

Issue 1
2016

Southern Africa

Food & Nutrition Security Update

SPECIAL FOCUS: Implications of El Niño on Nutrition Security & HIV

February 2016
A report by the FNSWG



Key Messages

An extensive regional scale crop failure is expected in Southern Africa following an extremely dry cropping season. Consequently, the current regional cereal deficit of 7.9 million tonnes will increase steeply and unprecedented food price movements will continue through to the next harvest season. This will aggravate the food and nutrition security, health and HIV situation in the region.

There are early signs of deterioration of nutrition conditions in the region with acute malnutrition increasing unusually in Zimbabwe, Southern Madagascar, Malawi and Mozambique. There is also an upsurge in infectious diseases (mainly water-borne) in Lesotho, Swaziland and Tanzania resulting mainly from the deterioration of water quality. Water shortages have been reported to be disrupting provision of health services affecting access to treatment and disrupting HIV and TB services

Decline in food access (both in quantity and quality) is likely to reduce HIV treatment adherence, as confirmed by anecdotal evidence, thereby exacerbating already emerging drug resistance. This update therefore gives a special focus on the implications of the El Niño on nutrition security and HIV.

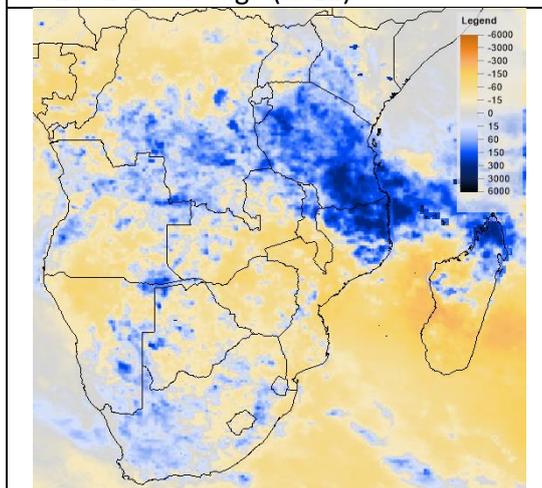
About 29.9 million people (including 14 million in South Africa) in the region are affected by the poor rain season resulting from the 2015/2016 El Niño event, and this figure is likely to increase. In light of this concerning situation, the Southern African Development Community (SADC) convened a special meeting on El Niño on 25-26th February to discuss short, medium and long-term measures to address the impacts of El Niño on communities which are outlined in the report.

A. Rainfall season update

Significant January rains were received in drought-stricken areas in the southern half of the region following the driest October – January cropping season recorded in 35 years (**Figure 1**). These January rains led to some replanting in parts of South Africa, Malawi, Madagascar and Zimbabwe. However, the chance of late-planted crops reaching maturity are low, given the Southern Africa Regional Climate Outlook Forum (SARCOF) forecast of below normal rains in most parts of the region for the period through April. Grazing conditions remained poor in most of the southern half of the region. Combined with critical water shortages, widespread drought-related livestock losses have been reported in the region.

Elsewhere, high rainfall in the northern parts of Zambia, Malawi, Angola and DRC particularly in January facilitated improved crop performance but was not sufficient to offset the moisture deficits; yields are expected to be relatively depressed due to the cumulative effects of rainfall disruptions earlier in the season. Excessive rains led to flooding in parts of eastern Tanzania and northern Malawi.

Figure 1: January 2016 rainfall compared to 2001-14 average (RFE2)

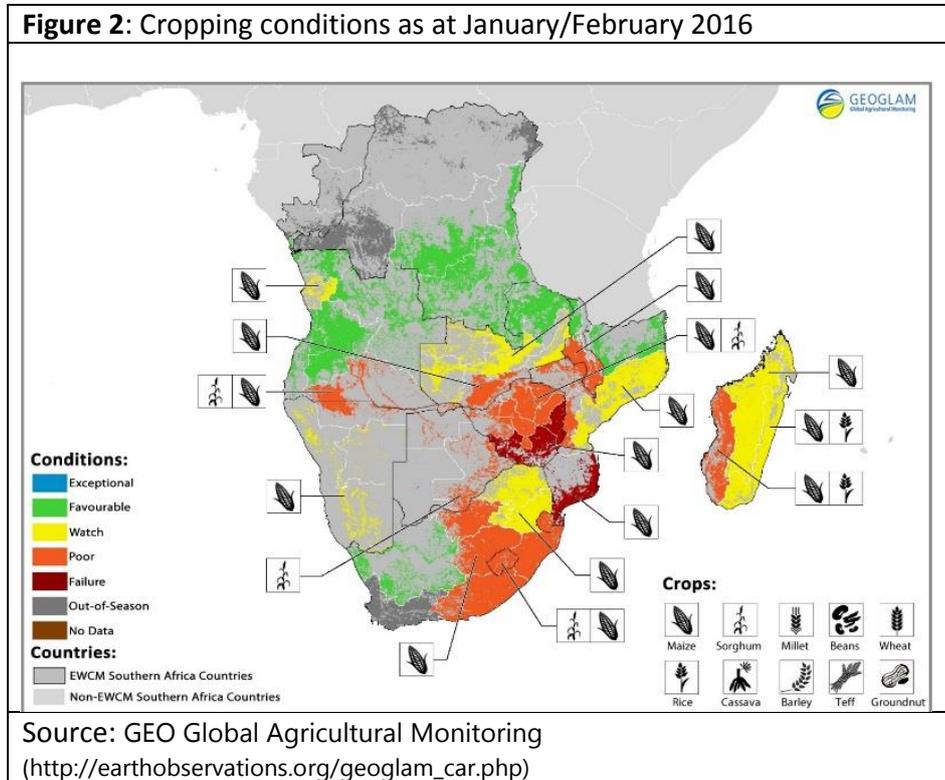


Source: *Africa RiskView* and NOAA/USGS

According to NOAA CPC/IRI Consensus ENSO ¹Forecast, the current El Niño is expected to persist for an additional 4-6 months, with a potential change to La Niña or neutral conditions before the end of the year.

