



Synthesis Report

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

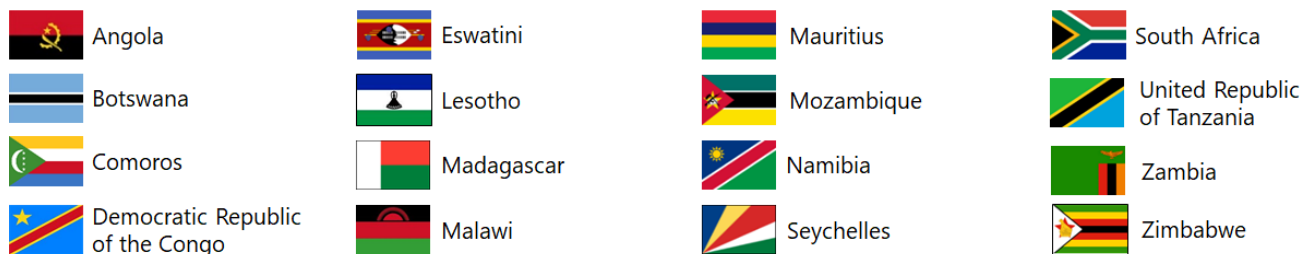
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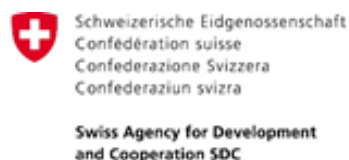
RVAA

Regional Vulnerability Assessment & Analysis Programme

Informing Resilient Livelihoods



Supported by



Acknowledgments

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Preface

SADC is a regional grouping founded by countries in Southern Africa that aim to promote and further socio-economic, political and security cooperation among its Member States and foster regional integration in order to achieve peace, stability, and wealth. The 16 Member States are Angola, Botswana, Union of Comoros, the Democratic Republic of Congo (DRC), Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, United Republic of Tanzania, Zambia, and Zimbabwe.

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

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Executive summary

Southern Africa suffers widespread food and nutrition insecurity. This year, in the ten SADC Member States that submitted data, an estimated 47.6 million people are food insecure, which is a 5.5% increase from last year and 34.3% above the 5-year average.

The Democratic Republic of the Congo (DRC) recorded a 25% year-on-year increase in the number of people in IPC Phase 3 and above, from 21.8 million to 27.3 million people. This rise is partly attributable to additional communities being assessed.

The situation in Madagascar has worsened significantly: the number of people food insecure increased by 136% from last year, with 1.31 million people facing IPC Phase 3 and above.

Rural food insecurity will peak between November 2021 and March 2022, by which time many smallholder farming families would have depleted their own food stocks ahead of the next harvest in April 2022.

Child malnutrition is of great concern. Almost 19 million children are stunted in the region - one in every three. Every Member State has a prevalence of stunting that is classified as high or very high by WHO.

Food and nutrition insecure communities require urgent assistance in the form of food and/or cash-based transfers. Social protection programmes and shock-responsive social safety nets must be scaled up, incorporating gender perspectives.

Favourable rainfall led to improved cereal and livestock production over most of the region, with South Africa, Zambia, and Zimbabwe recording maize surpluses. However, the above-average rainfall season was coupled with a destructive cyclone season, with five weather systems making landfall. These storms affected over 500,000 people and damaged over 219,000 hectares of farmland.

Some Member States also experienced localized prolonged dry spells, including Angola, DRC, Namibia, Madagascar, and Mozambique. Acute malnutrition has worsened markedly in these areas.

Average to above-average cereal production in many Member States is expected to keep staple food prices below 2020 levels. However, even with sufficient production, lower or lost incomes due to COVID-19 have led to a reduction in household purchasing power. The lockdown has caused a catastrophic 7% contraction in regional gross domestic product. Diets continue to worsen as diverse varieties of food become unavailable, inaccessible, and unaffordable to the most vulnerable households, contributing to malnutrition. The pandemic is reversing the progress made in poverty reduction in the region over the past two decades.

Yet even before COVID-19 reduced incomes and disrupted supply chains, hunger had been increasing across Southern Africa. Contributing factors include pervasive poverty, climate change, conflict, gender disparities, diseases, pests, and natural disasters.

For many parts of the region, four of the past six rainfall seasons have been poor (this year being one of the exceptions). Civil unrest has recently erupted in eSwatini, and a volcano displaced communities in southern DRC. African Migratory Locust (AML) outbreaks continue, with sightings reported in Angola, Botswana, Namibia, Zambia, and Zimbabwe.

By 1 July 2021, Southern Africa had recorded about 2.5 million COVID-19 cases and 72,000 deaths, although the true death toll is likely far higher. The epidemiological situation remains unpredictable as new variants emerge, most recently the Delta variant, which has caused a surging "third wave".

Saving lives remain the priority, which will require access to affordable vaccines, targeted containment efforts, and added spending to strengthen local health systems; coupled with comprehensive responses to food and nutrition insecurity.

1. Introduction

1.1 The SADC RVAA

The SADC RVAA Programme seeks to ensure the timely provision of credible vulnerability information, while strengthening capacities to meet the ever-increasing information needs of governments and partners for developmental programming and emergency response.

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

1.2 The Dissemination Forum

Every year in July, NVACs and partners share their analysis of regional vulnerability as it relates to livelihoods, food, and nutrition insecurity, which peaks during the January to March lean season, when many smallholder families run out of their April harvest.

Given the cyclical and complex nature of food and nutrition insecurity in Southern Africa, the RVAA fosters the integration of poverty, gender, and the impacts of multiple shocks and stressors, into vulnerability assessment and analysis; most recently, COVID-19.

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

1.3 Approaches and methods

In early 2020, as the magnitude of the COVID-19 pandemic was becoming clear, the RVAA Programme supported the development of guidelines for vulnerability assessment and analysis in the context of COVID-19 ([link](#)). Approved by SADC Committee of Ministers responsible for Food

Security and Agriculture and Aquaculture and Fisheries, the guidance mainstreams the principle of "Do No Harm", for assessments to be conducted in ways that safeguard the safety, health and civil liberties of all participants. The importance of urban VAA is also underscored by the guidelines, which posit that city-dwellers are more affected by COVID-19 and the associated lockdown. Since 2008 there has been a concerted effort to assess urban livelihoods and how they are impacted by shocks.

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

Where face-to-face interviews are undertaken, assessors must adhere to the COVID-19 regulations of the respective Member State Government.

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

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

the guidelines on urban IPC analysis to support data collection and analysis of food insecurity in urban areas.

In recognition of Southern Africa's increasing vulnerability to drought, WFP developed a drought hotspot analysis tool to anticipate food insecurity and plan accordingly for early response. The tool factors in rainfall amount and temporal distribution, vegetation conditions, and land surface temperatures, to estimate the scale and severity of droughts. Such an approach underscores the importance of forecasting in addressing food and nutrition security. The drought hotspot analysis is being promoted within the SADC RVAA system.

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

The COVID-19 pandemic and related lockdown were unique additional shocks to livelihoods in the region in the period under view, impacting on food and nutrition security in compounding and unpredictable ways.

2. Regional overview

2.1 Introduction

Food and nutrition security is a key outcome of livelihoods, which comprise the capabilities, assets (including both material and social resources) and activities required for a means of living. Access to and control of assets is influenced by the interplay of operational rules, laws, regulations, policies, and processes, which determine potential livelihood strategies (e.g. growing crops, raising livestock, mining, trading, teaching, labour migration, etc.). Livelihoods play out within a broader vulnerability

context defined by trends (e.g. population growth, climate change, seasons, economic growth, technological developments, etc.) and shocks (droughts, floods, cyclones, conflict, disease).

2.2 Regional food security outlook

As per **Table 1** below, in the ten SADC Member States that submitted data, an estimated 47.6 million people are food insecure. This is an increase of 5.5% from last year and 34.3% above the five-year average. More assessment results are expected in the coming weeks.

Favourable rainfall allowed some Member States to register an improvement from last year's record food insecurity (which affected 49.1 million people in 13 SADC Member States)¹. Zimbabwe, for example, registered a 46% decrease in the number of people food insecure, from 5.45 million last year to 2.93 million this year.

In DRC, food insecurity increased by 25% from last year and by 172% from the 5-year average to 27.3 million people in IPC Phase 3 and above. This increase can be partly attributed to more communities being assessed.

The situation in southern and eastern Madagascar has worsened significantly. About 1.14 million people (43% of 2.7 million people assessed) are facing high levels of acute food insecurity (IPC Phase 3 or above) from April to September 2021. It is projected that 1.31 million people, representing 49% of people assessed, will be facing high levels of food insecurity between October and December 2021.

Even before COVID-19 reduced incomes and disrupted supply chains, chronic and acute hunger were on the rise due to various factors including

¹ South Africa revised their 2020 figure in 2021 from 13.6m, bringing down the regional 2020 total from 51.3m to 49.1m.

Table 1: Population food insecure

Country	Population food insecure				
	2021/22	2020/21	5yr avg (2015-2020)	% change from 2020/21	% change from 5yr avg
Angola		1,051,800			
Botswana	36,171	35,237	34,726	2.7	4.2
Comoros					
DRC	27,300,000	21,800,000	10,034,351	25.2	172.1
Eswatini	318,000	366,261	306,504	-13.2	3.8
Lesotho	470,000	582,169	453,757	-19.3	3.6
Madagascar	1,310,000	554,000	1,087,887	136.5	20.4
Malawi		2,617,989			
Mauritius					
Mozambique	1,652,303	2,358,927	1,259,055	-30.0	31.2
Namibia		434,000			
Seychelles					
South Africa	11,377,565	11,377,565	12,930,038	0.0	-12.0
Tanzania	488,661	488,661	404,855	0.0	20.7
Zambia	1,700,000	1,976,351	1,185,359	-14.0	43.4
Zimbabwe	2,942,897	5,454,270	3,560,035	-46.0	-17.3
SADC	47,595,597	49,097,230	31,256,565	5.5	34.3

Source: SADC Member States. Mozambique data valid up to September 2021. South Africa revised their 2020 figure in 2021 from 13.6m, bringing down the regional 2020 total from 51.3m to 49.1m. Trends for 10 Member States only.

conflict, socio-economic conditions, natural hazards, climate change, diseases, and pests. COVID-19 impacts have led to severe and widespread increases in global food insecurity, affecting vulnerable households in almost every country, with impacts expected to continue through 2021 and into 2022.

