

***HIV/AIDS AND THE SOUTHERN AFRICAN HUMANITARIAN
CRISIS***

***Consultation organised by UNAIDS and the
Regional Inter-Agency Coordination Support Office (RIACSO)***

6-7 November 2002, Johannesburg

FINAL DRAFT 21 NOVEMBER 2002

TABLE OF CONTENTS

Executive Summary	3
Introduction	4
Opening Plenary: A Different kind of Crisis	5
Country Reports - Understanding the linkages between HIV/AIDS and the Humanitarian Crisis.....	7
Summary of Group Discussions on HIV/AIDS	8
Concluding Remarks.....	9
Annex 1: Consensus Statement from the Regional Consultation on HIV/AIDS and the Southern African Humanitarian Crisis	10
Annex 2: Recommendations and actions emanating from the Regional Consultation on HIV/AIDS and the Southern African Humanitarian Crisis.....	12
Annex 3: List of Participants	18

Executive Summary

The Regional Consultation on HIV/AIDS and the Southern African Humanitarian Crisis, held in Johannesburg, South Africa, from 6-7 November 2002, jointly organised by the UNAIDS Inter-country Team for Eastern and Southern Africa and the United Nations Regional Inter-Agency Coordination Support Office (RIACSO), was attended by approximately 70 participants from UN Agencies and civil society organisations interested in HIV/AIDS and/or humanitarian assistance in Southern Africa.

The consultation was aimed at reviewing the present humanitarian crisis in Southern Africa within the context of the HIV/AIDS pandemic in the region and the overall recovery process of individuals and communities. The matrix developed by the Inter-Agency Standing Committee on HIV/AIDS and Emergencies as well as the recommendations resulting from the mission of the UN Special Envoy for Humanitarian Needs in Southern Africa, Mr Jim Morris, provided the basis upon which the discussions took place.

The meeting was organised into plenary presentations and open discussions as well as working groups dealing with 1) Information and Advocacy; 2) Health, Water and Sanitation; 3) Education and Protection; 4) Coordination, Preparedness and CAP; 5) Assessment, surveillance and monitoring; 6) Food distribution, food security and nutrition. The outcome of the working groups are outlined in a set of short and long term recommendations included as Annex 2.

A policy group was also formed during the working group session that proposed wording for a Consensus Statement which was adopted during the meeting (Annex 1). This Consensus Statement captures the key points highlighted during the meeting:

- 1) HIV/AIDS must be integral to all responses to the humanitarian crisis.
- 2) The international community should strongly promote fully integrated responses to the AIDS crisis in the key political fora of governments at national and regional levels.
- 3) Effective coordination of the response is crucial, with government ownership wherever possible and strong, sustained public-private partnerships.
- 4) Further resources must be leveraged through all existing instruments such as the Global Fund on AIDS, Tuberculosis and Malaria, World Bank Multi-country AIDS Programme (MAP), Highly Indebted Poor Countries (HIPC), and at national levels through medium-term expenditure frameworks, Poverty Reduction Strategic Paper (PRSP) and other mechanisms.
- 5) The mid-term review of the Consolidated Appeal Process (CAP) in January 2003 should ensure that HIV/AIDS is fully integrated in all humanitarian operations.

Introduction

The Regional Consultation on HIV/AIDS and the Southern African Humanitarian Crisis, took place in Johannesburg, South Africa from 6-7 November 2002, attended by approximately 70 participants from UN Agencies and civil society organisations interested in HIV/AIDS and/or humanitarian assistance in Southern Africa. The meeting was jointly organised by the UNAIDS Inter-country Team for Eastern and Southern Africa and the United Nations Regional Inter-Agency Coordination Support Office (RIACSO).

The consultation was aimed at reviewing the present humanitarian crisis in Southern Africa within the context of the HIV/AIDS pandemic in the region and the overall recovery process of individuals and communities. The matrix developed by the Inter-Agency Standing Committee on HIV/AIDS and Emergencies as well as the recommendations resulting from the mission of the UN Special Envoy for Humanitarian Needs in Southern Africa, Mr Jim Morris, provided the basis upon which the discussions took place.

The objectives of the meeting were therefore to

- To share perceptions of the contribution of HIV/AIDS to the existing humanitarian crisis in Southern Africa
- To advocate for the integration of HIV/AIDS into impact and vulnerability assessment surveys as a key parameter
- To identify emerging opportunities for accelerating HIV-programming through synergy with the overall crisis response
- To explore areas of collaboration with all stakeholders to rapidly reduce vulnerability
- To agree on the way forward to address HIV/AIDS and the humanitarian crisis

In his welcoming address the UNDP Resident Coordinator and Chairperson of the HIV/AIDS Theme Group in South Africa, Mr John Ohiorhenuan, warned that unless the social forces underlying the HIV/AIDS, humanitarian and food crisis in Southern Africa were better understood, the emergency would become worse. In particular he noted that the problems were related and represented a vicious cycle that called for a more comprehensive response to challenge the issue at hand.

In this regard the plenary presentations presented during the consultation reflected on the how the present crisis confronting Southern Africa was different from previous food and humanitarian crises that the region confronted. Presenters examined how the HIV/AIDS pandemic and the humanitarian crisis are impacting on coping mechanisms undermining and fundamentally changing the recovery system. In addition they reflected on the resource needs, including financial and human resources, required in order to respond to the crisis immediately and in the long term.