¹ US National Oceanic and Atmospheric Administration (NOAA), Climate Prediction Centre (CPC)/International Research Institute for Climate and Society (IRI). El Niño–Southern Oscillation (ENSO) is an irregularly periodical variation in winds and sea surface

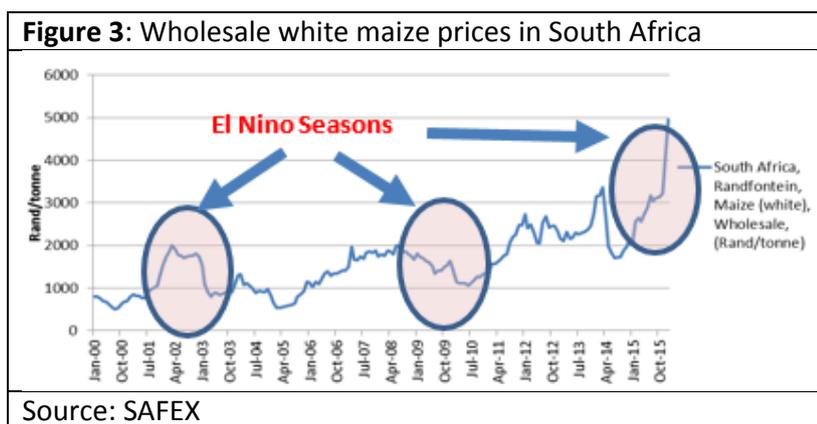
Africa RiskView's Water Resources Satisfaction Index (WRSI) projections indicate that below normal conditions are likely to persist at the end of the 2015/16 agricultural season in large parts of the region, particularly in southern Botswana, central South Africa, Lesotho, southern Mozambique and parts of Namibia and Madagascar. While April/May harvest will temporarily improve food access for selected parts of the region in the short term, food security is likely to begin deteriorating by July, reaching its peak between December 2016 and March 2017².



The biggest concern arising from the poor current season is that it follows a poor 2014/2015 season which will steeply increase the regional cereal deficits from the current estimated 7.9 million tonnes (Figure 2).

Although the cropping conditions are favourable in some areas such as northern Zambia, northern Malawi and most of Tanzania, cereal production will be insufficient to cover the needs from all the affected areas given that the main surplus producing areas are

affected. The shortfall in production will continue to put upward pressure on market prices which at the moment are showing an unprecedented price volatility, diminishing purchasing power and thereby reducing food access.



In January the price of white maize increased between 20-80 percent in the region³ compared to the five year average.

Prices in the South African grain market, a key supplier of commercial bulk grain for the region, show increased price volatilities of unprecedented proportions (Figure 3) which will affect pricing directly in

temperatures over the tropical eastern Pacific Ocean, affecting much of the tropics and subtropics. *The warming phase is known as El Niño and the cooling phase as La Niña.*

² FEWS NET Southern Africa Food Security Alert (January 22, 2016).

³The December prices are about 81 percent above the five-year average for South Africa, Mozambique (47%); Zambia (36%), Lesotho (23%), Swaziland (22%) and Zimbabwe (19%).

Botswana, Namibia, Lesotho and Swaziland (BNLS), those countries that procure maize largely from South Africa. The market prices will also affect the price of meat and dairy products which depend on maize-based feed concentrates.

Market prices are expected to continue rising through to the next season harvest in April 2017 unless the maize supply conditions are stabilized through massive imports from outside the region by both governments and the private sector. This calls for stronger regional cooperation to facilitate intra-regional movement to the areas that are most affected.

The poor harvest also comes against the background of weakening macro-economic conditions occasioned by currency devaluations and reduced export earnings from metal and oil commodities in the international market⁴ which are likely to affect the ability of countries including Angola to provide adequate resources to scale up the much needed safety nets over the next coming months.

SADC convened a special meeting on 25-26th February in Johannesburg to draw attention to the challenge that lies ahead in mitigating the effects of the El Niño. According to a statement⁵ issued after the meeting, it was acknowledged that the El Niño/La Nina phenomenon will continue to recur and therefore a number of measures both short to medium/long-term were proposed to minimize the impacts on communities. Some of the measures include providing preliminary data on people affected and cereal and other food deficits, assisting the 29.9 million already affected from the past season, scaling up of social protection/safety nets, providing support to farmers to produce in the next season, importing food and essential non-food items, among others.

B. Current number of food insecure people (2015/16 season), as of January 2016

Table 1: Estimated number of food insecure people in Southern Africa region.