2.3 Regional nutrition security outlook

Malnutrition in the SADC region, as in the rest of the world, is changing. In the past linked only with hunger and famine, malnutrition must now be used to describe children with stunting (short stature for age) and wasting (low weight for height), as well as those suffering from the 'hidden hunger' of deficiencies in essential vitamins and minerals and the growing numbers of children and young people who are affected by overweight or obesity². This is

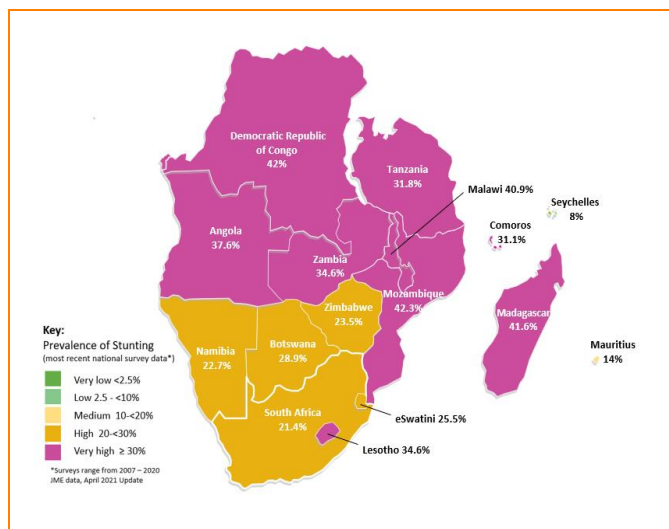
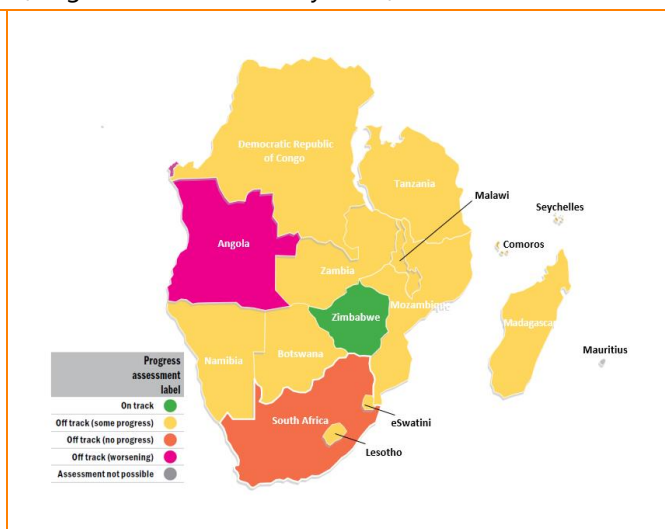
being driven by factors such as changes in where people live (as more people move to cities), changes in family life (as more women join the formal workforce), changes in our food choices (as fast foods high in sugar and fat are replacing traditional diets), and changes in our climate and environment³. The developmental, economic and social impacts of malnutrition, especially in the early years of life, are serious and long lasting for individuals, their families, communities and countries. The cost of undernutrition in Africa is equivalent to losing 8-11% of gross domestic product every year, while investments in nutrition offer an average return of USD 16 for every USD 1 invested⁴.

In 2021, these changes are compounded by COVID-19 and its associated containment measures, which have limited access to health and nutrition services,

² UNICEF (2019). The State of the World's Children 2019.

³ *ibid*

⁴ IFPRI (2014). Global Nutrition Report.

Figure 1: Prevalence of stunting**Figure 2: Progress against stunting reduction**
(Target: 50% reduction by 2030)

Source: UNICEF, WHO, World Bank (2021). Joint Malnutrition Estimates.

economic opportunities, markets, and schooling; which has all impacted the nutrition security of households. Early results from research underway in the Eastern and Southern Africa region show a shift in diets between 2019 and 2020 towards cheaper and less nutrient-dense foods, an increased consumption of unhealthy foods, and a decrease in child diet diversity.

Overall, there was a 2.2% reduction in the number of children treated for severe acute malnutrition between 2019 and 2020, although this shift cannot be solely attributed to the pandemic.

There was an increase in the number of children screened for acute malnutrition, as the COVID-19 approach of mid-upper arm circumference (MUAC) screening by family members was scaled up in many Member States, including Angola, Comoros, Madagascar, Malawi, Mozambique, Tanzania and Zimbabwe. There has also been an increase in messaging and counselling as more innovative channels were used for communication, including a greater use of technology. The research is

continuing with primary data collection, and results are expected by end of third quarter 2021.

2.3.1 Undernutrition

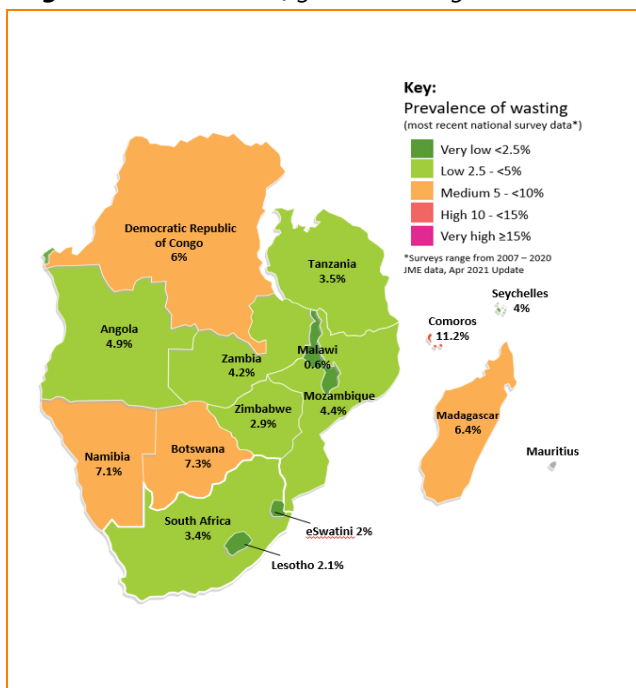
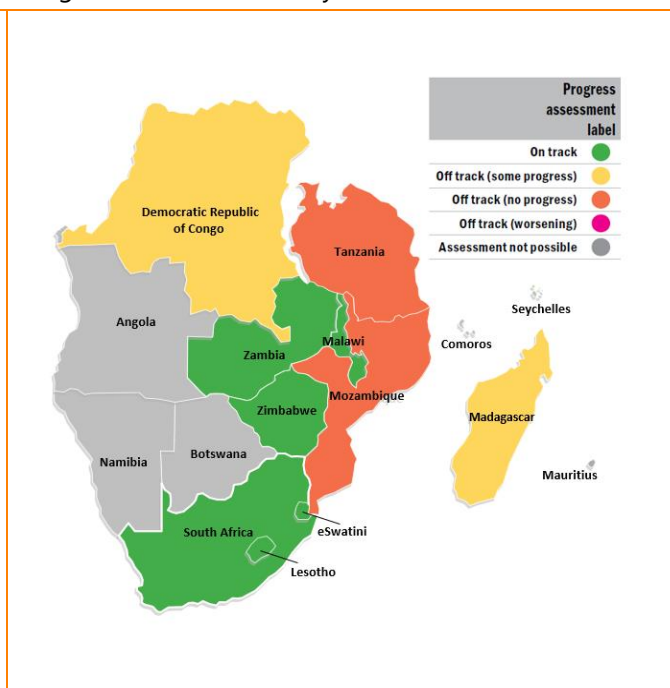
Stunting

There are almost 19 million stunted children in the SADC region: one in every three children is already stunted. A third of all stunted children in Africa live in SADC Member States, and every country in the region has a prevalence of stunting that is classified as high or very high by WHO⁵.

These are children who will not reach their full growth and developmental potential because of the irreversible physical and cognitive damage caused by persistent nutritional deprivations from an early age. Stunting is associated with poor brain development, which affects a child's cognitive development, educational attainment and productivity in adulthood, which in turn has an effect on the development potential of a nation.

Despite a reduction in the proportion of stunted children, the number has remained unchanged over the last 20 years due to population growth. As a

⁵ Mercedes de Onis et al. (2018). Prevalence thresholds for wasting, overweight and stunting in children under 5 years. Public Health Nutrition.

Figure 3: Prevalence of global wasting**Figure 4:** Progress against wasting reduction
Target: reduced to <3% by 2030

Source: UNICEF, WHO, World Bank (2021). Joint Malnutrition Estimates.

region, SADC is not on track to meet the global target of a 50% reduction in the number of stunted children by 2030 (see **Figure 2**), with just one country on-track to meet the goal: Zimbabwe.

Wasting

Child wasting – being too thin for height – remains a concern as five Member States have levels classified as medium or high by WHO at more than 5%. However, national averages often mask areas with very high levels of wasting, including 10 districts in the *Grand Sud* of Madagascar, southern Angola (Benguela, Cuando Cubango, Cunene, Huila and Namibe provinces) and Cabo Delgado in northern Mozambique.

Six Member States are on-track to meet the global Sustainable Development Goals (SDGs) target of a reduction of wasting to less than 3% by 2030, while there has been no progress or insufficient progress to reduce wasting in 4 Member States. The remaining six Member States do not have data to assess the extent of wasting, which is concerning in itself.

Children who suffer from wasting have an increased risk of death and the case fatality rate for untreated severe wasting is up to 50%, highlighting the need to expand programmes to find and treat these children.

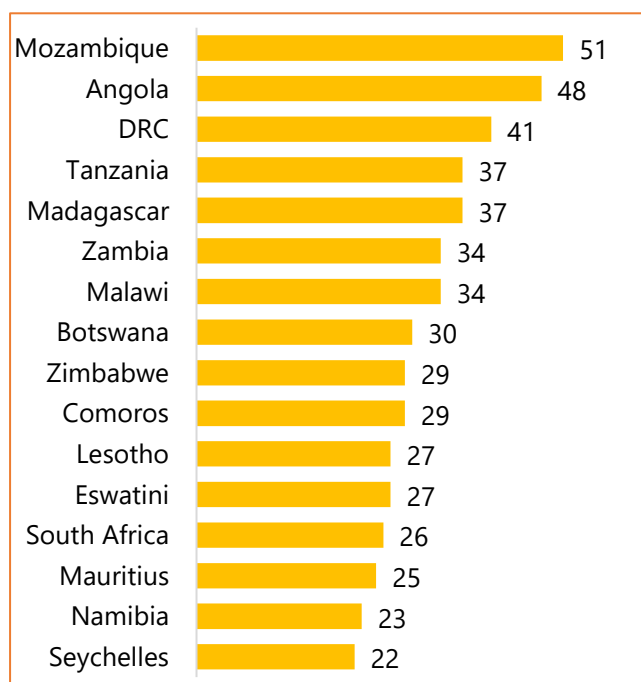
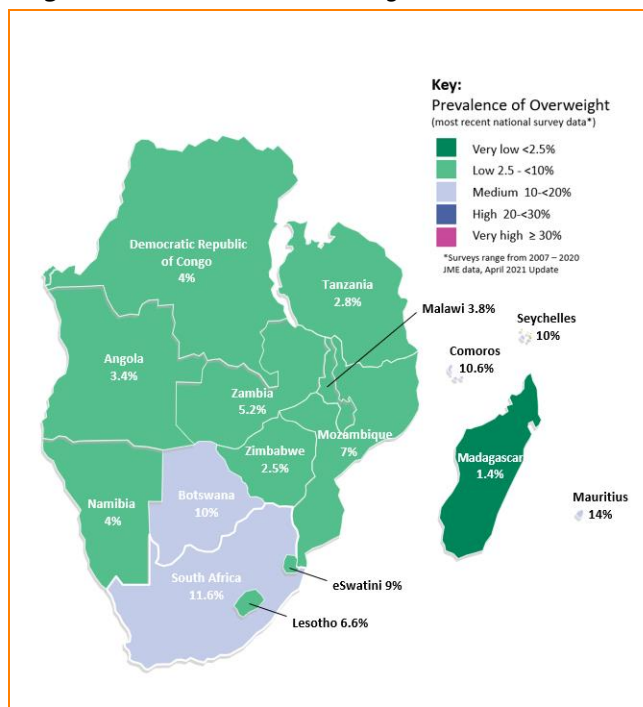
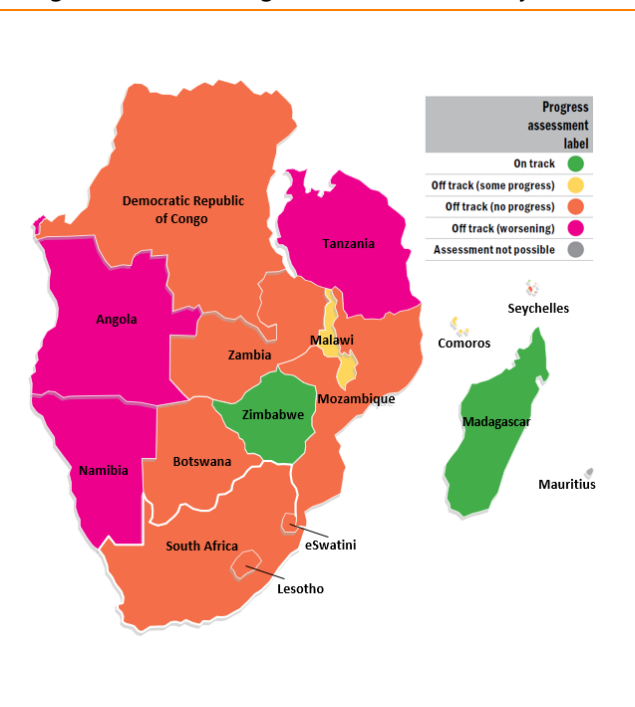
Figure 5: Anaemia 15–49 years (%) mild, moderate and severe⁵