Informing the consultation were presentations by Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe. These presentations provided an up-to-date account

of the present situation confronting each of the countries. Group work provided the opportunity for participants using their relevant areas of expertise to make recommendations and propose practical measures in which existing programmes and responses could be utilised to address the present humanitarian crisis and HIV/AIDS.

Opening Plenary: A Different Kind of Crisis

All famines have long-term roots in uneven development .The fundamental difference (in this current crisis) is the influence of HIV/AIDS-related morbidity and mortality. This both worsens and is exacerbated by the food crisis, creating a dual tragedy.

AIDS increases dependency ratios and weakens economic and food security. This occurs at all levels from the individual and households through to national and regional economies. Food production from subsistence to small-scale and large-scale agriculture is jeopardised by the loss of labour, leading to lower outputs, a narrower range of cropping and poorer livestock management. Thus AIDS increases the vulnerability of populations to famine when other factors such as drought, policy issues and other concerns arise. (Consensus Statement)

The opening plenary presentations provided a context for understanding the present humanitarian crisis confronting Southern Africa and in particular the potential destabilising impact that HIV/AIDS has on all levels of society, the region and the continent.

Michel Sidibe, Director of the UNAIDS Country and Regional Support Department, pointed out that in some respects the HIV/AIDS pandemic resembles science fiction as it is a unusual disease associated with an intimate act of pleasure which creates life, but that it is not fiction but a reality that could result in illness and death. He described the present crisis as a double tragedy, highlighting that both emergencies are interlinked and that in a world with AIDS, rural development, food security and agricultural policies could not be separated from HIV/AIDS.

Drawing upon comparisons between previous famines and the present famine confronting Southern Africa, Mr Urban Johnson, Director of the UNICEF Eastern and Southern Africa Regional Office (ESARO), noted that in the famine that struck the region in 1980 and 1991, societies did cope and did come back despite the fact that many of these countries were in a state of conflict. However, today in a state of peace many countries are struggling to cope with the present humanitarian crisis. The fundamental difference between the previous famines and the famine confronting the region today is the impact of HIV/AIDS which has now been around for two decades.

Most participants noted the negative impact of HIV on the agricultural sector. Mr Sidibe noted that approximately 7 million agricultural workers in the region have succumbed to HIV/AIDS. Ms Deborah Saïdy, Deputy Emergency Coordinator of WFP Southern Africa, delivered the plenary address on behalf of Ms Judith Lewis, Regional Coordinator for the Special Envoy of the Secretary-General for Humanitarian Needs in Southern

Africa, highlighting that there is a two directional relationship between HIV/AIDS and food security. She pointed out that HIV/AIDS is impacting negatively on food production, resulting in declines in household incomes and that the present emergency is stretching the resources of the various sectors of society to respond to the additional requirements. Mr Bunmi Makinwa, Team Leader of the UNAIDS Inter-country Team for Eastern and Southern Africa, pointed out that HIV/AIDS was impacting on development in general, resulting in decreased life expectancy and a loss in labour force. In this regard he noted that in Namibia, 25% of the agricultural labour force will be lost to HIV/AIDS and in Malawi close to 16% would be lost to the epidemic.

However, it was evident from the presentations that the present humanitarian and HIV/AIDS crisis pose additional challenges to those infected and affected by HIV/AIDS.

All presenters underscored the need for people living with HIV/AIDS to maintain their intake of food and noted that better and more nutritional foods were required by People Living with HIV/AIDS (PLHAs) to enable them to sustain their health. Ms Sian Long, Regional HIV/AIDS Adviser, Southern Africa for Save the Children Fund UK (SC UK), cautioned that food distribution policies targeting PLHAs needed to be sensitive to issues of stigmatisation and discrimination.

The impact of the present crisis on women and children in particular were highlighted. Mr Sidibe noted that HIV/AIDS in sub-Saharan Africa predominantly affects women, who are the primary producers of food, and are the most affected by HIV/AIDS. Ms Long, of the Save the Children Foundation, reminded participants that in the context of the present crisis it is largely the responsibility of youth and women to collect and distribute food, making them vulnerable to exploitation and abuse by humanitarian relief workers. She called for programmes to be instituted that sensitised humanitarian workers to their own vulnerability to HIV/AIDS.

Mr Johnson reminded the participants that the present crisis is altering the dependency ratio normally observed during crisis placing a greater burden on the young and the old. He highlighted that in most famines it's the young and the old that die off. With the presence of HIV/AIDS, it is adults at their most productive age, who would normally care for the old and the young that are dying first, placing the burden on young people and the elderly. Ms Long added that the present crisis is forcing children and young people from the rural areas to seek employment in urban areas. This reduces their access to social support and increases their risk of infection. She highlighted that young people's schooling is being undermined through poor planning by food distributors as many were forced to leave their schools to go and get food.

All speakers underscored the need for future actions to reinforce and build upon existing programmes. In this regard, Mr Sidibe called for the mainstreaming of HIV/AIDS into existing components of humanitarian assistance, to utilise the present crisis to increase advocacy for HIV/AIDS, and to piggy back HIV/AIDS activities onto relief efforts. For the United Nations, he emphasised that the present crisis afforded the opportunity for joint programming, a pooling of resources and the more effective utilisation of existing

expertise to address in a more accurate manner the crisis that is being faced. Echoing these sentiments Ms Saïdy of the WFP suggested that participants should think broadly about how the UN could work together and determine concrete steps that could be taken in the future. She called for the meeting to investigate how current programmes could be refined rather than proposing new programmes. She noted that the meeting needed to develop an understanding of the linkages between HIV/AIDS and the present emergency so as to ensure that donor resources could be best directed towards supporting efforts.