Country	Food insecure people	Projections As of Jan 2016
Angola	1,253,048	
Botswana	49,000	
DRC	4,456,106	
Lesotho	534,502	725,000
Madagascar	1,893,398	
Malawi	2,865,602	
Mozambique	176,139	1,785,133
Namibia	370,316	
South Africa	14,069,662	
Swaziland	200,897	300,000
Tanzania	424,136	
Zambia	798,948	
Zimbabwe	2,829,159	
Total excluding RSA	15,851,251	
Total including RSA	29,920,913	

As of January the total number of food insecure people increased from 28 million to 29.9 million, including South Africa (**Table 1**). This increase comes from the adjustment in numbers from Zimbabwe, Malawi, Lesotho and Botswana based on recent rapid assessments. Lesotho, Swaziland and Zimbabwe have declared a state of disaster. Rapid assessment results for **Lesotho** shows that 534,000 people (> 1 in 4 persons) are at risk of food insecurity and 377,900 people require immediate assistance of food and water. Despite recent rains, increasing difficulties are being experienced with regards to accessing water. In **Zimbabwe** the level of food insecurity up to March 2016 was revised to 30% (about 2.8 million from 1.5 million) and across the region, these numbers could increase further as the drought takes full effect.

⁴ WFP (2015). El Niño Undermining Resilience. Food and Nutrition Security Implications of El Niño in Southern Africa.

⁵ <http://www.sadc.int/>

C. Implications of El Niño on nutrition security and HIV

SPECIAL FOCUS: Implications of El Niño on Nutrition Security and HIV

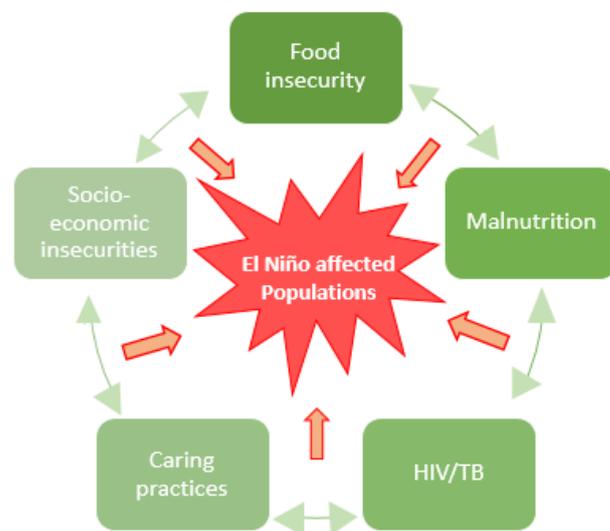
Hitting a region characterised by chronic nutritional vulnerability

The El Niño-induced drought is expected to aggravate the chronic nutrition vulnerability, which characterises the SADC region. Impact on food consumption and nutritional status at the household and individual level now has significant consequences for the countries' economic development now and in the future. Hard-hit communities and vulnerable groups such as young children, pregnant and lactating women (PLW) and the elderly are particular at risk. People living with HIV and TB patients are also vulnerable especially as significant gaps in treatment access still exist across the region.

Almost 4 out of 10 children in the SADC region are stunted and therefore not able to fully achieve their mental or physical potential⁶. Micronutrient deficiencies (MNDs) deriving from a poor quality diet among children and women in reproductive age are highly prevalent, with an indicative 49-67 percent of children under five suffering from anaemia⁷. The El Niño-related droughts in most parts of the region, and floods in the north, may lead to further nutritional deterioration exacerbating existing risks of death due to malnutrition and diseases such as cholera, diarrhoea and malaria. Young children and orphans and vulnerable children (OVCs), PLW and the elderly are most at risk due to their increased vulnerability to shocks and higher nutritional needs.

The impacts of El Niño for **People Living with HIV and patients on TB treatment** have been largely overlooked up till now (**Figure 4**). The region accounts for one-third of all people living with HIV (PLHIV) worldwide and significant gaps in treatment and adherence, as well as the high rate of co-morbidity with TB complicate the situation. PLHIV are highly dependable on nutritious food due to their higher nutritional requirements. Any reduced food intake may reduce the effectiveness of the ART drugs through reduced suppression of the HIV virus as well as reduce the treatment adherence. Uninterrupted access to treatment is crucial to ensure drug adherence and avoid later Multi-Drug Resistant Tuberculosis (MDR-TB) and expensive 2nd/3rd line ART regimens. A recent study explored the global epidemiology of drug resistance and found that that 60 percent of patients on ART in Sub-Saharan Africa carried viral strains resistant to one of the most used

Figure 4: The vicious cycle for El Niño affected HIV/TB populations



⁶ Data from most recent DHS, and MICS in the region show an average stunting prevalence of 37.4%.

⁷ UNICEF, State of the World's Children 2015

ART drug regimen⁸. Poor nutrition may also reduce immunity and increase risk for HIV infected children not on ART and TB patients for malnutrition and infections.

Unsustainable coping strategies, and risky behaviours are known to be employed in crisis situations and gender based violence (GBV) is reported to increase, creating concerns for a surge in new HIV infections. A large 2014 study from different countries on the African continent looked at the impact of income shocks on HIV and found that infection rates in HIV-endemic rural areas increased by 11 percent for every recent drought. Income shocks further explained up to 20 percent of the variation in HIV prevalence across African countries⁹. To achieve the Fast Track 90-90-90 targets set by UNAIDS, it is crucial that needs of PLHIV during the current El Niño crisis are addressed.

The mechanisms through which El Niño will impact the nutritional status and HIV are many and **interrelated** and concerns dietary intake and food security issues of food availability and access, diseases, WASH, care practices and service delivery system breakdowns, as also illustrated in **Figure 4**.