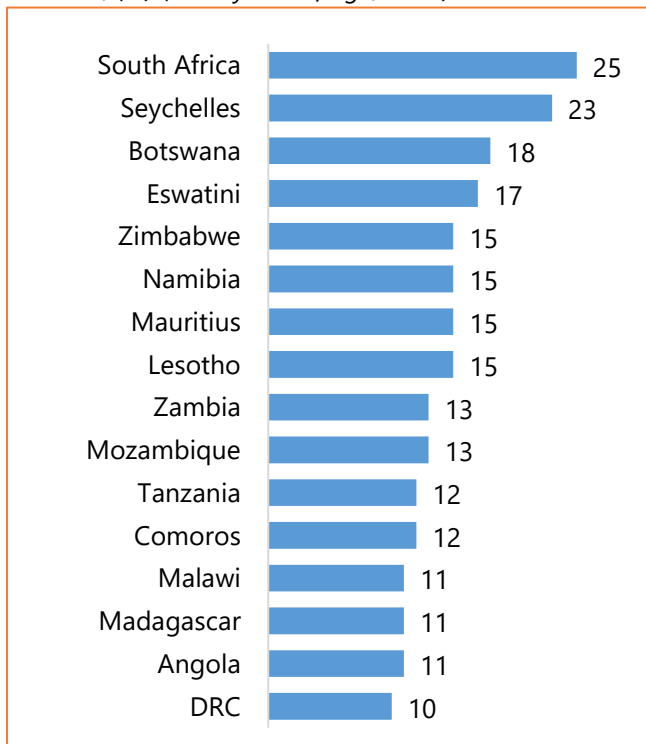
Figure 7: Prevalence of overweight**Figure 8: Progress against overweight reduction**
Target: Child overweight reduced to <3% by 2030

Source: UNICEF, WHO, World Bank (2021). Joint Malnutrition Estimates.

Micro-nutrient deficiencies

Deficiencies of essential vitamins and minerals – hidden hunger – rob children of their vitality at every stage of life and undermine the health and well-being of children, young people and mothers. In SADC, the prevalence of anaemia (iron deficiency) in women of reproductive age ranges between 22% in Seychelles to 51% in Mozambique. All Member States have prevalence of anemia in women of reproductive age of above 20%, contributing to the inter-generational nature of malnutrition (see **Figure 5**). According to WHO, a prevalence of $\geq 20\%$ is regarded as a public health concern; $\geq 40\%$ is classified as a severe public health concern.

Cereal-based diets are predominant across the region, which limit diet diversity and increase the risk of micro-nutrient deficiencies. This is currently demonstrated by the ongoing pellagra outbreaks in Mozambique and Zimbabwe, caused by severe Vitamin B3 (Niacin) deficiency.

Figure 6: Overweight and obesity among school-aged children, (%) (5–19 years of age, 2016)⁶ UNICEF (2019). The State of the World's Children 2019.

Overweight

Overweight/obesity is also a growing challenge in the region among both adults and young children. Globally, the number of children under 5 years of age who are overweight continues to rise, from 33 million in 2000 to 39 million in 2020. Numbers in Africa also continue to rise, driven largely by North Africa. However, numbers have also risen across Eastern, Central and Southern Africa.

Overweight and obesity, long thought of as a condition of the wealthy, are increasingly a condition of the poor, reflecting the greater availability of 'cheap calories' from fatty and sugary foods. Overweight and obesity carry an increased risk of non-communicable diseases, including type 2 diabetes. Prevalence of overweight is classified as 'medium' in five Member States: Botswana, Comoros, Mauritius, Seychelles and South Africa (**Figure 6**). Although prevalence is still classified as 'low' in Angola, Namibia and Tanzania, numbers of overweight or obese children are increasing in these three countries. Many of the remaining Member States are not making progress in reducing the number of overweight children, and only two of the 16 Member States are on-track to meet the 2030 goal to reduce or maintain child overweight below 3% (see **Figure 7**).

Overweight and obesity increases with age (see **Figure 8**) highlighting the need to design programmes that address the triple burden of malnutrition, to prevent any increase in obesity now rather than dealing with its consequences in the years to come. Analysis carried out as part of the Global Burden of Disease study suggest that diets lacking adequate nutrition are now the leading cause of death worldwide⁷.

In addition to COVID-19, conflict, displacement and insecurity remain threats to child nutrition status, as well as the effects of climate change manifested in prolonged drought in southern Madagascar and

Angola, as well as other extreme weather conditions such as cyclones.

3. Contributing factors

3.1 COVID-19 and lockdown

3.1.1 Impact of pandemic

As at 01 July 2021, Southern Africa recorded about 2.5 million COVID-19 cases and 72,000 deaths, although the true death toll is likely far higher. The current epidemiological situation remains unpredictable as new variants emerge, most recently the Delta variant, which has caused a surging "third wave" in South Africa. Vaccination rates remain very low at below 2%, as WHO estimates that 60% of a population must be vaccinated to confer population immunity.

Production, distribution, storage, and other challenges mean that the rollout of a mass vaccination programme in poorer Southern African countries will proceed only slowly throughout 2021 (and vaccines will be given only to priority and vulnerable groups such as medical workers or the elderly). Globally, this rollout will continue into 2022 and beyond.

Another main obstacle to attaining the rate required for population immunity remain vaccine hesitancy, scepticism, and mistrust.

3.1.2 Impact of lockdown

Globally, Southern Africa is the region hardest hit by the pandemic, with an economic contraction of 7% in 2020⁸. It is projected to grow by 3.2% in 2021 and 2.4% in 2022, which is well below the pre-COVID-19 projections of above 5%. The pandemic will reverse the progress made in poverty reduction in the region over the past two decades.

Delayed vaccine rollout and modest growth prospects in South Africa and Angola - Southern

⁷ UNICEF (2019). The State of the World's Children 2019.

⁸World Bank, African Development Bank, the Economist Intelligence Unit (2021).

Africa's two largest economies - owing to persisting structural constraints, will weigh on the subregion's recovery. Disruptions in the tourism industry and lockdowns caused substantial slowdowns in Botswana, Namibia, Madagascar, Tanzania, and the island nations. Mining-dependent economies such as Mozambique and Zambia continued to experience output contractions in the second half of 2020. The modest economic growth projected for the region in 2021 and 2022 indicates that lasting costs from the pandemic, in terms of output loss, are likely to remain high.

The COVID-19 crisis has severely impacted workers with less education, women, youth, those in contact-intensive sectors, and those informally employed, most of whom have suffered disproportionate livelihood and income losses. Labour market adjustments to the pandemic will vary depending on country-specific circumstances, leading to different degrees of scarring. Economies where contact-intensive industries play a significant role, commodity exporters, and those where school closures or health system disruption (fewer immunizations) have inflicted large setbacks to human capital accumulation, are particularly exposed to persistent damages to potential growth.

Early results from research to investigate the impact of COVID-19 on child, adolescent and maternal diets are already showing a shift from more expensive calories to cheaper and less nutrient-dense ones. The same research will also assess the impact of the pandemic on nutrition service delivery, with early results showing that most interruption to service delivery was to interventions delivered at community level, with a decrease in Vitamin A supplementation, and a decrease in the number of adolescent girls receiving iron folic acid supplementation.

Saving lives remain the first priority, which will require access to affordable vaccines, ensuring that the logistical and administrative prerequisites of a vaccination rollout are in place, in addition to

targeted containment efforts, and added spending to strengthen local health systems.

The international community has a key role to play by ensuring more equitable and quicker access to vaccines and other medical products; and by providing low-income countries the external funding needed to pursue the policy priorities sketched above and avoid long-term damage.

3.2 Other communicable diseases

3.2.1 Ebola

On 03 May 2021, the 12th Ebola outbreak in the DRC's North Kivu Province was declared over, almost three months after the first case was reported. Overall, 11 confirmed cases and 1 probable case resulted in 6 deaths and 6 recoveries since the start of the outbreak in February 2021.

DRC's Ministry of Public Health, with the support of UN agencies and ICPs, are working towards a strategic response plan to mobilize resources and guide the operational framework for the implementation of post-epidemic activities. This post-Ebola plan will preserve and build on the previous multi-sectoral response actions. Close monitoring of the situation will continue with support provided to Ebola-affected communities.

3.2.2 Cholera

Cholera cases have been reported in two SADC Member States this year. In Mozambique, between January and May 2021, a total of 5,681 cases with 35 deaths were reported (case fatality rate 0.6%) in the provinces of Cabo Delgado (4,246 cases and 31 deaths) and Nampula (1,435 cases and 4 deaths).

In DRC, from January to April 2021, a total of 2,682 suspected cholera cases and 83 deaths were

recorded across 12 provinces (case-fatality rate 3.1%)⁹.

3.2.3 Malaria

Several SADC Member States have made significant progress towards malaria elimination, including Botswana, Eswatini, Namibia, and South Africa. Four other Member States have moved from malaria control programming to elimination, including Zimbabwe, Zambia, Mozambique, and Angola. As of 2019, 3 of the 16 SADC Member States - Lesotho, Mauritius, and Seychelles - have been declared malaria-free by WHO.

In 2018, SADC Heads of States issued a declaration on malaria elimination which aims to accelerate the elimination agenda in the region. Over 96% of the malaria cases between 2011 and 2018 are accounted for by 6 Member States: DRC (29%), Tanzania mainland (18%), Mozambique (14%), Zambia (13%), Malawi (13%), and Angola (9%).

In most cases, severe malaria cause anaemia by destroying red blood cells and decreasing the production of new red blood cells. Children under 5 years of age and pregnant women are at a much higher risk for contracting malaria and becoming seriously ill. The prevalence of iron deficiency anaemia is a public health concern across the region, with all Member States recording rates above 20%. Iron deficiency anaemia can be further compounded by malaria, especially in populations living in malaria-endemic zones. It is therefore recommended that Member States with endemic malaria intensify their efforts towards malaria prevention and treatment by prioritizing the provision of insecticide-treated bed nets and indoor residual spraying.

