

**INTER-AGENCY STANDING COMMITTEE
PLENARY MEETING**

**24 April 2003
UNESCO Headquarters, Paris**

**13.30 – 15.00 hrs, Principals-only Lunch Meeting
at the Director-General's Dining Room (Salon Lowendal)**

Background Document: HIV/AIDS and Southern Africa

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Next Steps for Action in Southern Africa:

**A Report of the Special Envoy of the Secretary-General
for Humanitarian Needs in Southern Africa**

April 2003

I. Introduction and background

One year since the Inter-Agency Standing Committee initiated a response to the crisis in southern Africa, the situation in the region is both better and worse. The United Nations and its partners have been generally successful in mounting a rapid and large-scale response, thereby averting a full-scale disaster and saving a huge number of lives. At the same time, there remain over 10 million people in need of assistance.

A complex mix of economic, environmental, health and socio-political factors is driving the current crisis. Food insecurity and poverty are clearly fuelling the HIV epidemic, with hunger driving people to increasingly high risk behaviour at the same time as lowering resistance to infection and contributing to the earlier onset of AIDS. Capacities and productivity in key sectors are depleted as workers fall ill or migrate. At the household level, women and girls, who often bear the additional burden of care-giving for those who are sick, are affected disproportionately. In this context, there is a lack of resilience to shocks such as erratic rainfall or drought.

This dramatic situation has led the international community to acknowledge that there is need for a different kind of approach. The UN and its partners need to do more to save people's lives and their livelihoods in southern Africa before communities and households break down entirely. **There is a need for immediate action on two levels - to address emergency needs related to the current crisis, while simultaneously initiating actions to address the long-term needs in the region. These actions will need to be prioritized, mutually-reinforcing, and focused, and will need to ensure country ownership.**

The appropriate response should assist governments and regional bodies such as SADC, as well as their financing partners in ensuring that their policies, strategies and resource allocations enhance household, community and national resilience to shocks, including

HIV/AIDS. It should focus actions where they are most needed, and will be most effective - at the local level, in those communities and households that are the worst affected. It will be evidence based, building on existing studies to establish more precisely the relationship between HIV/AIDS and food security. It will use to best effect existing capacities, replenishing them where they do not exist. This response will also need to concentrate on the needs of women and children - as they are bearing the brunt of the crisis, be guided by an effective model of coordination, and be supported by strong advocacy the world over.

II. Immediate Actions to Address Immediate Needs

i. Identify high-impact hotspots

An important first step is to better identify vulnerable people and communities order to improve our ability to effectively and efficiently target various responses. Countries, and communities within countries, are not uniformly impacted, and we need to be able to clearly identify “high-impact hotspots” and their underlying causalities. Building on work already done locally and, where necessary, using immediate capacity support such as consultants, volunteers, or secondments, this should be scaled up for the region on a country by country basis and include:

- Consolidating existing databases and methodologies used for **vulnerability mapping** to tap into the wealth of data collected in the region. Agencies should begin this work immediately, and consideration should be given to designating a lead agency for this area.
- Expanding and strengthening **assessment and surveillance capacities** in government counterpart institutions, achieved through support by and to UN bodies and NGO counterparts in the areas of and interactions between food security, health and nutrition.
- Improving **analytical capacity** of both national and sub-national governments and the UN, to better understand the dimensions of risk and vulnerability, malnutrition, food insecurity and poverty and in particular the impact of existing policies on community and household capacity to cope with the inter-linked challenge of food insecurity and HIV/AIDS. This analysis can then be translated into policy and implementation recommendations.
- Preparation of a **strategic plan** to mitigate the impact of HIV/AIDS on orphans, vulnerable children and adolescents.

ii. Assist Hotspots with a Minimum Package of Services

As hotspots are identified, agencies must partner with governments, local authorities and civil society to offer a ‘bundle’ of services that focus on both the urgency of saving lives and the necessity to protect livelihoods. This bundle of services would constitute the minimum package for making sure that families do not fall further into poverty and destitution, which reinforces the negative component of the HIV/AIDS spiral and from which they may never recover. The content and modes of delivery of the bundle will vary from country to country, depending on needs, national institutional arrangements and capacities, and pre-existing local support systems.