- ➔ The current droughts lead both to poor agricultural productivity and consumption and reduce employment and income opportunities. This combined with high food prices and necessary market purchases will likely reduce the dietary diversity in affected populations¹⁰ thereby impacting the quality of infant and young child feeding, micronutrient deficiencies, and risk of acute malnutrition among vulnerable groups.
- ➔ With the droughts' impact on livestock and poor purchasing power at markets, essential animal protein and iron-rich food needs are unlikely to be met.
- ➔ Reduced food intake affects ART treatment adherence impacting drug efficacy, leading to increased risk of co-morbidities including malnutrition and TB.
- ➔ Floods, rain and humidity cause increase in water associated diseases (Malaria, Yellow fever) and water scarcity impacts on drinking water quality and hygiene increasing infectious disease, including Diarrhoea and Cholera.
- ➔ Water scarcity and livelihood stress increases the amount of time women and caregivers dedicate to sourcing water and food, consequently negatively impacting on caring practices.
- ➔ Floods and related population movement, as well reduced income and food insecurity may result in reduced access to and utilisation and quality of health and nutrition services affecting treatment and disrupting HIV and TB consultations.

Early signs of El Niño-related nutritional deterioration and HIV risky behaviours are starting to show

The reduced food security situation impacts on the availability, access and utilization of nutritious foods as well as other key determinants of malnutrition, HIV and TB vulnerability. There is a dearth of up to date information from recent representative surveys, but baseline national prevalence malnutrition data estimates the current number of acutely malnourished children under 5 years in the region to be 3.8

⁸ The TenoRes Study Group: Global epidemiology of drug resistance after failure of WHO recommended first-line regimens for adult HIV-1 infection: a multicentre retrospective cohort study. *Lancet Infectious Diseases*: January 28, 2016

⁹ Burke et al. (2014). Income Shocks and HIV in Africa. *The Economic Journal* 125, June, 2014.

¹⁰ Food prices increases have been shown to reduce the purchase and consumption of non-staple foods in favour of staple foods, reducing diet diversity and food quality, as shown by Thorne-Lyman AL, et al. Household dietary diversity and food expenditures are closely linked in rural Bangladesh, increasing the risk of malnutrition due to the financial crisis. *J Nutr.* 2010; 140:182–8, and other (earlier) publications.

million¹¹. While Moderate Acute Malnutrition (MAM) represent the bulk of the cases, both severe and moderate acute malnutrition lead to increased risk of mortality.

There are a number of **indications of a deterioration of the nutritional situation in the different countries affected in the region due to the impact of the El Niño:**

- ➔ In **Zimbabwe** the recent ZIMVAC rapid assessment found a GAM rate of 5.7% (weight-for-height), which is the highest level in 15 years; in combination with the corresponding SAM rate¹² this is above the emergency threshold and indicates a nutrition emergency. The lean season will peak in March 2016 after which food security levels are expected to temporarily improve. The lean season will commence again in May 2016 and may last until March 2017.
- ➔ In Southern **Madagascar** acute malnutrition rates monitored using MUAC are significantly worse when comparing December 2015 with December 2014. Some districts such as Ambovombe, Bekily, Beloha and Tsihombe experience rates of between 18-25% based on MUAC in children 6-59 months¹³. The poor agricultural season is further expected to result in an extension of the lean season well into the month of April, making the situation even more precarious.
- ➔ In **Malawi** a total of 367,355 children were screened for acute malnutrition in the month of January. A total of 5.7% of children had MUAC values indicating acute malnutrition with 1.2% being severe¹⁴. Nutrition surveillance systems report a high number of deaths in Nutrition Rehabilitation Units (11% of admitted children), which is of great concern¹⁴. An outbreak of **pellagra** (a multi-micronutrient deficiency disease) has been reported in the country, central regions. This may arise from eating a poor and largely cereal-based diet and may be one of the signs of inadequate dietary intake as a result of food insecurity stress.
- ➔ In **Mozambique**, acute malnutrition is on the rise and the Nutrition Cluster expect a total of 72,374 children to be acutely malnourished over the next 6 months in the 6 districts affected by the drought, with Gaze and Inhambane being the worst affected.

Infectious diseases are already increasing in scale and burden in the region with current outbreaks of Cholera, Yellow fever and Typhoid as well as general diarrhoeal diseases. In combination with poor dietary intake, this can be expected to severely impact on nutritional status:

- ➔ In **Malawi** the *cholera* outbreak reported since the third week of December 2015 continues with most cases originating from districts around Lake Chilwa. The outbreak is now affecting 9 Districts, and by 24 January 444 cases had been registered with 18 deaths¹⁵. Intense hygiene promotion activities have been initiated by UNICEF and partners as well as improving access to safe water supply and sanitation services.
- ➔ In **Tanzania**, 23 regions are affected by the on-going *cholera* outbreak. As of 11 February, the Mara region has reported 1,307 cases cumulatively with 44 deaths¹⁶.

¹¹ Estimate based on baseline data for MAM and SAM from the most recent DHS, MICS and National surveys in the region's countries in combination with UNDP 2015 population estimates.

¹² ZimVAC finding show SAM prevalence of 2.1%; this is high in relation to the findings for MAM.

¹³ Screening results from 7 districts in Madagascar, Office National de Nutrition (ONN)/UNICEF, December 2015.

¹⁴ Malawi Nutrition Cluster Bulletin Issue 1 2016. 26 February, 2016.