3.2.4 HIV/AIDS

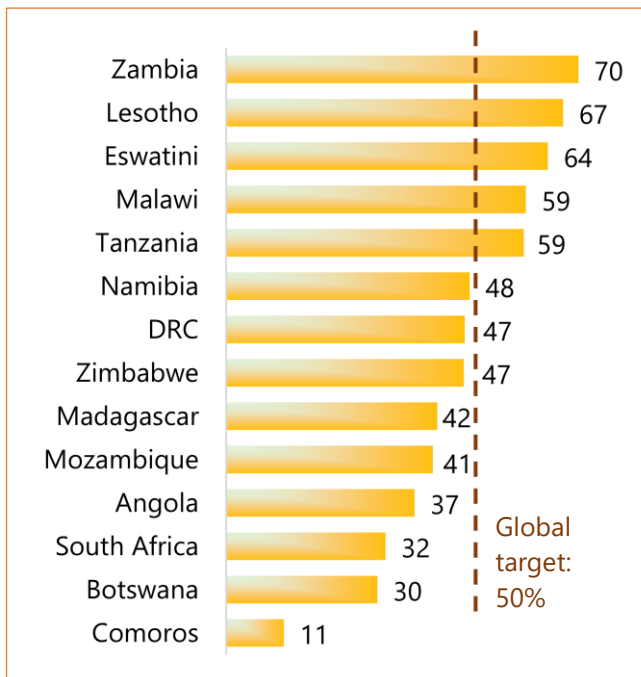
SADC remains at the epicenter of the HIV epidemic. Regionally, 6 million people living with HIV are not yet on antiretroviral treatment. As the region registers an additional 400,000 people living with HIV every year, sustainability of the AIDS response remains of a great concern due to constrained and limited resources.

The region has made significant progress in the past decade: new HIV infection has been reduced by a third and AIDS-related death have been halved. One Member States – Namibia – has reached the goal of 90-90-90 (90% of all people living with HIV will know their HIV status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and 90% of all people receiving antiretroviral therapy will have viral suppression). Several others are on the brink of achieving this crucial milestone to end the epidemic in the region. Overall, the proportion of People Living with HIV receiving antiretroviral treatment in 2019 ranged between 13% and 96% across SADC countries.

However, limited progress in increasing children and adolescent testing and treatment coverage has been observed throughout the region. Critical gaps that still need to be improved include prevention services; HIV testing, treatment and viral suppression among adolescents; reaching adolescents girls and young women with services for the prevention of mother-to-child transmission; and retaining them in care and treatment throughout pregnancy and the breastfeeding period.

Though there has been considerable political and financial commitment to fighting the epidemic in this region (with countries such as South Africa and Botswana dramatically scaling up prevention, treatment and care services), many Member States

⁹ Weekly Bulletin on Outbreaks and Other Emergencies: Week 24, 7-3rd June 2021.

Figure 10: Exclusive breastfeeding (<6 months) (%)

remain reliant on donor funding for their HIV response.

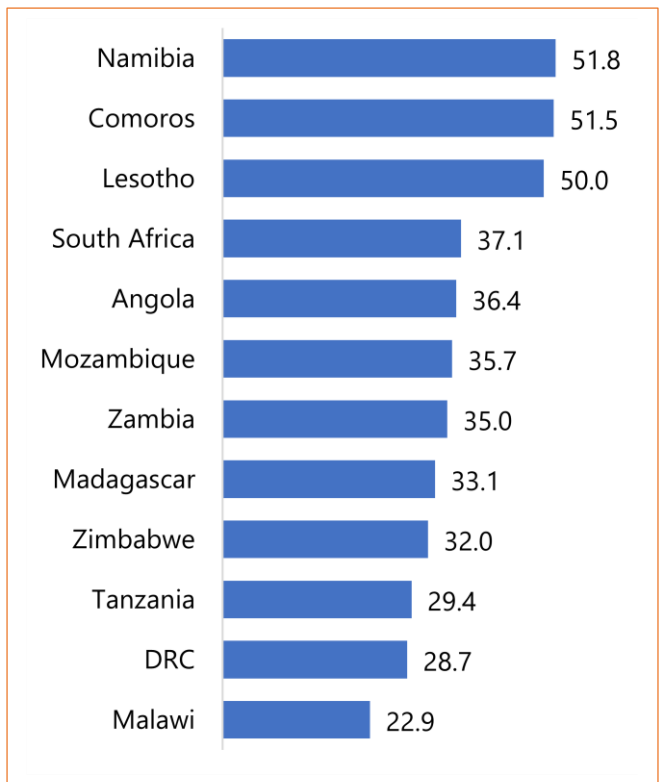
Food insecurity has both a direct and indirect effect on HIV and tuberculosis. People from food insecure households are more likely to engage in risky HIV-related behavior (such as transactional sex) and become malnourished. People living with HIV from food insecure households are less likely to adhere to treatment and are at an increased risk of disease progression, malnutrition, tuberculosis, and other opportunistic infections. Further, people living with HIV with advanced HIV-related illnesses may not be well enough to produce or earn enough to buy food.

3.3 Lack of dietary diversity

Major proximal drivers of malnutrition, including under-nutrition, micro-nutrient deficiencies and overweight, are diets that lack diversity and sub-optimal infant feeding practices. One in five children across the 16 Member States do not eat foods from the minimum number of food groups per day, ranging from 83% of children in Lesotho to 53% in Eswatini. Without enough diversity in their diets, children may not get enough nutrients to grow well, which can take a devastating toll on their bodies.

Ensuring the best start in life through exclusive breastfeeding for the first 6 months remains below the global target of at least 50% in 9 of the 16 Member States (data not available for 2). In addition to these proximal causes, more distal causes include cyclical and worsening droughts and extreme weather conditions including cyclones, insecurity resulting in displacement and loss of livelihoods, the effects of the Covid-19 pandemic, and other disruptions to agriculture and livelihoods including the African Migratory locust outbreak in the region. UNICEF and WHO recommend that children aged from 6 months up to their 2nd birthday eat a minimum of five out of eight key food groups every day.

Appropriate feeding of infants and young children is multi-dimensional and influenced by factors such as food quality, mothers' time, mothers' level of education, and cultural norms. Unhealthy diets are becoming the norm as over a third of children in most countries with data are not eating fruit and vegetables on a daily basis (see **Figure 10**).

Figure 9: Zero vegetable or fruit consumption (6–23 months) (%)

3.4 Climate change and variability

Designated as a climate “hotspot” by the Intergovernmental Panel on Climate Change, Southern Africa is prone to recurrent extreme climatic shocks including droughts and flooding. Countries in the eastern parts of the region are particularly vulnerable to cyclones – three tropical storms or cyclones made landfall in eastern parts of the region during the 2020/21 season. In the past five years, many parts of the region experienced recurrent droughts.

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

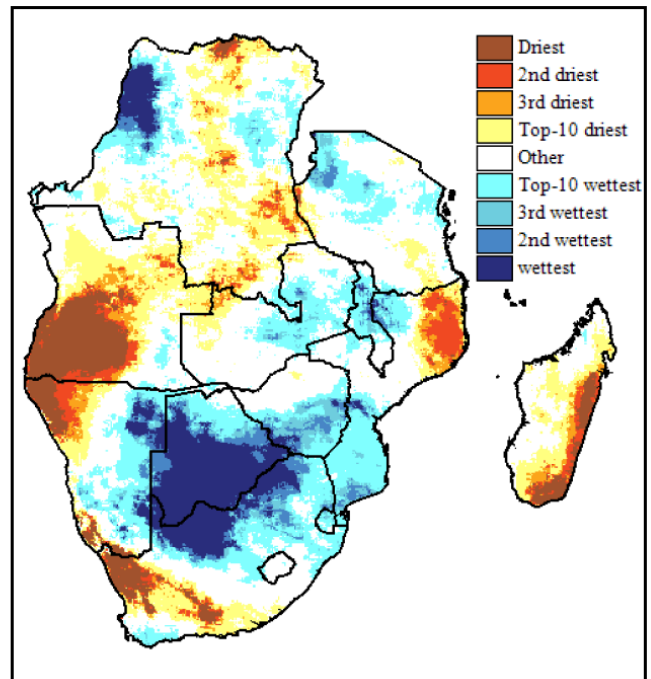
Many parts of the region experienced good rainfall in only two of the last six cropping seasons. One of these two good seasons was the 2020/21 rainfall season, when normal to above-normal rainfall was received in most areas, prompting expectations for good regional crop production. However, in western parts of the region and in southern Madagascar, prolonged poor rainfall resulted in severe drought, significantly impacting crop production. Despite the generally good rains received in many areas this season, repeated extreme climatic shocks observed in the recent past across the region means that the region remains at risk of high rates of acute food insecurity if effective interventions are not implemented.

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

- a) An increase in temperature, leading to increased heat stress and reduced crop yields. (The region’s staple crop – maize – is particularly prone to the effects of climate change.)
- b) Changes in rainfall patterns: increasingly erratic rainfall events of high intensity, leading to floods and more frequent droughts and dry spells.
- c) A delayed onset of the rainfall season and an early tailing off, thus reducing the growing period for crops.

- d) Climate variability and change, coupled with

Figure 11: October 2020 to March 2021 rainfall totals expressed as a rank showing whether it was one of the wettest or driest seasons since 1981.



Source: UCSB CHC/FEWS NET

human-induced changes, may also affect ecosystems e.g., mangroves and coral reefs, with additional consequences for fisheries and tourism.

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

Although climate change will have a major impact on the region’s economic sectors, there are likely to be some opportunities for growth due to changes in seasons and production cycles. The need to respond to climate change is also an opportunity to drive economic transformation in the region: climate-resilient, low-carbon development that boosts growth, bridges the energy deficit, and reduces poverty. Heightened investment in anticipatory action is also needed to effectively link risk analysis and early warnings for climate-induced hazards into actions that can protect people ahead of a hazard. Prioritizing sustainable land use through climate-smart agriculture can reverse an otherwise vicious cycle by raising smallholder

income, reducing vulnerability, and strengthening national food security, as well as lowering greenhouse gas emissions.

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

Southern African countries need to hugely expand power generation to achieve universal access to energy – but they can do this through appropriate energy mixes that will allow the region to power its cities, rural areas, and economies. Southern Africa has enormous potential for renewable energy – hydro, solar, wind, and geothermal power. Improvements in water harvesting technologies, water conservation farming methods, and the maintenance and expansion of irrigation programs will also significantly reduce risk of food insecurity due to the climate variability-induced dry spells that frequently occur in the region.

3.4.1 Drought

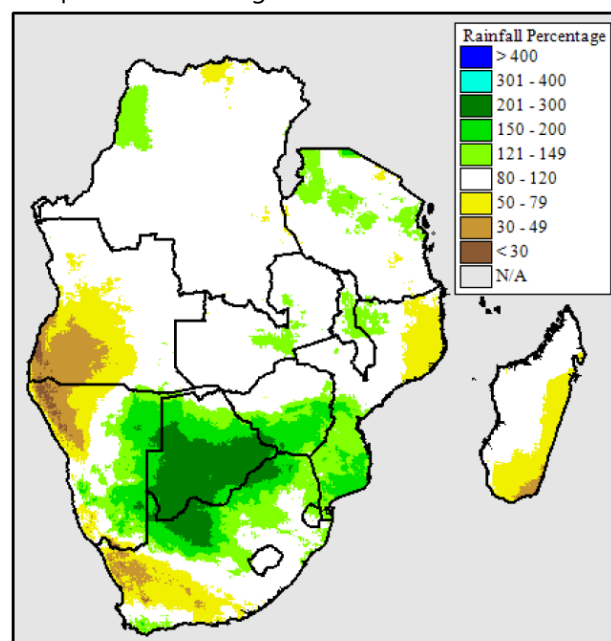
Some Member States experienced localized prolonged dry spells, including Angola, DRC, Namibia, Madagascar, and Mozambique. Food security in affected areas has worsened compared to same period last year, with increased acute malnutrition.