- A **response mechanism** should be developed in each country to offer a bundle of services to communities identified as vulnerable. This should be a joint effort of UN agencies in support of government and civil society that would channel the capacities and resources to intervene in the most vulnerable areas, ensuring that a basic level of services is provided. The mechanism would need to be adequately staffed, include strong community participation (with particular emphasis on women and young people), and be

able to monitor and report results. Accordingly, agencies would need to review financial arrangements available for support of an immediate and comprehensive response.

- The **minimum package of services** to be offered to communities should be multi-sectoral in nature and involve joint planning and programming between agencies and governments, with close collaboration with NGOs or grassroots initiatives wherever possible. The fundamental inputs for a minimum bundle of services would include:
 - **Food assistance with agricultural inputs** prior to planting seasons, with access to seeds, tools, and fertilizers. Replenishment of small livestock and animal disease control. Training of extension workers should include improved water control, vegetable gardening and income generation and labour saving practices.
 - **Nutrition services**, including monitoring the nutritional situation and micro-nutrient supplementation. Broad-based mitigation activities through nutrition activities, such as vegetable gardens in Nutrition Rehabilitation Units, should be encouraged.
 - Access to clean **water and adequate sanitation** facilities..
 - **Health services** that are especially attuned to the special needs of people living with HIV/AIDS and other acute illnesses. Reproductive health services, including male/female condoms and drugs for STIs opportunistic infections, prevention of mother to child transmission as well as the continued supply of essential drugs and medical equipment are a crucial component of this. Where possible community and village healers should be enlisted as part of a community based health care response.
 - **Registration and support** to orphans and other children made vulnerable by HIV/AIDS.
 - **Access to education**. Keeping children in school, particularly girls, must be a priority. Teaching staff and materials must be provided, but school feeding and school gardens programmes should also be implemented for children who may also be burdened with caring for sick parents or living on their own. Training in critical life skills for orphans should also be integrated into the education curriculum.

III. Immediate Actions to Address Long-term Objectives

At the same time as support is provided to high-impact areas, areas of low impact should not be neglected, as these could easily develop into crisis areas as a consequence of the pattern of HIV/AIDS. It follows that actions are also required to develop broader based country level responses and address longer- term objectives.

i. Make Priority Investments

A number of investments will be necessary in key areas in order to work toward a better understanding of the linkages between different factors of vulnerability and the long-term recovery of the region. These should be made immediately and include:

- **Capacity replenishment** – A focused approach to replenishment of government capacities and rehabilitation of basic services is necessary. UNDP should expand its effort to fill identified gaps in capacity with national, regional and international volunteers. Key sectors (agriculture, health, education) should be targeted for 'institution-twinning' arrangements. The UN and partners should also support, where possible, local civil society organizations and their capacity to deliver assistance to communities in a participatory manner.

- **Investment in agriculture** to scale up initiatives both in high impact and low impact areas in production intensification, such as improved water control, conservation farming, and labour-saving techniques; to ensure sustainable access to markets and affordable agricultural inputs; and promote innovation and policies that take into account the new environment shaped by HIV/AIDS, while strengthening both the civil society / private sector and government agricultural services. For example the formation of junior farmer field schools for orphans and vulnerable children as well as their guardians would address the inter-generational loss of knowledge and provide skills for life.
- **Addressing gender equalities**, gender based violence, terms of women's access to land, credit and education, and adjusting land and inheritance laws that may exacerbate the impact of HIV/AIDS on women.
- **Food-based safety nets** that will target and support the most vulnerable segments of the population who are food insecure. These programs should include where possible value-added activities such as school gardens, nutrition education, de-worming and prevention education and HIV/AIDS awareness raising, including condom distribution. Sustained support for school feeding and take-home rations for girls should be a key element of all safety-net programmes in the regions.
- **Home-based care programmes** need to be developed and offered as a complete package to families with chronically ill persons. Home-based care programmes should offer training opportunities, income generating opportunities, and micro-credit, as well as benefits to ensure that children are in school, such as money for school fees and uniforms, etc.
- Support governments in the preparation of and **transition to institutionalised social protection policies** that would anticipate long-term vulnerability and decreasing resilience of HIV impacted households.
- **Research** to better understand the linkages between food, health, nutrition, care and HIV/AIDS, especially its impact on women and children. For example, further research is needed to identify the role certain nutrients may have in resisting infection with or slowing the progression of HIV/AIDS as well as the transmission of HIV/AIDS. Such research has vital programmatic implications in terms of the types of foods that are being provided through HIV/AIDS-related interventions. Further research would also be useful in refining the critical components that might be included in a 'minimum package' response, as well as to develop strategies based on successful community-based action to mitigate the impacts of HIV/AIDS.