¹⁵ Reliefweb: Malawi Red Cross responds to Cholera Outbreak, 24 January

¹⁶ Reliefweb: Engaging Mara Regional Health Team in finding local solutions to curb Cholera. 11 February 2016

- In **Angola**, a *yellow fever* outbreak has (as of 24 February) resulted in 65 deaths and a total of 277 suspected cases. A national task force has been activated to control the outbreak and authorities have launched a mass vaccination targeting approximately 1.5 million people^{17,18}.
- In **Zimbabwe**, 23 cases of *typhoid* including one death have been detected so far since the first case in January. While this has not yet been categorised as an outbreak, the increasing number of cases are worrying as typhoid is spread through poor sanitary conditions, especially dirty drinking water and contaminated food and hence may be an indication of a deteriorating WASH situation¹⁹. 24 typhoid cases have been reported in **Lesotho** as of January²⁰ and a few typhoid cases have been reported in **South Africa**, one of which a women who had just returned to South Africa from Zimbabwe²¹.
- In **Lesotho**, *diarrhoeal diseases* are peaking with more than 3 times as many cases in December as in November and cases of *dysentery* have been reported²².

Water shortages and the resulting impact are increasingly concerning and at present felt throughout the region:

- In **Lesotho** the water scarcity is affecting the normal functioning of hospitals, health centres and schools and exposes the most vulnerable groups to water-borne disease and other health related problems affected in particular PLHIV/AIDS. In some areas community members are discouraged from reporting to the clinics. Livestock diseases and mortality are increasing as a result of poor feeding sources and scarcity of water which may impact the presence of crucial animal source protein.²³
- Many dams in **Lesotho** and **Swaziland** are running at low capacity. In Swaziland e.g. the Hawane Dam which feeds the capital stands at 17% and Mbabane has started water rationing for the first time in its history²⁴. In **Namibia** some dams have significantly low water levels.
- Maternity wards in **Swaziland** are seeing water shortages becoming an issue of concern for safe deliveries, potentially impacting on Prevention of Mother to Child Transmission (PMTCT) services, and there are worries of water pollution, due to non-removal of animal carcasses from water sources which will become a health issue²⁵.
- In **Zimbabwe**, the ZIMVAC found that 35 percent of household were accessing inadequate amounts of water for domestic use in January, and nationally, 81% of households reported unavailability of water for agricultural purposes (irrigation schemes and gardens). 49% of households reported unavailability of water for their livestock and tens of thousands of cattle have succumbed to drought-related deaths.
- In **Mozambique**, the ground water table is slowly drawing down and many sources are unreliable or completely dried up. About 300,000 cattle are at risk of death due to lack of water and fodder possibly impacting the availability of animal protein.

¹⁷ IFRC: Emergency Plan of Action, Angola: Yellow Fever, 24 Feb 2016

¹⁸ Reliefweb: Yellow fever outbreak kills 51 in Angola. 15 February 2016

¹⁹ Reliefweb: Zimbabwean Dies as Typhoid Cases Rise in Harare, 18 February 2016

²⁰ Lesotho: UN Office of the Resident Coordinator Situation Update 02, 20 February 2016

²¹ Reliefweb: More cases of typhoid in Gauteng, 26 January 2016

²² WHO El Niño and Health Global Overview, January 2016

²³ Lesotho. UN Office of the Resident Coordinator Situation Update 01, 19 Jan 2016

²⁴ Swaziland. UN Office of the Resident Coordinator Situation Report no. 01, 24 February 2016.

²⁵ UN drought Update, Swaziland. 23 December, 2015.

While more difficult to capture, there are indications of gender-related issues, increasing HIV risk behaviours and possible risks for continued ART adherence as a consequence of El Niño:

- ➔ In **Lesotho** severe water shortages are taking its toll in particular on women and children, disabled and elderly, bearing the brunt of travelling long distances to collect water for domestic use, which may result in less time for child care and nutrition and carry additional protection risks²⁶. Of great concern are observations that a number of HIV and TB patients have ceased to take their ART and other medication because of lack of food. There are also reports that pregnant women no longer present to give birth at health facilities. This may have critical consequences since lifesaving services to prevent maternal and neonatal deaths and mother-to-child HIV transmission²⁷.
- ➔ In **Malawi**, where girls have been driven by poverty to engage in transactional sex and both boys and girls have been forced to discontinue schooling in order to contribute to the household economy. It is also observed that Ganyu (casual labour) contracts include transactional sex. Floods earlier this year, saw a high number of people interrupting ART mainly due to migration into different areas and countries²⁸. As in any emergency, displacement of people and major changes to daily activities and social interactions pose a risk of associated gender and protection-related issues.
- ➔ In **Zimbabwe**, the recent ZIMVAC found that gender-based violence cases were found to be on the increase in most districts²⁹.

National government and partner responses

In total 3 countries (Lesotho, Swaziland and Zimbabwe) have now declared drought emergency. El Niño related government preparedness and response plans have been developed or are under development by most countries, looking at various sectoral responses to address the needs of the affected population. Apart from support to farmers' livelihoods and interventions to improve access to water, these responses are boosting social protection and safety nets, including direct in-kind/cash transfers to support the most affected populations. The majority of those include nutrition responses, for example:

- ➔ **Lesotho**: After declaring emergency on December 22nd, 2015, the Government of Lesotho has appealed for assistance. The Lesotho Disaster Management Authority issued a Drought Response and Mitigation Plan which includes a Health and Nutrition Response Plan. Implementation of the latter is led by the Ministry of Health and the Food & Nutrition Coordinating Office with the support of partners.
- ➔ **Madagascar**: Under the coordination of the National Office for Disaster Management (BNGRC), since November, 120,000 severely food insecure in drought-hit districts in southern Madagascar are being assisted through food-for-assets in response to last year's drought.³⁰ Estimates are that due to continued drought into January 2016, and resulting crop failure, up to 570,000 people will be affected.³¹ The Nutrition Cluster has developed a Response Plan for March 2016 - May 2017. This includes MAM and SAM treatment and outreach screening activities in the seven most affected districts as well as protection rations for families supported with nutrition interventions. From October to December, blanket feeding will be implemented for children 6-23 months and PLW to prevent against acute malnutrition.