In Angola, rainfall was 60-80% below average over the cereal-producing provinces of Namibe, Cunene, Huila, and Cuanza. In most south-western areas, this was the driest season experienced since 1981. This resulted in stressed vegetation conditions and a reduction in the availability of water for livestock. At the start of the harvest in March, a significant cereal production decrease was forecast, particularly in maize. In addition, a marked increase in AML

swarms between January and March 2021 in south-eastern parts of the country was observed, mostly in Cuando Cubango Province. By March 2021 farmers in the Southern and the Central regions of Angola were reporting production losses of more than 45% due to drought.

Over the southern regions of Madagascar, specifically Androy, Anosy, and Atsimo Andrefana, monthly rainfall amounts between October 2020 and March 2021 were significantly below average. In some of these areas, the season was one of the driest since at least 1981. These conditions have led to severe drought and severe crop failure. Adverse effects can be observed in pasture availability and quality, with 60-70% of grasslands already affected by drought conditions; deterioration of livestock; and decreasing seed availability. Poor rainfall, the low financial coping capacity of farmers, and the effects of COVID-19, have led to a sharp deterioration in the food security situation, with prices of commodities such as rice increasing by 7%. This is the second consecutive drought being experienced in parts of southern Madagascar, following the poor 2019/20 season, thereby putting

Figure 12: Oct 20-Mar 21 rainfall totals expressed as a percent of average



Source: UCSB CHC/FEWS NET

considerable strain on the coping capacity of households.

North-eastern Mozambique experienced reduced rainfall between October 2020 and February 2021. This halted planting operations for many farmers. Dry spells in mid-November 2020 had already led to crop failure and any attempts at plant thereafter proved futile.

Despite the unfavourable rainfall that has affected some parts of the region, most areas have experienced good rainfall conducive to crop development. The normal to above-normal rainfall received in many areas this season has been conducive to crop development, and favourable crop conditions have been noted in several Member States. The crop production outlook is generally positive, with some countries expecting bumper harvests. The high rainfall in many areas has also positively impacted forage for livestock, with significant improvement in vegetation conditions including in some areas which had previously been affected by recurrent episodes of drought in previous years.

3.4.2 Floods and cyclones

Total rainfall for the October 2020 to March 2021 period was among the highest since 1981 for parts of Botswana, central Mozambique, eastern Namibia, north-western South Africa, and southern Zimbabwe. The high rainfall in some of these areas was partially due to the five weather systems that made landfall during this period. These storms affected over 500,000 people and damaged over 219,000 hectares of farmland, mostly in Mozambique, but also in Madagascar, Zimbabwe, Eswatini, Malawi, Botswana, and South Africa.

Tropical Cyclone Belna made landfall over north-western Madagascar on 09 December 2019, resulting in the death of nine people and injuries to many including displacement of over 1,400 people.

On 30 December 2020, Tropical Storm Chalane made landfall in north-east Madagascar and brought thunderstorms and torrential rains. The Storm strengthened in the Mozambique Channel

Figure 13: Flooding after Tropical Cyclone Eloise, Beira, Mozambique, 22 Jan 21.



Picture: Mercy Air

and made landfall in Sofala Province, in central Mozambique, and left massive destruction with at least seven deaths, then entered Zimbabwe and dissipated into numerous storms that affected the region with significant impacts.

Tropical Cyclone Eloise made landfall on 23 January 2021, south of Beira city in Sofala province. High winds and flooding caused widespread damage on a long stretch of coastline in Sofala, Manica, Inhambane, Zambezia, and Gaza provinces, which were still recovering from Cyclone Idai (2019) and Tropical Storm Chalane (2020). Tropical Cyclone Eloise negatively affected recovery efforts from the previous storms and left over 260,000 people in urgent need of humanitarian assistance. The cyclone affected 315,000 people, of whom 20,000 relocated in 31 temporary accommodation centres. Over 29,000 houses were damaged or destroyed, mostly in Sofala Province. Flooding also damaged schools and health centres. The storm destroyed thousands of shelters in 70 resettlement sites established after Cyclone Idai in 2019. Torrential rains and floods also affected large areas of agricultural land and livestock, with implications for food security. These disasters also affected other inland countries that experienced torrential rains and floods including Botswana, Eswatini, South Africa, Zimbabwe and Zambia.

Due to high rainfall received around Central and East Africa in December 2020 and January 2021, floods affected the Lake Tanganyika region that led to the overflow of Lake Tanganyika and floods around the lake. The floods led to loss of human lives, destruction of crops, and significant damage to infrastructure such as roads which had a serious impact on the movement of people from rural areas to urban centres to obtain basic needs in DRC and Tanzania.

Localized losses of crop production also occurred due to incidents of leaching, waterlogging, and flooding of crop fields caused by excessive rains noted in several parts of the region.

3.5 Food production and livelihoods

3.5.1 Cereal production and Supply

With overall favourable rains recorded, improved harvests are expected across the region.

South Africa continues to meet food requirements at national level, with a combination of domestic food production and imports. A maize harvest of 16.18 million tons is expected, which is 5.8% higher than last year. There is ample maize supply to meet national demand in the human and feed markets and to export into neighbouring countries.

Zambia produced 4,461,188 tons of maize against a national requirement of 2,932,208 tons, thus recording a surplus of 1,528,980 tons. Zimbabwe increased maize production by 199% to reach 2,717,171 tons, which provides a surplus of 828,263 tons. The United Republic of Tanzania is expected to record surpluses production in food crop production, as is the neighbouring countries that it exports to, due to good rainfall.

Eswatini, Lesotho and Namibia traditionally depend cereals imports. Maize production in Eswatini is expected to increase by 15% this year to 98,988 tons due to favourable rainfall. Namibia recorded a total cereal harvest of 157,000 ton, which is 29% above average by slightly slower than the 162,500 tons recorded last year. Maize production is estimated at

53,700 tons, which is 25% above average and 4% higher than last year.

Maize is the single most important cereal crop in Southern Africa, accounting for almost 70% of total cereal production in the region. Most households in Southern Africa depend on maize (grain and meal/flour) for their main source of food and energy, with tubers (cassava), rice, wheat, sorghum, and millet serving as the main substitutes. Madagascar is the exception, where rice (imported and local) is the main staple food consumed across the country, with cassava and maize serving as key substitutes.

South Africa is the region's major producer of maize and is a major exporter to international markets. In years of relative maize surplus, sizable amounts of both formal and informal cross border trade occur between neighbouring countries. Maize trade flows in the region largely reflect trade in white maize. For most of Southern Africa, wheat grain is imported, milled, and consumed primarily in the form of bread. While South Africa produces substantial amounts of wheat, it is in quantities that are insufficient to meet domestic requirements.

With only 7% of cultivated land irrigated, most farmers in Southern Africa are smallholders who cultivate less than 5 hectares and are fully dependant on rain-fed cultivation.

3.5.2 Crop pests and diseases

African Migratory Locusts

The African Migratory Locust (AML) outbreak has continued in the region, with sightings reported in Angola, Botswana, Namibia, Zambia, and Zimbabwe. High rainfall and abundant vegetation have provided optimal conditions for breeding. Also, swarms of Desert Locusts were observed in the Kilimanjaro region of Tanzania. In all the affected areas, control efforts are ongoing. Heavy and persistent rainfall was however reported to be affecting control efforts in some areas.

The locust outbreaks threaten the 2020/2021 summer cropping harvest as well as irrigated crops and grazing areas. In response, SADC launched a

regional appeal ([link](#)) for USD 5.1 million to improve coordination, capacity building, control response; and additional USD 15 million for building the resilience of more than 2.3 million food insecure and vulnerable SADC citizens affected by the outbreak. A Task Team has been established to facilitate coordination in control efforts and sharing of information for timely interventions by affected Member States. In addition, desert locusts were reported in Tanzania and brown locusts in South Africa.

Fall Armyworm

Fall Armyworm (FAW) was also reported during the season in southern Malawi, some parts in Tanzania, and several districts in Zimbabwe, but was largely controlled.

Avian Influenza

In April 2021, South Africa recorded an outbreak of highly pathogenic avian influenza (HPAI–H5N1) in commercial chickens for the first time since June 2017. The outbreak affected two commercial poultry farms in North West and one in the Free State provinces. Control measures including quarantining, improved biosecurity and biosafety, and destruction of affected birds, have contained the disease. All Member States should increase their active surveillance for the disease as these wild birds would have stopped in watering places along their way down to South Africa. The disease has a high mortality rate in poultry and may also affect humans. Currently virus isolation in South Africa has shown the virus to have very low potential to affect humans.

Foot-and-mouth disease

The 2019 outbreak of foot and mouth disease in Zambia is continuing in two provinces. The strains have high morbidity, spread fast and have a potential to affect multiple species of cloven hooved animal posing a serious risk to livestock production in the region. The disease has also been reported in Namibia. Zambia and Namibia both imposed a ban on the movement of livestock from the affected districts.

3.5.3 Livestock production

Livestock are a major source of food, particularly of high-quality proteins, minerals, vitamins and micro-nutrients for the majority of the people in the SADC region. It is estimated that meat, milk and eggs provide about 20% of the proteins of local diets. Livestock also makes indirect contributions to human nutrition and plays a major role in improving food security in the region through cash incomes obtained from the sale of animals which is then used to buy non-livestock food items and inputs to farming. In Botswana, Eswatini, Namibia and South Africa, the livestock industry is also a key contributor to gross domestic product (GDP).

3.5.4 Fisheries and aquaculture

The contribution of fish to food and nutrition security is both as a direct source of nutrients and as a source of income, with which fishing communities can buy other types of food. While sources of protein intake in many SADC countries is predominantly animal, fish and fish products have the potential to have a significant impact on food security and good nutrition in the region. The current per capita consumption of fish in the region is estimated at 11.3kg/year, far below the recommended per capita consumption of 19kg/year.

3.5.5 Markets and staple price performance

Regional maize prices have varied geographically due to various local, regional, and international market dynamics at play. Prices in April were stable or declined due to the start of the harvest period and an expected surplus of cereal in many countries in Southern Africa.

Despite COVID-19 related movement restrictions, formal and regional maize supplies are expected to adequately cover domestic requirements. Average to above-average production in many countries is expected to maintain prices below their respective

2020 levels, supporting food access among market-dependent households¹⁰.

However, even with sufficient production, lost and low incomes have led to a reduction in household purchasing power. Movement of commodities within and between Member States are affected by restrictive COVID-19 measures, which have created a short supply of food and other essential commodities.

3.6 Conflict

Conflict in Carbo Delgado in Mozambique and Ituri, Tanganyika, and Kassai Provinces of DRC continues to affect households' access to food and disrupt livelihood activities. In these areas, agricultural activities are limited, with many activities affected by banditry, driving a low harvest for many displaced households. According to UNHCR, over 700,000 people have been displaced to Cabo Delgado, Nampula, Niassa, Sofala, and Zambezia. This does not account for those who fled to Tanzania and are now being systematically returned to Mozambique. Households that are displaced and affected by conflict in these areas are expected to continue to experience Crisis (IPC Phase 3) outcomes¹¹.

The recent countrywide civil unrest in Eswatini has resulted in disruptions to food supply systems as shops were looted, roads blocked, and borders closed. If the situation is not resolved, it may lead to further disruptions in the food chain, increased prices of commodities and affect access to food, especially in urban areas.

3.7 Water, sanitation, and hygiene (WASH)

3.7.1 Access to safe drinking water

Presently, over 100 million Southern Africans (40%) do not have access to safe drinking water. 2020 WHO data show that less than 50% of the rural population have access to basic drinking water on their premises in DRC (23%), Angola (27%), Zambia (43%), Mozambique (40%), Madagascar (36%), and Tanzania (43%)¹².