Ms Long, however, pointed out that it was not only UN Programmes that require an examination of programmatic linkages but that the linkages between HIV/AIDS and agricultural programmes in general need to be strengthened.

Regarding political commitment in the region, most speakers emphasised the need for greater action and commitment. Mr Urban Johnson concluded that “war criminals are brought to tribunals for justice. How long are we going to be silent about the silence? It is no longer bad governance; it is criminal that African leaders and senior politicians are silent around issues of HIV/AIDS.”

The discussion following the plenary was utilised by many agencies to highlight previous work undertaken on HIV/AIDS and food security. In particular the Representative of the FAO highlighted the organisations guidelines on incorporating HIV/AIDS into emergencies. She suggested that the meeting identify HIV/AIDS as an emergency requiring an emergency response.

The representative from the SADC Health Sector Coordinating Unit pointed out that in order to obtain greater political commitment it was important for packaged information to be provided to politicians so as to develop their understanding of the issues. In a similar vein the UNAIDS CPA in Zambia called for programmes targeting the media on HIV/AIDS and the humanitarian crisis. The Representative from the WHO requested that the meeting expand the scope of its understanding on the assessment of the situation and look at vulnerability in the broadest sense of the word. The UNAIDS Country Programme Adviser (CPA) for Swaziland highlighted the need to address the food and nutritional needs of PLHAs. The Representative from UNAIDS Inter-country Team of West and Central Africa called for the meeting to consider ways in which rural people could be empowered so that they can take care of their needs independently. The representative from the UNFPA Country Support Team in Harare requested that attention be given to communities that do not have resources, and that local efforts are strengthened in responding to HIV/AIDS and the humanitarian crisis rather than being undermined.

Country Reports - Understanding the linkages between HIV/AIDS and the Humanitarian Crisis

Presentations were delivered by six countries in the region, namely Lesotho, Malawi, Mozambique, Swaziland, Zambia, and Zimbabwe. These presentations assisted in providing a greater understanding of the linkages and challenges confronting the

countries in addressing HIV/AIDS. The country presentations provided an overview of the socio-economic circumstances of each country, outlined the sources and causes of vulnerability, provided an overview of the response to the crisis, and looked at opportunities for the future and country level priorities in responding to the crisis.

The six countries that are most severely affected by the present humanitarian crisis all rank low on the UNDP Human Development Index. All countries reported experiencing low levels of economic growth, predominantly rural populations with a high degree of poverty, unemployment and low levels of purchasing power, which has been steadily declining further owing to steadily increasing prices. This has resulted in malnutrition, which increases the vulnerability to morbidity and communicable diseases. In Zimbabwe explicit mention was made of the negative impact of government policies which have impacted negatively on agricultural production.

Most countries have predominantly rural based populations. HIV/AIDS prevalence in the countries is as follows: Malawi – 15%, Mozambique – 13%, Zambia – 21.5%, Lesotho – 31%, Swaziland – 33.7% and Zimbabwe – 33.7%.

All countries with the exception of Mozambique have submitted a Consolidated Appeal for support and in all countries the governments have been rolling out famine relief programmes targeting the most vulnerable households.

Governments and UN Agencies in the six countries are actively involved in supporting relief efforts often under the guidance of OCHA, WFP, UNICEF, and FAO. Programmes being supported include: subsidising the cost of maize so as to keep prices down, food distribution programmes and supporting food feeding schemes in schools. In the case of Zimbabwe a portion of the AIDS Levy has been utilised to support feeding programmes.

Opportunities identified by the presenters included:

- Research aimed at exploring the linkages between the humanitarian crisis and HIV/AIDS
- Integrate HIV/AIDS prevention, care and support activities into relief efforts
- Increase political support for HIV/AIDS and the humanitarian crisis

Future priority interventions identified by the participants included:

- Advocacy, especially with the media to highlight the linkages between HIV/AIDS and the humanitarian crisis
- Mainstream HIV/AIDS into various sectors
- Move from talk to action
- Awareness creation through initiating community dialogue
- Support children and other vulnerable populations ensuring the provision of basic services to people living with HIV/AIDS
- Prevent the sexual exploitation of children and women

Summary of Group Discussions on HIV/AIDS

Small group discussions were undertaken to provide an outline of possible contributions that can be made by the United Nations system in collaboration with other development agencies to better support country led activities in response to the HIV/AIDS and humanitarian crisis in Southern Africa. As a guideline the groups were requested to focus on next steps that can be undertaken, building upon existing initiatives and exploring possibilities for partnerships and interagency coordination. To inform the discussions, participants were asked to utilise the Inter-Agency Standing Committee on HIV/AIDS and Emergencies (IASC) reference group matrix and recommendations from the Mission of the Special Envoy in guiding the discussion.