²⁶ Lesotho emergency declaration, 21 December 2015

²⁷ UN Office of the Resident Coordinator Situation Update 01, 19 Jan 2016

²⁸ [Malawi Humanitarian Situation Report #27, Unicef 1-31 December 2015.](#)

²⁹ ZIMVAC, January 2016.

³⁰ WFP Madagascar Brief, 01 October to 31 December.

³¹ OCHA, El Niño: Overview of Impact, Projected Humanitarian Needs and Response, March-August 2016

- **Malawi:** A National Food Insecurity Response Plan is already implemented to cover needs up to March 2016, and the Department of Disaster Management Affairs is currently preparing a national multi-sectoral Contingency Plan including floods, dry spells and disease outbreaks (mainly cholera)³². The Nutrition Cluster drought response plan aims to ensure that wasted children receive lifesaving nutrition support for 6 months, strengthening the capacity at Nutrition Rehabilitation Units, and all children are targeted with Vitamin A supplementation and deworming.
- **Mozambique:** On 9th February 2016, the Government of Mozambique requested additional support to respond to the current drought. A Nutrition Cluster response plan is being developed with key nutrition activities including MAM and SAM treatment including outreach screening and SBCC activities
- **Swaziland:** On 18th February 2016, the Government declared a national state of emergency and initiated the National Emergency Response, Mitigation and Adaptation Plan (2016-17). The plan is cross sectoral and includes Management Acute Malnutrition and adds a second meal to the national school feeding programme.
- **Zimbabwe:** On 4th February 2016 the Government declared a state of disaster and issued a 2016-2017 Drought Disaster Domestic and International appeal for assistance – which included micronutrient/under five feeding and school feeding. The humanitarian country team has released a humanitarian response plan as of September 2015.

The SADC Consultative Meeting on Preparedness and Response to the Impact of El Niño held 25-26 February, released a statement highlighting that the magnitude of the crisis requires additional measures to reduce the impact of El Niño on lives and livelihoods of affected population and ensure that development gains registered in the past are not reversed. Among other food security interventions, it recommended that Member States and partners should maintain accessible, affordable and quality basic services for the most vulnerable, and continue to scale-up provision of primary health care services including nutrition, HIV treatment, water and sanitation in line with approved regional strategies.

Coordination mechanisms have been activated and Nutrition Cluster functions or similar platforms are in place in Malawi, Mozambique, Madagascar and Zimbabwe. UN partners continue to foster collaboration and coordination at all levels. In Zimbabwe, the Scaling Up Nutrition (SUN) movement is working with partners in developing nutrition informational material to influence practices in regards to infant and young child feeding.

The Southern Africa region generally suffers from unavailability of nutrition and HIV data and consistent analysis. Very few countries have functional solid surveillance systems in place and harmonisation of data collection and analysis across countries and regions remain a challenge. Despite many countries still having high HIV prevalence rates, HIV impact surveillance indicators are not being linked to food and nutrition assessments in order to have a consistent multiple deprivation analysis in the context of the emergency, despite guidance released last year on integration of nutrition, HIV and gender in vulnerability assessment and analysis.

Most countries however, have initiated large scale regular screening campaigns (e.g. **Malawi, Madagascar, Mozambique, Zimbabwe**) to confirm expected increases in acute malnutrition rates. More representative

³² WHO El Niño and health global overview, January 2016

information is limited, as there is no practice of regular implementation of large scale randomized surveys apart from five-yearly DHS or MICS studies, due to the generally low acute malnutrition prevalence rates as compared to countries in other parts of Africa (e.g. Ethiopia, Somalia or Niger). UNICEF is conducting an East and Southern Africa regional analysis on SMART surveys in partnership with ACF-Canada, looking into the role of SMART surveys in nutrition information systems and institutional capacities on SMART surveys. UNICEF Malawi is planning to conduct a nutrition SMART survey to estimate the rates of acute malnutrition.

Since the El Niño became apparent, the FSNWG has intensified on the reporting on the evolving food and nutrition security situation in the region. However, it has encountered a challenge of unavailability of information that can be used to provide regular updates on the nutrition situation during this critical time. Consequently, the FSNWG embarked on developing a tool to stimulate a structured process of consolidating and reporting existing nutrition data and other proxy variables that can help inform on the evolving situation at national level and it is intended to complement the regional efforts to integrate nutrition, HIV in vulnerability assessment and analysis processes and ensure that data gathered from existing national assessments, surveys and national surveillance and monitoring systems are used in National Vulnerability Assessment Committee (NVAC) reporting.