Eleven countries are making slow progress. At the current rate, universal coverage will not be achieved by 2030. In Zimbabwe, the proportion of people with access to basic water service has actually declined. Moreover, not all drinking water sources are safe from contamination, and climate-related impacts pose an increased risk for water security and safety. Further efforts need to be made with investments into access to basic water service by 2030 and addressing climate-induced loss of access, while ensuring that water is safely managed throughout the SADC region.

3.7.2 Access to improved sanitation

Over 155 million people in the SADC region (60%) do not have access to improved sanitation facilities. All SADC countries are making too slow progress to achieve universal basic sanitation coverage by 2030. On average, the number of people to reach per year to achieve universal basic sanitation access by 2030 across SADC countries is estimated as 1.085 million. Only three countries show basic sanitation coverage above 67% (South Africa, Botswana and Mauritius) and the coverage in 6 countries is below 33% (Tanzania, Mozambique, Malawi, Zambia, DRC, and Madagascar). Access to sanitation in urban settings is significantly better than in rural areas. However, due to the growing population living in informal

¹⁰ Southern Africa Food and Nutrition Security Working Group (FNSWG) Quarterly Bulletin - 03 June 2021 issue 01 and 02.

¹¹ FEWS NET Key Messages, May 2021.

¹² WHO, UNICEF. Progress on household drinking water, sanitation and hygiene 2000-2020: Five years into the SDGs, 2021

settlements, the proportion of urban people with access to basic sanitation has declined in Zambia, Eswatini and Namibia.

Only South Africa, Malawi and Eswatini are on track to achieve “no open defecation” by 2030. Other Member States are making insufficient progress to stop open defecation. Indeed, progress in access to basic sanitation services as well as eliminating open defecation has stalled in many of the SADC countries.

3.7.3 Access to & practice of handwashing with soap

Presently, over 250 million people in SADC countries do not have a handwashing facility with water and soap at home; and 2 out of 5 people in SADC countries have no handwashing facility at all.

Even in settings where access is not an issue, people do not clean their hands when they should. Hand hygiene and WASH are not just health issues: such services are human rights and are critical to improving education, economic and human capital outcomes. The spotlight that this pandemic has shone on hand hygiene represents an opportunity to radically transform our approach. The data show that handwashing access in the region is very low, especially among rural populations. In five Member States the access to basic handwashing is less than 25%: Lesotho (2%), DRC (4%), Malawi (9%), Zambia (14%) and Eswatini (24%). The situation is particularly dire in Angola, DRC, Lesotho, and Zambia.

Poor hygiene practices are a major contributor to several endemic and epidemic diseases in Southern Africa. The region continues to report recurrent outbreaks of cholera, typhoid, and hepatitis E. Four countries in the region are considered to have endemic trachoma.

Investment in hygiene is essential to managing the current challenges presented in this time of COVID-19; and essential in the long-term management of future pandemics. Moreover, the focus on hygiene is key to the achievement of the Nutrition Action

Framework that the SADC Secretariat has been mandated to implement.

3.8 Migration

According to the UN Refugee Agency (UNHCR), Southern Africa has complex migration and displacement patterns, internally and across international borders. Movements are driven by a combination of positive and negative triggers such as economic opportunities, poverty, and hunger. Influencing factors are conflict and insecurity, political and economic instability, environmental degradation, and climate shocks, including droughts and floods that cause regular large-scale emergencies within the region.

Migration is hugely important to the livelihoods of the population and by 2019, the region hosted an estimated population of 8.1 million international migrants, 44% of whom originated from within the region. Migrants arriving from outside the region came mainly from other sub-Saharan countries such as Burundi (385,000), the Central African Republic (361,000) and Rwanda (307,000). Southern African countries were the origin of 7.2 million international migrants in 2019.

A handful of countries serve as the economic pillars of the region. Given its advanced economy and relative political stability, South Africa is an important migration hub, attracting migrant workers, asylum seekers and refugees from within and without the region. Intra-regional labour migration is well established, and large numbers of people have traditionally migrated to South Africa from countries such as Eswatini, Lesotho, Malawi, Namibia, and Zimbabwe. The number of international migrants in South Africa reached over 4.2 million in 2019.

The Internal Displacement Monitoring Centre estimates that at the end of 2020, more than 6.1 million people were internally displaced in the region. Escalating conflicts, especially in northern Mozambique, suggest this number is set to rise. Disasters, conflicts, and insecurity led to more than 3.1 million newly displaced people in 2020 alone.

The growing figures are linked to the unprecedented nature of extreme climate events such as tropical cyclones Chalane and Eloise, which caused widespread devastation in the Comoros, Madagascar, Mozambique, and Zimbabwe in December 2020 and January 2021.

In South Africa, the COVID-19 lockdown has caused major job and income losses, and as a result remittance flows across the region is estimated to have fallen by 23.1% in 2020. As many migrants have opted to return to their countries of origin, they are not only exposed to higher risk of COVID-19 infection during travel but are also increasing the risks of community transmission in areas of return. Between 21 March and 29 December 2020, the International Organization for Migration (IOM) recorded the highest number of returnees in Zimbabwe (103,097), Lesotho (21,580) and Mozambique (15,341). Fears of returnees transmitting COVID-19 in their home communities are high and may contribute to tensions with local populations and increased discrimination and hardship for those returning. Border closures have also led to increased irregular travel across porous borders, which heightens exposure and complicates health screenings and contact tracing.

Containment measures left many migrants stranded. Between March and December 2020, Zimbabwe recorded the highest number of stranded migrants (15,542), followed by South Africa (11,629) and Angola (7,147). Stranded migrants often struggle to access sufficient food and encounter health risks during their journeys home. In addition, lack of documentation and fear of authorities may prevent them from accessing health services even when they are available. Moreover, the current drought situations in southern Angola and Madagascar have exacerbated already dire circumstances and contributed to an influx of cross-border and internal movements, respectively. In Namibia, over 3,000 Angolan migrants are estimated to be facing high food insecurity and lack of shelter with 1.14 million people in the south of Madagascar facing high

levels of acute food insecurity this year and internal migration to the northern part of the country due to same.

Movement restriction measures, not only across borders but also internally, have a major impact on agricultural supply chains within the region. Labour shortages could disrupt the production, processing, and distribution of food, in which migrant workers play a vital role.

School closures and disruption in school feeding programmes have had a heavy impact on children in migrant families, leaving them at higher risk of malnutrition and child labour exploitation. Even before COVID-19, food insecurity was particularly concerning as millions of people were acutely food insecure across the region. Under a worst-case scenario, these numbers could increase significantly, particularly because of lost remittances.

The datasets collected and recorded on stranded migrants and returnees were compiled from both official and unofficial sources. Official sources included the IOM. Also, government officials monitoring returns, evacuation among other interventions provided a list of returnees which was recorded by the IOM Southern Africa Regional Office. Unofficial sources including but not limited to news from both social and traditional media served as a data collection platform on stranded and return migrants. This approach used presented a significant methodological challenge that impedes any form of reliable, valid, and rigorous analysis to inform policy on affected migrants during the COVID-19 pandemic in several ways.

A few of the limitations identified include the lack of disaggregation of data by gender, age groups, levels of vulnerability, and needs for an appropriate and timely response by either IOM or respective agencies. It is also difficult to cross-validate whether the same migrants identified to be stranded represent the same set of migrants provided with voluntary return and reintegration assistance. In effect, collected data on stranded migrants and returnees suffer from biases in terms of the error

encountered during entry and likely double counting and misspecification. Notwithstanding the above-mentioned observed weaknesses presented by the dataset, the summary and descriptive statistics above provides knowledge of the trends and patterns of flows of migrants during the COVID-19 pandemic.

3.9 Gender

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

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

The UN Women report shows that some countries around the world, particularly those highly affected by COVID-19, have registered up to a 30% increase in reported domestic violence cases and around a 33% increase in emergency calls for gender-based violence (GBV) with women and girls reported to be the victims of these acts. With the lockdown and stay-at-home measures, women who have been in abusive relationships are now forced to be at home

for a prolonged period, making it difficult for them to reach out for help due to the presence of an abusive partner at home. Social distancing in itself makes it difficult for victims to reach out to their usual support systems, particularly friends, neighbours and other family members. In addition, it is also becoming increasingly clear that many of the measures deemed necessary to control the spread of the disease (e.g. restriction of movement, reduction in community interaction, closure of businesses and services, etc.) are not only increasing GBV related risks and violence against women and girls, but also limiting survivors' ability to distance themselves from their abusers as well as reducing their ability to access external support.

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

4. Conclusion

- a) An estimated 47.6 million people in ten SADC Member States are food insecure. Food insecurity will peak during the January to March 2022 lean season.
- b) Numerous factors contributed to food and nutrition insecurity, including the COVID-19 pandemic and lockdown, other human diseases (especially HIV), poor rainfall, floods, crop pests, climate change, conflict, and poverty.
- c) Despite the poor rainfall that has affected western parts of the region and southern Madagascar, most areas experienced good rainfall conducive to crop development.

- d) With overall favourable rains recorded, improved harvests are expected this year. This year, South Africa continues to meet food requirements at national level, with a combination of domestic food production and imports. A maize harvest of maize of 16.18 million tons is expected, which is 5.8% higher than last year. There is ample maize supply to meet national demand in the human and feed markets and to export into neighbouring countries. Zimbabwe also produced a cereal surplus of 828,263 tons.
- e) The high rainfall in many areas has also positively impacted forage for livestock, with significant improvement in vegetation conditions including in some areas which had been affected by recurrent episodes of drought in previous years.
- f) The high rainfall in some of these areas was partially due to the five weather systems that made landfall during this period. These storms affected over 500,000 people and damaged over 219,000 hectares of farmland, mostly in Mozambique, but also in Madagascar, Zimbabwe, Eswatini, Malawi, Botswana, and South Africa.
- g) Despite COVID-19 movement restrictions, formal and regional maize supplies are expected to adequately cover domestic requirements. Average to above-average production in many countries is expected to maintain prices below their respective 2020 levels, supporting food access among market-dependent households. However, access to food on markets is still expected to be severely constrained by the negative economic impacts of COVID-19.
- h) Linked only with hunger and famine in the past, malnutrition must now be used to describe children with stunting (short stature for age) and wasting (low weight for height), as well as those suffering from the 'hidden hunger' of deficiencies in essential vitamins and minerals and the growing numbers of children and young people who are affected by overweight or obesity.
- i) Cereal-based diets are predominant across the region, which limit diet diversity and increase the risk of micro-nutrient deficiencies. This is currently demonstrated by the ongoing pellagra outbreaks in Mozambique and Zimbabwe, caused by severe Vitamin B3 (Niacin) deficiency
- j) There are almost 19 million stunted children in the SADC region: one in every three children are already stunted. Despite a reduction in the proportion of stunted children, the number has remained unchanged over the last 20 years due to population growth. As a region, SADC is not on track to meet the global target of a 50% reduction in the number of stunted children by 2030.
- k) SADC remains at the epicenter of the HIV epidemic. Regionally, 6 million people living with HIV are not yet on antiretroviral treatment. Approximately 5,000 new HIV infection occurs every week among adolescents girls and young women and their partners.
- l) The African Migratory Locust (AML) outbreak has continued in the region, with sightings reported in Angola, Botswana, Namibia, Zambia, and Zimbabwe. SADC launched a regional appeal ([link](#)) for USD 5.1 million to improve coordination, capacity building, control response; and additional USD 15 million for building the resilience of more than 2.3 million food insecure and vulnerable SADC citizens affected by the outbreak.

5. Recommendations

5.1 In the short term

- a) Urgently assist food and nutrition insecure people with food and/or cash-based transfers, in coordination with national shock-responsive social protection programmes.
- b) Strengthen and expand coverage of social protection and safety nets programmes to support people in need.