The participants were divided into groups dealing with 1) Information and Advocacy; 2) Health, Water and Sanitation; 3) Education and Protection; 4) Coordination, Preparedness and CAP; 5) Assessment, surveillance and monitoring; 6) Food distribution, food security and nutrition. The recommendations together with the long term and short term actions suggested by the participants are included as Annex 2.

A seventh policy group proposed wording for the Draft Consensus Statement which was considered by the meeting. The draft consensus statement is attached as Annex 1.

Concluding Remarks

In his concluding remarks Mr Johnson, Director of UNICEF ESARO, reiterated the dual relationship between HIV/AIDS as had been highlighted in the country presentations and the group discussions. He reminded participants that the HIV is causing and contributing towards the food crisis owing to the diminished or reduced capacity of households to cope. He reiterated that HIV/AIDS attacks adults resulting in fewer adults being able to care for the elderly and the children. But likewise he stressed that the food crisis impacts on HIV/AIDS. People living with HIV/AIDS are in need of food to maintain their health and quality of living. He stressed that the response is not either or – the response needs to be simultaneously targeted at ensuring food availability and also continuing to address the HIV/AIDS crisis. He stressed that if the UN wants to make a meaningful impact on the epidemic it is important for the system to demonstrate that it can collaborate. However he reminded participants that the present crisis was not only about UN collaboration but required partnerships with bilaterals, multilaterals and NGOs to ensure a more effective response. He reiterated his call from the opening session that African leaders break the silence around HIV/AIDS and called for greater resource mobilisation to be undertaken which needs to put at the forefront of the impending catastrophe confronting many countries.

Mr Sidibe highlighted that the meeting afforded the opportunity to analyse the challenges confronting the region in addressing the inter-linkages between HIV/AIDS and the humanitarian crisis. He said that the meeting provided the opportunity to look at areas in which investments could be made, through defining the strategies and mapping these strategies so as to ensure that the priorities defined are articulated into action points. He

concluded by saying that it is important to frame the present humanitarian crisis as being a different crisis, resulting in the collapse of coping mechanisms and undermining the recovery system, since when people are sick recovery becomes a major problem. Lastly he pointed out to the participants that they should stop waiting for resources to address the emergency, but should tap into existing mechanisms to address the present situation. He called on the participants to use the current crisis in the region to ensure that HIV/AIDS is more visible on the agenda.

In her closing remarks, Deborah Saïdy of the World Food Programme (WFP) highlighted that the scale of the humanitarian crisis coupled with the HIV/AIDS crisis represented a life threatening situation on a mammoth scale. She reminded participants that the emphasis being attributed to HIV/AIDS was a result of the mission by Special Envoy, Jim Morris, to the region who articulated a number of steps and areas that needed to be addressed. She reminded participants though that in order to address the crisis the emphasis has to be on national action.

Michael Angaga from the Network of African People Living with HIV/AIDS (NAP+), ended the workshop by presenting the draft consensus statement. He closed by emphasizing that the UN had taken a big step by drawing attention to the challenges confronting the sub-region, namely that of HIV/AIDS and food security. He emphasised and called on participants not to forget that the situation unfolding in Southern Africa could soon be faced by other regions in the continent.

Annex: 1

***Consultation organised by UNAIDS and the
Regional Inter-Agency Coordination Support Office (RIACSO)
6-7 November 2002, Johannesburg***

CONSENSUS STATEMENT

HIV/AIDS AND THE SOUTHERN AFRICAN HUMANITARIAN CRISIS

The present humanitarian crisis in southern Africa differs from past crises because of HIV/AIDS – individual and socio-economic vulnerability is already high and will continue to worsen. Although all famines have long-term roots in uneven development, the fundamental difference is the influence of HIV/AIDS-related morbidity and mortality. This both worsens and is exacerbated by the food crisis, creating a dual tragedy. The required responses are therefore significantly more complex and urgent than ever before, with a long-term community capacity development perspective even more crucial than in past food crises. The common belief that societies can cope, and will recover, is being challenged.

AIDS increases dependency ratios and weakens economic and food security. This occurs at all levels from the individual and households through to national and regional economies. Food production from subsistence to small-scale and large-scale agriculture is jeopardised by the loss of labour, leading to lower outputs, a narrower range of cropping and poorer livestock management. Thus AIDS increases the vulnerability of populations to famine when other factors such as drought, policy issues and other concerns arise.

In this context rural development, poverty, food security and agricultural policy cannot be handled independently of the epidemic. The provision of food is vital – even more so than in the past because of the extra nutritional requirements of the 20-35% of the adult population who are HIV positive. But adequate food provision, while essential, is an insufficient response to the current humanitarian crisis. The recovery capacity of the population is seriously eroded by the AIDS epidemic, breakdown of social services, ill-health and death of capable adults.

The humanitarian crisis is an opportunity to force HIV/AIDS to the forefront of the assistance agenda in the region, sharpening awareness of the fundamental impacts of AIDS. Failure to act effectively together on HIV/AIDS and on the food crisis will place millions of lives at risk.

The international partners must pool expertise and financial resources, and develop joint country responses with harmonised implementation arrangements with other strategic partners. The monitoring should foster a growing sense of public responsibility and accountability.