The tool referred to as Nutrition and HIV Trend and Impact Monitoring tool (NHTIM), is an Excel-based monitoring tool used to collate existing relevant nutrition and HIV information from formal and informal systems at (sub) national level to enable capturing trends and indications of any deterioration of the nutritional, HIV and gender situation early onwards. A part of the tool covers one-off collection of baseline information describing the chronic situation, as well as an outline of existing programmes and capacity to address nutrition and HIV and preparedness actions in place (preparedness plans, supply prepositioning, coordination mechanisms etc.). The other part is dedicated to regular monitoring on any trends or indications pointing to a deteriorating nutritional, HIV and health services situation to inform national decision makers on the evolving situation and trigger timely response. This tool will help to address regional information needs for coordination and advocacy around the El Niño highlighting critical areas that need attention through early action and support for fund raising/resource mobilisation.

D. Status of Recommendations from Previous Issue

This section gives an update on the progress of the recommendations issued in FSNWG Update Number 4 (**Table 2**).

Table 2: Progress on recommendations made in FSNWG update Issue 4 published November 2015					
Recommended Action	Action Taken	Expected Output	Timeline	Responsible	Progress so far
1. Enhance resilience building programmes and actions geared towards increasing preparedness and early response.	<ul style="list-style-type: none"> ▪ 2015/16 disaster risk reduction pre-season planning workshop held on 20 - 23 October 2015 ▪ Hazard mapping of key potential areas that could be affected in selected countries (Madagascar, Malawi, Mozambique, Lesotho and Swaziland) 	<ul style="list-style-type: none"> ▪ Member State (MS) Contingency plans' updated ▪ Pre-crisis information available for response planning and early action. 	Immediate	Member states in collaboration with OCHA, WFP, UNICEF, FAO and NGO partners	<ul style="list-style-type: none"> ▪ Member states have developed contingency plans ▪ Countries are conducting rapid assessments including crop and livestock assessments to ascertain needs and mitigation measures. ▪ A Humanitarian Outlook March-August 2016 has been released³³. ▪ Report called "Undermining resilience – Food and Nutrition Security Implications of El Niño" issued in February 2016³⁴
2. Maximize use of existing and new irrigation assets (dams, boreholes, rivers) and water harvesting.	Undertake rehabilitation of existing water management structures	Increase water availability for supplemental irrigation	Immediate	Member states, Ministry of Agriculture/FAO/WFP and NGO partners	Zimbabwe and Malawi are promoting winter/offseason irrigated programmes
3. Encouraging timely planting of small grains and other short cycle crops including	MS encouraging timely planting, staggered planting and drought tolerant crops using climate-smart farming	Overcome limitation of reduced rains	Immediate	Member states ministries of agriculture in collaboration with FAO	Messages developed and disseminated to female and male farmers on appropriate farming guidance.

³³ <https://www.humanitarianresponse.info/en/operations/southern-africa/document/humanitarian-outlook-southern-african-region-march-august-2016>

³⁴ The report also contains country profiles where the drought hazards have been mapped. (<http://reliefweb.int/sites/reliefweb.int/files/resources/WFP%20-%20El%20Ni%C3%B1o-Undermining%20Resilience-%20Implications%20of%20El%20Ni%C3%B1o%20in%20Southern%20Africa,%20February%202016.pdf>)

season/early maturing crops using conservation agriculture and other climate smart techniques.	techniques, including conservation agriculture.				Off season/winter cropping being promoted in Malawi and Zimbabwe.
4. Strengthening of health and nutrition education programs of the nutrition response, including coordination	<ul style="list-style-type: none"> ▪ Intensify health and nutrition awareness campaigns ▪ Nutrition response coordination mechanism supported/in place. 	<ul style="list-style-type: none"> ▪ Effective containment of disease outbreaks and malnutrition. ▪ Cases of severe and moderate acute malnutrition identified, referred and cured as per national guidelines ▪ Coordinated nutrition response avoiding duplication and increased response effectiveness 	Immediate	<p>Member states in collaboration with UNICEF/WHO and NGO partners</p> <p>SADC RVAA Programme</p> <p>UNICEF</p>	Nutrition and health and HIV clusters have been established/reactivated in Malawi, Mozambique, Madagascar and Zimbabwe.
5. Strengthen child nutrition situation analysis and continuous monitoring of food and nutrition security indicators.	<p>Monitor child nutrition status in each country with a focus to sub-national areas known to be the most vulnerable.</p> <p>Members States and partners requested that include analysis of information on indicators for integrating nutrition, HIV and gender in VAA.</p> <p>Food security monitoring using mobile phones established in Malawi. Zambia, Madagascar and Zimbabwe underway.</p>	<p>Reports underlining the baseline situation and the number of children suffering from severe and moderate acute malnutrition and areas at risk to malnutrition.</p> <p>Gaps for nutrition surveillance identified and addressed.</p> <p>Strengthened national food and nutrition security monitoring and early warning.</p>	Immediate	<p>Member States in collaboration with UNICEF/WFP/FAO and NGO partners.</p> <p>WFP / FAO/ FEWS NET</p>	<ul style="list-style-type: none"> ▪ Integration of nutrition, HIV and gender in vulnerability assessments and analysis (VAA) is promoted in all countries. ▪ An Excel-based monitoring tool (Nutrition and HIV Trend and Impact Monitoring tool) developed to stimulate regular utilisation of available nutrition and health information.