- c) Ramp up COVID-19 vaccination campaigns to reach at least 60% coverage required for population immunity; and strengthen health systems.
- d) Pay special attention to the rising cases of domestic violence and gender-based violence during the COVID-19 pandemic. Ensure that women and girls are protected from all forms of abuse. Shelters, places of safety, and helplines for victims of abuse must be considered an essential service and remain open for use and must be afforded the necessary financial and other support.
- e) Incorporate gender perspectives in responses to ensure that actions during and after the COVID-19 crisis build more equal, inclusive, and sustainable economies and societies.
- f) Prioritise allocation of resources to improve identification, treatment coverage, and interventions for preventing wasting, adopting lessons learned from programme adaptations due to COVID-19, that used innovative simplified approaches including family-led mid-upper arm circumference.
- g) Build on the gains made during the COVID-19 response in continued expansion of nutrition programmes for school-aged children, including take-home rations, school meals, nutrition education, and iron-folate supplementation in schools.
- h) Make use of innovative technological solutions, such as remote counselling and monitoring, to enhance access to quality nutrition care, particularly for those harder to reach, and improve availability of information for response planning.
- i) Mobilise communities to improve access to HIV testing, prevention, and treatment services, and promote adherence to treatment, including for migrant populations and adolescents girls and young women.
- j) Integrate hygiene into ongoing community-led total sanitation approaches.
- k) Promote value addition to the anticipated bumper crop yields through agro-processing

value chains to increase period of consumption, reduce malnutrition, reduce post-harvest losses, and create employment.

- l) Integrate and promote the WHO “golden rules” of food safety and hygiene in all stages of the food system in order to improve the quality of complementary foods.
- m) Implement preventative control strategies (early warning, contingency planning and rapid response) in the management of migratory pests to prevent a negative impact on regional food security.
- n) Minimise trade-distorting measures and tariff barriers to support trade in food commodities and market access in the region.

5.2 In the medium to long term

- a) Multi-sector complementary interventions should be scaled up in sectors such as health, WASH, social protection, and food systems, with the aim to enhance nutrition resilience, wellbeing, and children’s diets.
- b) While several successful multi-sector programmes for stunting reduction are in place in various countries in the region, collective learning should be encouraged through evidence-generation, documentation, and sharing.
- c) Leverage on the Food Systems Summit and ongoing dialogues to develop action plans to increase the focus of food systems for nutrition outcomes, including supply and demand for improved diets.
- d) Domesticate the Regional Food and Nutrition Security Strategy into National Food and Nutrition Security Strategies.
- e) Prioritize support to routine national health and nutrition information systems to improve monitoring of routine health and nutrition programme data at national and sub-national levels to be able to compare trends over years, monitor progress of programmes and ensure availability of high-quality data during emergency situations as well as non-emergency times.

- f) Improve monitoring of children's, adolescents', and women's diets through use of remote surveying and other innovative approaches to monitor trends and changes in diet on a regular basis.
- g) Address water security, quality, and safety. Strengthen and expedite an end to open defecation and shift to safely managed sanitation and water services; to result in the overall improved quality of water provided to communities, and a positive impact on nutritional outcomes in the region.
- h) Commit technical and financial support towards innovative vulnerability assessments and the development of adequate capacity for continuous monitoring of the food and nutrition security.

6. Country snapshots

6.1 Angola

In Angola, rainfall was 60-80% below average over the cereal-producing south-western provinces of Namibe, Cunene, Huila, and Cuanza. In most south-western areas, this was the driest season experienced since 1981. This resulted in stressed vegetation conditions and a reduction in the availability of water and pasture for livestock. At the start of the harvest in March 2021, a significant cereal production decrease was forecasted, particularly in maize.

In addition, a marked increase in AML swarms between January and March 2021 in south-eastern parts of the country was observed, mostly in Cuando Cubango Province. By March 2021 farmers in the Southern and the Central regions of Angola were reporting production losses of more than 45% due to drought. Food and nutrition security assessments are ongoing in the provinces of Cunene, Huila and Namibe.

6.2 Botswana

Rains were generally favourable, but agricultural yield is expected to be lower than last year. A total of 236,292 ha has been cultivated by 58,443

farmers, of which 32,382 are women. Pasture conditions are good but may degrade during winter and requires monitoring.

A total of 36,171 Batswana are food insecure and prone to other vulnerabilities, which is a 3% increase from last year. Contributing factors include increased unemployment, low business earnings, and an economic slowdown.

Government will assist those food insecure through inclusion in one of its social safety nets. Improvements in health education on hygiene and sanitation have contributed to a slight reduction in child malnutrition (measured by underweight)

6.3 Democratic Republic of the Congo

Between April and December 2021, an estimated 20,561,000 Congolese will be in IPC Phase 3 (crisis) and 5,618,000 in IPC Phase 4 (emergency), totalling 27% of the population. Urgent assistance is required, including food assistance and increased nutritional screening.

Factors contributing to food insecurity include conflict and displacement. An analysis of previous cycles from August 2018 to March 2021 shows that the COVID-19 pandemic also significantly impacted on food security. Between the first half and the second half of 2020, the percentage of the population in IPC Phases 3 & 4 jumped from 28% to 33%.

In May 2021, the Mount Niyragongo volcano erupted. At least 31 people died and 24 were injured by the lava flows, while 3 villages and a district of the city of Goma were destroyed.

6.4 Eswatini

Between July and September 2021, an estimated 222,000 people (representing 19% of the population analysed) are facing high acute food insecurity (IPC Phase 3 and above) and need urgent assistance. These figures will increase during the October 2021 to March 2022 lean season to 318,000 people in IPC Phase 3 and above, which represents 28% of the population analysed. Factors

contributing to food insecurity include unfavourable rainfall, flooding, COVID-19, loss of employment, and high food prices.

The recent countrywide civil unrest in Eswatini has resulted in disruptions to food supply systems as shops were looted, roads blocked, and borders closed. If the situation is not resolved, it may lead to further disruptions in the food chain, increased prices of commodities and affect access to food, especially in urban areas.

Necessary steps should be taken to ensure immediate and continuous access for humanitarian interventions to all populations in need of assistance; and overall respect of humanitarian space, so that people's basic rights can be fulfilled. Government and partners should facilitate the urgent delivery of critical life-saving food assistance. The humanitarian response needs to be well coordinated so as to contain high rates of asset depletion and food consumption gaps, through food and livelihood assistance for communities in IPC Phases 3 & 4.

Through the collaborative efforts of humanitarian & development programmes, there is a need to tackle the root causes of food insecurity to enhance people's resilience and means of livelihoods.

6.5 Lesotho

All the food security indicators portray an improved food security situation this year, and with South Africa's good harvests, imports are expected to be normal. Crop production is expected to be higher than last year but still lower than average year.

Between July and September 2021, an estimated 178,694 Basotho in rural areas will face high acute food insecurity (IPC Phase 3 - crisis). These figures will increase during the October 2021 to March 2022 lean season to 311,868 people in rural areas. In addition, 158,000 urban Basotho are also food insecure, bringing the total to about 470,000 people at national level for both rural and urban areas.

The analysis further indicates that out of the total five rural livelihood zones in the country, only one livelihood zone has no deficit in terms of meeting survival needs and maintaining livelihood patterns.

Contributing factors include crop pests and diseases, waterlogging due to heavy rainfall, fewer livelihoods opportunities, high unemployment due to COVID-19, decreased income from sales of livestock and agricultural products, reduced access to some commodities and increased food and non-food prices.

Immediate humanitarian assistance to all households facing survival deficits is required. Total response requirements come to 24,534 tons in staple food, and USD 19 million (LSL 270 million).

6.6 Madagascar

Southern Madagascar continues to experience immense food insecurity. Assessment results from the *Grand Sud* indicate that about 1.14 million people (43% of 2.7 million people analysed) are facing high levels of acute food insecurity (IPC Phase 3 or above) from April to September 2021, of which 14,000 people are in catastrophe (IPC Phase 5).

It is further projected that 1.31 million people, representing 49% of analysed people, will face IPC Phase 3 and above between October and December 2021. The most affected areas include: Amboasary Atsimo, Beloha, Tsihombe, Ambovombe, and Ampanihy which experienced a substantial rainfall deficit. In Amboasary Atsimo, a large part of the district was affected by severe drought; rainfall was among the lowest in the last 20 years.

SMART surveys in the ten southern districts confirm a deterioration in nutrition the past six months, particularly in Ambovombe, Beloha, Betioky, Bekily and Tsihombe. Ambovombe is particularly alarming with a global acute malnutrition rate 26.3% and a severe acute malnutrition rate of 6%, which is well above WHO's 'very high' threshold of 15% global acute malnutrition. The IPC Acute Malnutrition analysis conducted in June 2021 projects a continuing deterioration of the nutrition situation

over the remainder of 2021 and into 2022, with 6 districts classified in Phase 4 (critical) by January 2022. The main drivers are very low diet diversity and poor child feeding practices, driven by high levels of food insecurity, poor environmental health, and low safe water availability. Mortality rates were below emergency thresholds for all the surveys (child mortality rate below 1/10,000/day and under-5 mortality rate below 2/10,000/day).

The main contributing factors to the food insecurity in the Grand South besides severe drought include: persistent sandstorms, locust invasion, other crop pests, increase in food prices, the negative effects of the COVID-19 pandemic, reduced purchasing power of households (due to low incomes), rural insecurity, and insufficient humanitarian assistance.

Many other factors contribute, including extreme drought, sandstorms, crop pests, COVID-19, high food prices, decreased purchasing power, unrest, and the absence of multisectoral assistance

6.7 Malawi

Some parts of the country experienced dry spells that affected the crop production. Economic growth decelerated in 2020 to 1.7% from 5.7% in 2019 due to COVID-19.

Market and household surveys were conducted in June 2021. Household economy approach (HEA) data collection started on 05 July, to be followed by analysis from 15 July, and publication of results will occur the first week of August 2021.

6.8 Mauritius

Mauritius has recently become a High-Income Country. It reached this milestone in one of the worst years in its history due to the global COVID-19 pandemic, which has wreaked havoc on its economy. The effects of COVID-19 have reversed recent gains in poverty reduction and female labour force participation.

In response, government provided a comprehensive set of stimulus measures to mitigate the economic impact of the pandemic, including a

wage subsidy and income support for the self-employed.

As a Small Island Developing State (SIDS), Mauritius faces a range of hazards, including cyclones, storm and tidal surges, torrential rains, floods and flash floods, landslides, tsunamis, and technological hazards, amongst others.

All these hazards can lead to disasters if not properly managed. The frequency of extreme weather, heavy rains and tropical cyclones has increased significantly over the last two decades. There is need to adapt to climate change.

6.9 Mozambique

An estimated 646,800 people have fled armed conflict in northern Mozambique to other provinces and Tanzania and are at heightened risk of food insecurity. An assessment of seven northern districts conducted between October 2020 and February 2021 projects that, between April and September 2021, about 38% of displaced people assisted in resettlement centres and host families, and 24% of host families themselves, need immediate food assistance in the districts of Metuge, Pemba City, Namuno, Montepuez, Balama, Ancuabe and Chiure.

For the projection period October 2021 to February 2022, it is estimated these percentages will increase to 58% and 38% respectively. Also, about 75,000 children aged 6-59 months could suffer from acute malnutrition in the next 12 months and require urgent assistance.

Factors contributing to food insecurity include armed conflicts and terrorism which are causing displacement of people, low rainfall with high temperatures, cyclones (Chalane, Eloise and Guambe), drought, storms, COVID-19, and high food prices.