- 6) HIV/AIDS must be integral to all responses to the humanitarian crisis.
- 7) The international community should strongly promote fully integrated responses to the AIDS crisis in the key political fora of governments at national and regional levels.
- 8) Effective coordination of the response is crucial, with government ownership wherever possible and strong, sustained public-private partnerships.
- 9) Further resources must be leveraged through all existing instruments such as the Global Fund on AIDS, Tuberculosis and Malaria, World Bank Multi-country AIDS Programme (MAP), Highly Indebted Poor Countries (HIPC), and at national levels through medium-term expenditure frameworks, Poverty Reduction Strategic Paper (PRSP) and other mechanisms.
- 10) The mid-term review of the Consolidated Appeal Process (CAP) in January 2003 should ensure that HIV/AIDS is fully integrated in all humanitarian operations.

RIACSO and UNAIDS Inter-country Team for Eastern and Southern Africa should ensure follow-up of the UN Envoys Special Mission and of this meeting.

Annex 2: Recommendations and actions emanating from the Regional Consultation on HIV/AIDS and the Southern African Humanitarian Crisis

Thematic Area	Recommendations	Short Term Actions	Long Term Actions
Information and Advocacy	<ol style="list-style-type: none"> 1. Utilise current humanitarian crisis to emphasise the depth and implications of HIV/AIDS within Southern Africa. 2. Advocate for coordinated messages within the United Nations System and among NGOs. 3. Create alliances with political leaders, traditional and religious leaders and other stakeholders around HIV/AIDS and the current crisis confronting the region. 4. Develop a communication strategy to address HIV/AIDS and the humanitarian crisis in Southern Africa. 	<ol style="list-style-type: none"> 1. Advocate for coordinated messaging and develop common communications strategies on HIV/AIDS and the present humanitarian crisis. 2. Utilise the launch of UNAIDS AIDS Epidemic Update, 26 November 2002, and World AIDS Day, 01 December 2002, to promote the linkages between HIV/AIDS and the food crisis in the region. 3. Utilise the impending visit by the UN Special Envoy for HIV/AIDS in Africa, Mr Stephen Lewis, to advocate the linkages between HIV/AIDS and the humanitarian crisis with governments, media and civil society. 4. Create linkages with the mission by the Executive Director of WFP to Southern Africa to focus on the crisis with HIV/AIDS as a central element. 5. Utilise the regional and national VAC assessments to emphasise a multi-sectoral perspective which takes into account the humanitarian crisis and HIV/AIDS and advocate for the inclusion thereof into the CAP at the country level. 6. Utilise SADC to advocate with member states for greater emphasis to be given to the linkages between the humanitarian crisis and HIV/AIDS. 	<ol style="list-style-type: none"> 1. Integrate HIV/AIDS into early warning disaster and emergency systems through strengthening and enhancing the coordination mechanisms. 2. Review national strategic plans taking into account the current humanitarian crisis and HIV/AIDS with consideration being given to a post-crisis situation. 3. Utilise existing information systems including CRIS to translate assessment into advocacy tools.

Thematic Area	Recommendations	Short Term Actions	Long Term Actions
Education and Protection	<ol style="list-style-type: none"> 1. Incorporate into relevant mechanisms appropriate responses within the school curricula that provide relevant skills to children for example in agriculture, sexual education, nutrition, gender and HIV/AIDS. 2. Support education initiatives, condom distribution and STI treatment for people involved in humanitarian and developmental responses. 3. Involve children, PLWAs, etc. more closely in monitoring school drop out and assessing vulnerability. 4. Conduct participatory rapid appraisals in vulnerability assessments. 5. Equip humanitarian workers and food distributors with information on HIV/AIDS that can be provided to empower communities. 	<ol style="list-style-type: none"> 1. Sustain children in school through subsidising education. 2. Rapid teacher training in sexual and reproductive health and HIV/AIDS at primary, secondary and tertiary levels. 3. Sustained supplies, learning and instructional materials. 4. Provide for the educational needs of orphans and vulnerable children, peers, teachers and parents involved in monitoring school attendance of children infected and affected by HIV/AIDS. 5. Provide counselling facilities at tertiary educational facilities. 6. Make condoms easily accessible at tertiary institutions. 7. Zero tolerance for the sexual abuse and exploitation of children by teachers. 8. Train humanitarian response workers in issues of exploitation, sexual violence and HIV/AIDS. 9. Ensure that children are registered to benefit from social security systems aimed at supporting their needs. 	<ol style="list-style-type: none"> 1. Transformation of schools into community centers for action – planning centres for the crisis. 2. Encourage participation of parents in school activities. 3. Design and implement programmes against child exploitation behaviour. 4. Rapid appraisal of household surveys to guide programme implementation. 5. Need community level registration of children for provision of services.