6. Monitoring of medium and shorter range weather forecasts that would alter El Niño forecast	SARCOF 19 Statement amended on 31 st August 2015 Medium range forecast from international centres indicates drier than normal conditions (Nov-Jan, Dec-Feb and Jan-Mar)	Provide a forward looking forecast that could moderate or aggravate El Niño signal	November	SADC Agromet/African Risk Capacity (ARC)/FEWS NET/ARC/WFP	Seasonal Monitor for Southern Africa issued in January 2016 ³⁵
7. Continuous monitoring rainfall during planting and growing season of the crops by Early Warning Units (EWUs).	Monitor dekadal rainfall data from different sources	Dekadal update on rainfall performance to track the start of the season and early warning issued for areas experiencing low/rains and crop failure	November-February	SADC Agromet/Africa Risk Capacity/ FEWS NET/WFP	<ul style="list-style-type: none"> ▪ Agrometeorological Updates released for December 2015 and Jan/Feb 2016³⁶. ▪ Seasonal monitor for Southern Africa³⁷ ▪ Work on a population at risk model using satellite imagery is ongoing ▪ A joint statement of FAO, FEWSNET, EU-JRC and WFP issued³⁸
8. Preposition nutrition commodities in vulnerable areas and support capacity strengthening to enhance	Based on nutrition situation analysis map identify nutrition hotspots and compute the quantities of nutrition commodities needed.	Timely and effective response mitigation of malnutrition	Immediate	Member states in collaboration with UNICEF/WFP/WHO/FAO	

³⁵ http://vam.wfp.org/sites/seasonal_monitor/afs/index.html

³⁶ https://www.sadc.int/files/1814/5010/2514/SADC_Agromet_Update_Issue-03_-_2015-2016_Season.pdf

³⁷ http://vam.wfp.org/sites/seasonal_monitor/afs/index.html

³⁸ <http://www.wfp.org/news/news-release/el-nino-set-have-devastating-impact-southern-africas-harvests-and-food-security>

the management of severe and moderate acute malnutrition in each country	<ul style="list-style-type: none"> Strengthen capacity to identify and manage cases of severe and moderate acute malnutrition. 				
9. Market monitoring of key variables, including prices of food commodities and agricultural inputs, direction of trade, marketing conditions, change of policies or regulations, etc.	<ul style="list-style-type: none"> Cereal/Maize Cross-border monitoring (informal and formal) Launch real-time price monitoring in 4 countries (Madagascar, Malawi, Zambia and Zimbabwe) 	<ul style="list-style-type: none"> Enhanced understanding of trade-flow dynamics Enhanced Commodity and Input Price Monitoring using mobile platform Regular reports to inform policy and programme 	November-January	Member States ACTESA/COMESA in collaboration with FEWS NET, Oxfam, FAO and WFP SADC RVAA Programme	<ul style="list-style-type: none"> mVAM monitoring launched in Malawi³⁹. Piloting and testing ongoing in Zambia and Zimbabwe. 30 crossborder monitors trained on a new web-based data collection tool. Food Price monitoring and analysis by GIEWS (www.fao.org/giews)
10. Provide early warning information on the likelihood of crop and livestock disease outbreak as well as diminished pasture.	Increased monitoring and reporting of the agricultural season	Proactive planning and response for areas affected by drought conditions	November-February	Member States in collaboration with FAO, SADC LIMS/AIMS	<ul style="list-style-type: none"> All countries prepared and are disseminating information on transboundary diseases, crop and pests and disease outbreaks as well as water scarcity.
11. Institute stringent measures to prevent livestock disease outbreaks.	Strengthen livestock diseased surveillance systems	Effective prevention of livestock diseases	November-February	Member States in collaboration with FAO	In countries where livestock disease outbreaks are endemic such as foot and mouth, efforts are being made to vaccinate and quarantine. Destocking and restocking of livestock is being applied. Supplementary feeding is also being provided where pastures are diminishing.

³⁹ See http://vam.wfp.org/sites/mvam_monitoring/ for more details.

<p>12. Governments to utilise tools and instruments like African Risk Capacity (ARC) weather-index based insurance products.</p>	<ul style="list-style-type: none"> ▪ Malawi has signed up. ▪ Support other drought-prone countries to start sign-up process. 	<p>Participating countries have coverage against extreme drought events.</p>	<p>Medium term as the application process requires a lead time of 12-18 months</p>	<p>Africa Risk Capacity and Member States</p>	<ul style="list-style-type: none"> ▪ ARC presented its programmes at the SADC meeting on El Niño. ▪ ARC Country engagement and technical processes are complete for Mozambique, Madagascar, Lesotho and Zimbabwe. ▪ ARC Engagement is being initiated with Namibia, Zambia, Botswana and Mauritius.
--	--	--	--	---	--

Editorial Team

AGENCY	CONTACT PERSON	EMAIL
FAO REOSA	Gertrude Kara	gertrude.kara@fao.org
FEWSNET	Phumzile Mdladla Godfrey Kafera	pmdladla@fews.net gkafera@fews.net
OCHA	Alois Ndambukia	ndambukia@un.org
OXFAM	Daniel Sinnathamby	dSinnathamby@oxfam.org.uk
SADC FANR	Bentry Chaura Duncan Samikwa	bchaura@sadc.int dsamikwa@sadc.int
UNICEF	Patrick Codjia	pcodjia@unicef.org
WFP	Andrew Odero Veronica Rammala Monique Beun	andrew.odero@wfp.org veronica.rammala@wfp.org monique.beun@wfp.org

Acknowledgments: We are grateful to the respective country teams from the various agencies in providing contributions to this report. Additional information is obtained from relevant websites as reflected in the main body of the report where applicable.

The Food and Nutrition Security Update is jointly produced by the Food and Nutrition Security Working Group for Southern Africa. The overall mission of the Group is to contribute to enhanced programming for improved Food Security, Nutrition and Livelihoods in southern Africa.