The post-harvest food security assessment has been delayed due to lack of funds.

6.10 South Africa

Generally, South Africa continues to meet food requirements at national level through a combination of domestic food production and

imports. A maize harvest of 16.18 million tons is expected, which is 5.8% higher than previous season. There is ample maize supply to meet demand in the human and feed markets and to export into neighbouring countries.

The COVID-19 lockdown had a major economic impact. The unemployment rate rose from 30.1 % in the first quarter of 2020 to 32.6% in the first quarter of 2021, which is a loss of 1,4 million jobs.

In 2020, an application of the Food Insecurity Experience Scale (FIES) found 48,9% of the population to be moderately to severely food insecurity - about 29,340,000 people. IPC projections for January to March 2021 were that 11,796,000 people faced IPC Phase 3 or above.

6.11 Tanzania, United Republic of

Generally, food availability, accessibility and utilization are sufficient and stable countrywide. However, 9% of the districts are likely to have pockets of low crops production, compared to 3% last year, indicating the need for a comprehensive assessment. Compared to last year, Maize yield is expected to increase by 3%, while rice is expected to decrease by 13.5%. Production has also increased of milk (3%), meat (5%), and eggs (26%).

HIV prevalence is declining in Tanzania due to preventive strategies and social and behavioural change programmes. Prevalence of stunting decreased from 34.7% in 2014 to 31.8% in 2018. However, the malnutrition levels are still unacceptably high.

Government has taken several measures to address food and nutrition security, including increasing the cereal reserve and facilitating agricultural inputs. It has also promoted post-harvest food storage and preservation technologies.

6.12 Zambia

According to the results from the February 2021 IPC Update, an estimated 1.7 million Zambians were classified as in IPC Phase 3 or above between February and March 2021. Results for the current assessment are expected in the coming weeks.

Rainfall performance was exceptionally high, and many districts faced flooding.

6.13 Zimbabwe

With a good 2020/21 rainfall season, Zimbabwe recorded an increase in the area planted to maize to 1,951,848 ha with the support of Government and the private sector. Cereal production totalled 3,075,538 tons against a national cereal requirement of 1,797,435 tons for human consumption and 450,000 tons for livestock.

During the January to March 2022 lean season, about 27% of rural Zimbabweans will be cereal insecure. This translates to 2,942,897 individuals, who collectively require 262,856 tons of maize.

This year recorded numerous shocks and hazards, including waterlogging, crop pests, drought, and livestock diseases. Areas requiring attention include low nutrition education, poor food consumption patterns, and the effects of COVID-19 on incomes.

Annex A: List of abbreviation

AML	African Migratory Locust
CFR	Case fatality rate
COVID-19	Coronavirus disease 2019
FCDO	UK Foreign, Commonwealth & Development Office
DRC	Democratic Republic of Congo
DRRU	SADC Disaster Risk Reduction Unit
EVD	Ebola virus disease
FANR	SADC Food, Agriculture and Natural Resources Directorate
FIES	Food Insecurity Experience Scale
FMD	Foot-and-Mouth Disease
GBV	Gender-based violence
GSU	IPC Global Support Unit
HEA	Household Economy Approach
IMF	International Monetary Fund
IOM	The International Organization for Migration
IPC	Integrated Food Security Phase Classification
LM	Landell Mills
MAD	Minimum acceptable diet
MLND	Maize Lethal Necrosis Disease
MUAC	Mid-upper arm circumference
NVAC	National vulnerability assessment committee
OCHA	The UN Office for the Coordination of Humanitarian Affairs
PLHIV	People living with HIV
RVAA	SADC Regional Vulnerability Assessment and Analysis Programme
SADC	The Southern African Development Community
SDC	Swiss Agency for Development and Cooperation
SDG	Sustainable Development Goals
TB	Tuberculosis
UK	The United Kingdom of Great Britain and Northern Ireland
UNECA	UN Economic Commission for Africa
UNHCR	The UN Refugee Agency
UNICEF	The UN Children's Fund
USD	United States Dollars
VAA	Vulnerability assessment and analysis
VAM	WFP Vulnerability Analysis and Mapping
VAS	Vitamin A Supplementation
WASH	Water, sanitation, and hygiene
WFP	The UN World Food Programme
WHO	The World Health Organization
mVAM	WFP Mobile Vulnerability Analysis and Mapping

SOUTHERN AFRICA

Regional Vulnerability Assessment and Analysis (as of July 2021)



RVAA
Regional Vulnerability Assessment
& Analysis Programme
Informing resilient livelihoods

Southern Africa suffers widespread food and nutrition insecurity. This year, an estimated **47.6 million** people are food insecure, which is a 5.5% increase from last year and 34.3% above the 5-year average (in the 10 SADC Member States that submitted data). The situation in Madagascar has worsened significantly: the number of people food insecure increased by 136% from last year, with 1.31 million people facing IPC Phase 3 and above.

Average to above-average cereal production in many Member States is expected to keep staple food prices below 2020 levels. However, even with sufficient production, lower or lost incomes due to COVID-19 have led to a reduction in household purchasing power. The lockdown has caused a catastrophic 7% contraction in regional gross domestic product. Diets continue to worsen as diverse varieties of food become unavailable, inaccessible, and unaffordable to the most vulnerable

households, contributing to malnutrition. The pandemic is reversing the progress made in poverty reduction in the region over the past two decades. Yet even before COVID-19 reduced incomes and disrupted supply chains, hunger had been increasing across Southern Africa. Contributing factors include pervasive poverty, climate change, conflict, gender disparities, diseases, pests, and natural disasters.

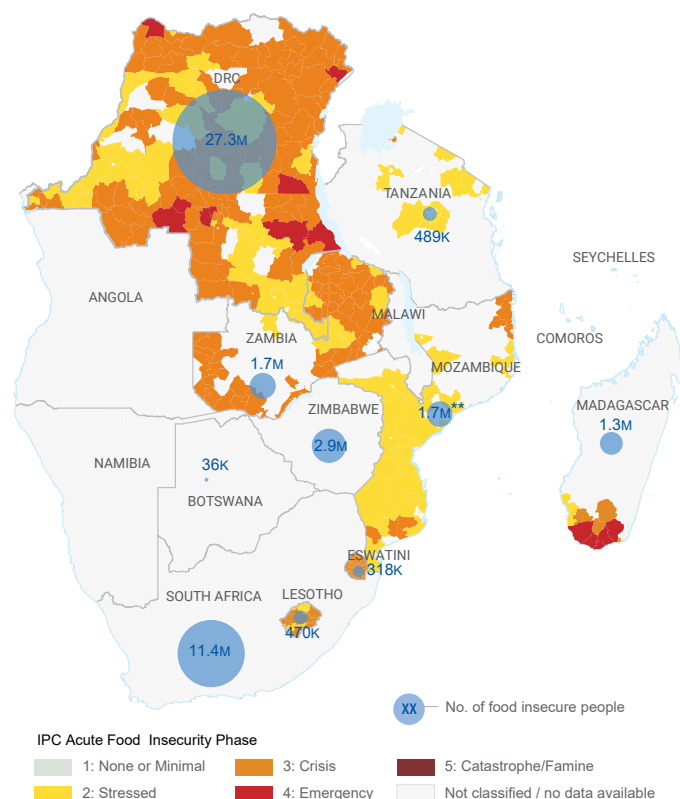
47.6M*
FOOD INSECURE PEOPLE

39M
OVERWEIGHT / OBESE CHILDREN
UNDER 5 YEARS OF AGE

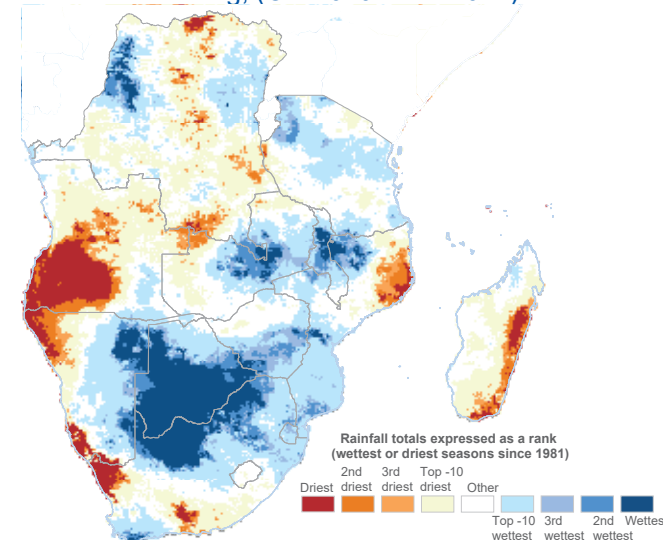
19M
STUNTED CHILDREN

< 2%
COVID-19 VACCINATION
RATES

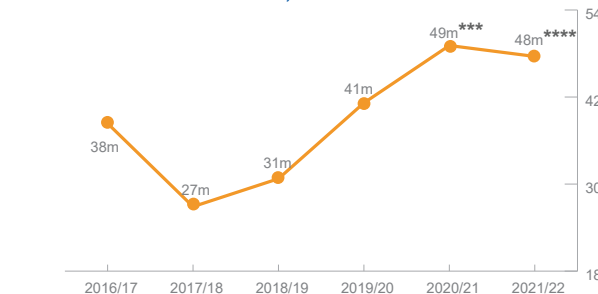
Food insecure population



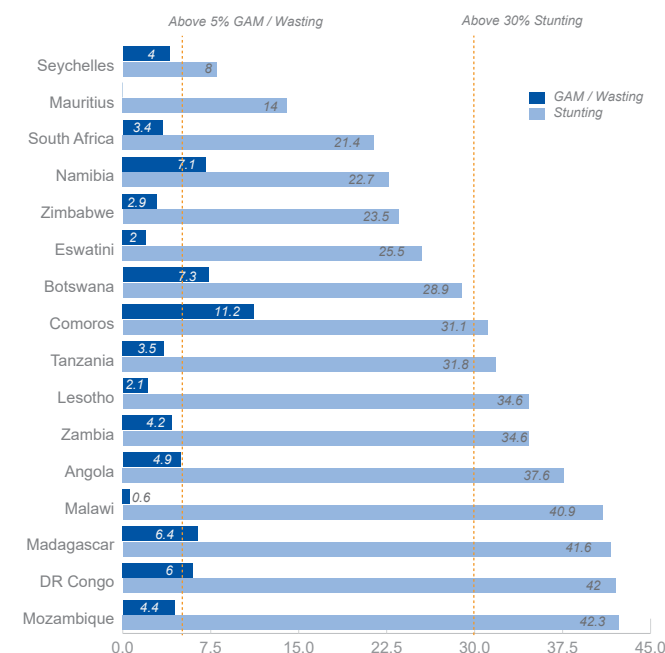
Rainfall total ranking, (Oct 2020 - Mar 2021)



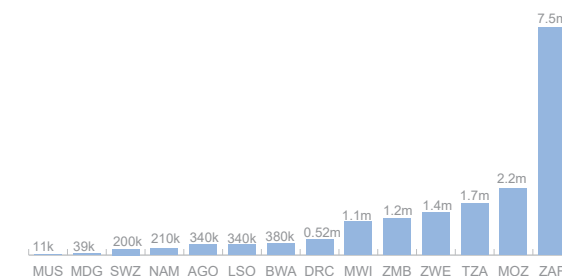
Food insecure trends, 2016 - 2022



Global acute malnutrition and stunting prevalence



People living with HIV, 2020





1 REGION

16 NATIONS

WORKING TOWARDS A COMMON FUTURE