Thematic Area	Recommendations	Short Term Actions	Long Term Actions
Health, Water and Sanitation	<ol style="list-style-type: none"> 1. Integrate HIV/AIDS prevention messages with food distribution activities. This should include referral to VCT, waterborne diseases, prevention, malnutrition screening and home based care. 2. Mobilise greater resources through the Global Fund for AIDS, TB and Malaria (GFATM), the UN Consolidated Appeals (CAP), the World Bank, IMF and bilaterals for the strengthening of the health system and its human 3. Coordinate joint Link activities such as food distribution with HIV/AIDS prevention messages and other health related issues. 	<ol style="list-style-type: none"> 1. Utilise the vulnerability assessment to strengthen interagency surveillance systems to identify and respond appropriately to targeted areas. 2. Explore additional networks that can be mobilised to distribute home based care kits in outreach activities so as to complement existing home-based care networks. 3. Advocate for greater financial resources to purchase additional kits for distribution. 4. Link health and water sanitation outreach interventions with school feeding programmes. 5. Production and dissemination of educational materials. 6. Fast track the strengthening of Life skills and HIV/AIDS education in schools. 7. Advocate for the provision of incentives in emergency situations to curtail the out flux of health care workers. 8. Rehabilitate water and distribution points to ensure clean water. 9. Advocate for greater resources for the health sector and health workers. 10. Continuous monitoring and evaluation for refinement. 	<ol style="list-style-type: none"> 1. Develop an integrated health care monitoring and surveillance system 2. Scale up provision of health supplies including drugs for opportunistic infections, reproductive health kits and anti-retrovirals. 3. Increase and expand access to VCT and DOTS, 4. Increase capacity of the health system to face the implications and health needs brought about by the pandemic 5. Develop mass media campaigns for HIV/AIDS prevention, care and support including the development of IEC materials. 6. Develop proposals to the GFATM, World Bank MAP and other funds to support the emergency response.

Thematic Area	Recommendations	Short Term Actions	Long Term Actions
Coordination, Preparedness and Resource Mobilisation	<ol style="list-style-type: none"> 1. Strengthen the Resident Coordinators role and function in overseeing HIV/AIDS responses within the humanitarian crisis within the humanitarian crisis to a) ensure an effective, consistent and structured approach that harmonises the UN Theme Group on HIV/AIDS with UN Disaster Management Team; b) enable effective information collection and analysis to support interaction with World Bank, IMF, government, bilateral initiatives. c) Harmonise and integrate information management systems 2. Integrate at regional level the work of RIACSO and UNAIDS Inter-country Team for Eastern and Southern Africa to support resource mobilisation to address current HIV/AIDS and humanitarian crisis. 	<ol style="list-style-type: none"> 1. The Chairs of UNDG and ECHA to communicate to Resident Coordinators recommending they take responsibility for prioritising their time to strengthen the coordinated response to the current humanitarian and HIV/AIDS situation in the region. 2. CPAs in each country to be included to ensure integration of HIV/AIDS concerns into humanitarian response strategies. 3. Bring together information from CRIS, SAHIMS and FEWSNET. 4. Resident Coordinator and Theme Group Chairs must pursue initiatives to ensure national DMG and national AIDS Authorities are brought together to demonstrate linkages and identify action. 5. Integrate at regional level the work of RIACSO and UNAIDS Inter-country Team for Eastern and Southern Africa to support resource mobilisation to address current HIV/AIDS and humanitarian crisis. 	<ol style="list-style-type: none"> 1. Begin preparations for an all stakeholders meeting (WB, UN, SADC, AU, donors) to develop and agree on a comprehensive strategy to address the pandemic in the region.

Thematic Area	Recommendations	Short Term Actions	Long Term Actions
Assessment, Surveillance and Monitoring	<ol style="list-style-type: none"> 1. Improve linkages between the SADC Vulnerability Assessment Committee (VAC) and UN Theme Group on HIV/AIDS (UNTG) to better understand the interface between food crisis and HIV/AIDS. 2. Support VAC in establishing data analysis protocol that builds capacity and leads towards an ongoing monitoring system. 3. Promote research on linkages between household demography and acute food shortages. 4. Support local governments in decision making, to identify vulnerability and develop actions to decrease vulnerability. 5. Increase rapid appraisals to identify vulnerability by age, gender and school attendance. 6. Use the UNAIDS Country Response Information System (CRIS) and other available information systems to translate assessments into advocacy tools. 	<ol style="list-style-type: none"> 1. Core indicators for emergency food assessments have been defined but those for other sectors including HIV/AIDS must be determined and likewise for proforma's. 2. Meeting of country and regional VAC should analyse previous assessment data taking HIV/AIDS into account and should integrate HIV/AIDS into future assessments. 3. Monitoring systems in countries need to be improved and strengthened based on core indicators including HIV/AIDS related indicators. 4. Support studies on areas of concern. 5. A coordinated multi-agency database to be developed under the guidance of UNOCHA which includes data concerning livelihoods, population, and demographic data, and linked to CRIS and SAHIMS. 	<ol style="list-style-type: none"> 1. Livelihoods-based assessment to be undertaken in at least four countries. 2. Link multi-agency databases. 3. Evaluate regional and national capacity for vulnerability assessments to be conducted in SADC States and strengthen regional training institutes. 4. Identify and integrate indicators from other sectors not presently covered into VAC assessment.

