitate physical access to markets, improving the water facilities for both human consumption and agriculture.

### **Market based interventions:**

#### ***Short term Interventions***

- Since several countries in the region had surplus agricultural production when compared to national requirements, NGOs and the UN agencies should promote local purchases of commodities for the food assistance programmes to support local markets especially in areas where households are selling their maize at very low prices.
- Lack of agricultural inputs was a consistent problem for some countries; hence the need for Governments, NGOs, and UN Agencies to ensure that farmers have access to inputs in an affordable and timely manner through the market as some of the input support programmes could affect input markets and could impact on long term development of the input retail markets.
  - Provision of support in the form of agricultural inputs should be done through the markets where markets are functional while special arrangements should be made to target poor farmers in areas where markets are not functioning properly to allow farmers access to affordable inputs.
  - Agricultural input support programmes such as seed trade fairs, voucher systems, etc should be implemented to promote a wide range of crops in a way that does not undermine emerging market-based seed security systems.

#### ***Intermediate to Long term Interventions***

- If subsidized input programmes are implemented by Governments, then there is need to have them standardized throughout the country and if possible, through the SADC region to avoid cross-border leakages of the subsidized inputs while also avoiding negative impacts on input retailers.

**Education:*****Intermediate to Long term Interventions***

- The surveys have shown increasing problems of children dropping out of school at primary level. The main reason cited was lack of school fees. Therefore educational support programmes should be introduced or expanded, even where school is free due to costs of uniforms and supplies.

**Water and Sanitation:*****Intermediate to Long term Interventions***

- There is low coverage of safe water and sanitation facilities in many rural districts/areas in the region. The Government, through relevant ministries such as the Ministries of Health and or Rural Development and other development partners working in the area of water and sanitation should prioritise the worst affected districts in the countries.

**Infrastructure Development:*****Short term Interventions***

- Implement short-term projects such as rehabilitation of damaged roads, and bridges damaged by the heavy rains to facilitate physical access to markets which in turn will increase income for households whose main income source is sale of crops.

***Intermediate to Long term Interventions***

- Encourage irrigation development to expand the agricultural base and crop diversity for the rural communities.

**Health education and extension:*****Intermediate to Long term Interventions***

- Promotion of health and nutrition education on dietary intake and disease prevention should be key in all developmental programs aimed at changing behaviour on health and nutrition practices.
- Strengthen education on importance of water treatment and storage.
- Intensify HIV and AIDS awareness and prevention activities and strengthen access to treatment programmes for those affected, including food support where necessary.

**Social protection:*****Intermediate to Long term Interventions***

- The chronic nature of vulnerability that exists within some populations in the SADC Countries needs to be addressed through organized Social Protection Programmes that should be part of the Government budget.