Thematic Area	Recommendations	Short Term Actions	Long Term Actions
Food Security, Food Distribution and Nutrition	<ol style="list-style-type: none"> 1. Advocate for appropriate nutritional food basket for general food distribution and through community and home based care programmes that can strengthen community safety nets. 2. Develop tools and over-lay maps based on multi-sectoral data to identify most vulnerable areas for better targeted response. 3. Design appropriate medium and long term actions, and advocate for adequate resources, to initiate maintenance and/or rehabilitation of productive and care activities at the household, community and macro level, simultaneous with immediate response. 	<ol style="list-style-type: none"> 1. Use the current Sphere review process to ensure the inclusion of specific suggestions on food basket appropriate for assistance to high HIV-AIDS prevalence populations. 2. Review household and community dynamics on resource spending (health care, water and sanitation, education, shelter, etc) and the role of food. 3. Review and improve (if so required) the current targeting proxies and selection / identification tools. 4. Develop an inventory of community activities that could form the basis for targeted food support in the immediate and long term through direct and indirect support. 5. Bring together expertise in mapping and data analysis methodologies to establish data overlay systems to facilitate joint targeting of activities <ol style="list-style-type: none"> a. technical tools-methodologies b. guidelines for translating overlay maps into action. 6. Create in country capacity for ongoing preparation and adjustment of overlay-maps and take appropriate action. 7. Promote labour saving technologies and practices that address labour shortages created by HIV-AIDS 8. Promote community mechanisms to ensure that vulnerable children and youth have sufficient agricultural knowledge and life skills 9. Identify and disseminate crop and livestock varieties suitable to the current HIV-AIDS crisis. 10. Design a range of options so those affected can choose interventions relevant to them 11. Improve nutrition through crop diversification and other mechanisms that provide appropriate nutritional value suitable to HIV-AIDS affected communities, accompanied by relevant nutrition education. 12. Promote suitable mechanisms to ensure provision of water such as irrigation, water harvesting and others. 	<ol style="list-style-type: none"> 1. Draw up disaster scenarios to reflect the impact of different resourcing levels on the population 2. Maintain capacities of institutions and systems that provide support and deliver services, e.g. agricultural extension, social welfare, schools, health care, etc. at all levels. 3. Track the process of HIV/AIDS focused activities to facilitate continuous adjustment for assurance of appropriateness and effectiveness: <ul style="list-style-type: none"> - Continuous monitoring - Sharing of lessons learned - In-depth studies 4. Build long term assets of households and communities with different kind of vulnerability to increase their economic resilience (fruit trees, land tenure, education etc.)

***Consultation on HIV/AIDS and the Southern Africa Humanitarian Crisis
Jointly Organized by UNAIDS and the UN Regional Inter-Agency Coordination Support Office
Johannesburg, 6-7 November 2002***

ANNEX 3: LIST OF PARTICIPANTS

<i>UN Theme Group on HIV/AIDS Chairs</i>			
Aeneas C. Chuma	UNDP Deputy Resident Representative, Mozambique	aenas.c.chuma@undp.org	2581491387/ 2581490337/ 2581490342
Charlotte Gardiner	UNFPA Resident Representative, Malawi	charlotte@unfpa.sdn.org.mw	2651771444/ 2651771474
Scholastica Sylvan Kimaryo	UNDP Representative and UN Resident Coordinator, Lesotho	scholastica.kimaryo@undx.org	266 313790
<i>UN Agencies, Programmes and Funds</i>			
Abel Ayazika-Nakwagala	UNICEF Community Participation Officer, Malawi	Anakwagala@unicef.org	265 770 770
Birte Halde	UN Emergency Liaison Officer, Mozambique	Emergency.umt@ingc.gov.mz	258 1 414 733
Chris Kaye	OCHA Regional Disaster Response Adviser & Head of OCHA Regional Support Office (RSO), Johannesburg, South Africa	kayec@un.org	
Christiana Mimmi	FAO Regional Coordinator, Nairobi, Kenya	cmimmi@faonairobi.or.ke	254-2725128
Daniel Donati	FAO, Nairobi, Kenya	Ddonati@faonairobi.or.ke	254 733 634 664
Deborah Saidy	WFP Deputy Emergency Coordinator, Johannesburg, South Africa	Deborah.saidy@wfp.org	011 517 1634
Francesca Erdelmann	WFP Regional Program Officer/Nutritionist, Johannesburg, South Africa	francesca.erdelmann@wfp.org	011 517 1634
Geoff Wiffen	UNICEF Regional Emergency Coordinator, ESARO	gwiffen@unicef.org	254 722 513 048
George Nsiah	UNFPA Representative, Pretoria, South Africa	gnsiah@un.org.za	012 338 5289
Gerry Dyer	UNICEF, Johannesburg, South Africa	Pdyer@unicarf.org	
Helen Jackson	UNFPA Country Support Team, Harare, Zimbabwe	jackson@unfpacst.co.zw	263 4 307 48 676
Jean A Kalilani	WHO Representative, Botswana	Whobot@who.org.bw	267 397 1505
John Wayem	UN Emergency Focal Point – UNDP, Lesotho		266 223 13790
Kanya Ndaki	IRIN,	Kanya@irin.org.za	011 880 4633
Khosi Mthethwa	UN Emergency Focal Point, WHO, Swaziland	mpn@who.org.sz	092 68 404 2928

Laurie Bruns	UNHCR Programme Officer, Pretoria, South Africa	Bruns@unhcr.ch	012 338 5113/5301
Lianne Kuppens	WHO, Geneva	Kuppensl@who.int	41227912516
Marcela Villarreal	FAO, Rome, Italy	Marcela.villarreal@fao.org	390657052346
Michael Zeleke	UNDP, RIACSO	michael.zeleke@undp.org	
Peter Ubombo-Jaswa	UNFPA Dr, Pretoria, South Africa	Pubomba-jasw@un.org.za	012 338-5289
R Bu-Hakan	WHO, Geneva	Buhakahr@who.int	41227913748
Robert Keatley	UNICEF, ESARO	Rkeatley@unicef.org	2622 229
Robin Jackson	WFP Senior Policy Adviser, Rome, Italy	Jackson@wfp.org	39-066513-562
Roland Msiska	UNDP Regional Director HIV/AIDS Project, Pretoria, South Africa	Roland.msiska@undp.org	012 3699921
Rudi Luchmann	UNICEF Communications/ Program Officer, RIACSO	Johannesburg.unicef2@wfp.org	27 83 3004963
Urban Jonsson	UNICEF Regional Director, ESARO	ujonsson@unicef.org	2542622652
Yuki Nose	UNDP HIV/AIDS Officer, Malawi	Yuki.nose@undp.org	265 773 500
UNAIDS Secretariat			
Bunmi Makinwa	Inter-Country Team (ICT) Leader for Eastern and Southern Africa, Pretoria, South Africa	bmakinwa@un.org.za	012 338 5307
Gael Lescornec	UNAIDS Humanitarian Programme Adviser for Sub-Saharan Africa, ICT Pretoria, South Africa	glescornec@un.org.za	012 338 5316
Michel Sidibe	UNAIDS HQs Director of Country & Regional Department, Geneva, Switzerland	sidibem@unaids.org	41227913392 41227914759
Petrus Phiri	UNAIDS, Driver, Pretoria, South Africa		
Richard Sekhu	UNAIDS, Driver, Pretoria, South Africa		012 338 5315
Sandra Anderson	ICT Senior Intercountry Programme Adviser, Pretoria, South Africa	sanderson@un.org.za	012 338 5305
Violet Mbuguah	UNAIDS ICT Consultant, Pretoria, South Africa	vmbuguah@un.org.za	012 338 5038
Aida Girma	Country Programme Adviser, Mozambique	Aida.Girma@unaidsmz.com	258 1 49 23 45/49 17 75
Barnet Nyathi	Acting Country Programme Adviser, South Africa	Bnyathi@un.org.za	2712 338 5182
Bernadette Olowo-Freers	Country Programme Adviser, Swaziland	bolowo-freers@realnet.co.sz	268 40 48559
Erasmus Morah	Country Programme Adviser, Malawi	emorah@unaids.unvh.mw	265 1 773 329
George Tembo	Country Programme Adviser, Zimbabwe	George.tembo@undp.org	2634792681
Ken Ofosu-Barko	Country Programme Adviser, Zambia	Kofosu-barko@who.org.zm	260 1 255364/ 260 1 252 645
Tim Rwabuhemba	Country Programme Adviser, Lesotho	Tim.rwabuhemba@undp.org	266 31 37 90
GOVERNMENTAL REPRESENTATIVES			
Bruce Isaacson	FEWSNET, Harare, Zimbabwe	Bisaacson@fews.net	263 4 729 196
Efua Dorkenoo	HSRC, Cape Town, South Africa	Edorkenoo@hsrc.za	021 467 4443

Scott Drimie	Southern Africa Poverty Reduction Network (SARDIN), Pretoria, South Africa	sedrimie@hsrc.ac.za	012 302 2155
Thuthula Balfour	SADC Head of International Health Liason, Pretoria, South Africa	thuthb@health.gov.za	012 312 0901
<i>Non Governmental Organizations</i>			
Daniel Mullins	OXFAM Regional HIV/AIDS Coordinator, Pretoria, South Africa	dmullins@oxfam.org.uk	012 362 2098
Farai Mugweni	SANASO, Harare, Zimbabwe	farai@africaonline.co.zw	2634745748
Frank Abamu	West Africa Rice Development Association (WARDA) HIV/AIDS Focal Point, Abijan, Cote D'Ivoire	f.abamu@cgiar.org	
Greg Ramm	Network of Save the Children Fund UK (SCF-UK) Regional Office Coordinator, Pretoria, South Africa	gramm@scfuk.org.za	012 341 1889
Ivan Lloyd	IOM, South Africa	Illoyd@ioy.int	012 342 2789
Janet Glover	Catholic Relief Services(CRS) HIV/AIDS Program Officer, Johannesburg, South Africa	rstark@crsrsa.co.za	0118059377
Kondwani Mwangulube	OXFAM, Pretoria, South Africa	Kmwangulube@oxfam.org.uk	012 362 2098
Louise Robinson	CARE, Maputo, Mozambique	robinson@caremoz.uem.mz	258 4920 64/5/6
Maren Lieberum	OXFAM, Pretoria, South Africa	Mlieberum@oxfam.org.uk	012 362 2098
Michael Angaga	Network of African People Living with AIDS, (NAP+) Project Coordinator, Nairobi, Kenya	nap@africaonline.co.ke	2542228776
Nina Bowen	CARE Regional Director, Johannesburg, South Africa	conrad@care.org	0112341221
Phyllis Jones-Changa	AFRICARE Resident Rep., Johannesburg, South Africa	africare@africaresa.co.za	0115371708
Sandra Stobbs	GOAL, Johannesburg, Zimbabwe, Malawi	goalsa@wol.co.za	
Selma Bernardi	IFRC Health Coordinator, SA Food Security Op., Harare, Zimbabwe	Ifrcsa03@ifrc.org	27 83 287 9761
Sian Long	Network of Save the Children Fund UK (SCF-UK), Pretoria, South Africa	Slong@scfuk.org.za	012 341 1889