ii. Focus on services and programme to match changing demographics

Southern Africa already has four million orphans and the number is rising. 58 percent of new HIV infections are among women, and HIV prevalence rates among young women in particular are skyrocketing. Agencies will need to work closely with governments to help social services cope with the dramatic demographic shifts that these countries are currently enduring. Vulnerable children, orphans and women must be made a top priority for programming and policy-setting in all sectors.

iii. Review National HIV/AIDS Plans, PRSPs and UNDAFs to Reflect Reality

Many of southern Africa's key planning tools were created at a time when the pattern of HIV infection was much lower than at present. Lesotho's national HIV/AIDS plan was created in 1999, when HIV prevalence was 9% - today it is 31%. Moreover, these plans and other strategic documents in some cases perhaps never did adequately take into account the profound impact of HIV/AIDS across virtually every sector.

- To ensure that strategies for addressing poverty take the impact of HIV/AIDS into adequate account, governments and the World Bank **should review and reorient their PRSPs**. The World Bank should be asked to assist with the resources to support this process, if necessary.
- Regionally-based multi-disciplinary teams should be assembled to assist Country Teams in the region to **review UNDAFs and other programming tools** in the light of HIV/AIDS and the need to place women at the centre of response. Resources from UN agency headquarters or regional offices should be made available for this purpose.
- Country Teams, and particularly UNAIDS and UNDP, should assist governments to **review, update and share their national HIV/AIDS plans**.

iv. Assist Governments with Disbursement of HIV/AIDS-related Funds

While tens of millions of dollars have been allocated to governments to address HIV/AIDS, actual absorption capacity is at only a tiny fraction. Urgent action needs to be taken to increase governments' capacity to focus appropriate spending on communities and local activities:

- The UN should **assist governments in identifying and supporting existing local level capacities**, including local NGOs, church groups and grassroots initiatives.
- The highest levels of the UN need to engage in discussions with financing institutions and Global Fund for HIV/AIDS, Tuberculosis and Malaria in order to come up with additional **options for increasing disbursement rates** at the country level.
- The **focus of HIV/AIDS programming needs to be reviewed** with governments. It must be recognized that HIV/AIDS is not only a medical problem – it also has a major impact on food security, education, and many other sectors. The UN should assist governments in preparation of suitable proposals and improvement of advocacy regarding the broad impacts of HIV/AIDS. NEPAD and SADC can be important partners in such an effort.

IV. Advocacy

Sustaining international attention and donor support for the southern Africa crisis will be a major determinant in any successful intervention. Several approaches may be adopted:

- **Review of Donor Funding Structures:** The call to continue humanitarian response at the same time as taking urgent action for longer-term initiatives may not be an easy one for donors to respond to, as the southern Africa situation does not fall squarely into the 'emergency' or 'development' categories that most have constructed. All agency heads and senior regional staff should work closely with donors to explain the nature of the crisis in southern Africa and review possibilities of working with existing funding structures or creating new ones, if necessary.
- **Understanding AIDS as an issue that requires a multi-sectoral response:** Donor commitment to respond to HIV/AIDS has been extraordinary in some cases. However, channeling of the resources has yet to take into account the full ramifications of the epidemic. Advocacy efforts should include highlighting the need for a broad focus for HIV/AIDS funding. Anti-retroviral medications are crucial ingredients in improving the quality of life and maintaining the productivity of people affected with HIV/AIDS. They can only be provided through a functioning AIDS and health care service. They must be complemented with adequate food and access to other social services for them to be

effective. Additionally, effective preventive interventions must be made easily available to those who are most vulnerable, with a special focus on the challenges that women face. HIV/AIDS funding should contribute to the rebuilding of human capacity for basic social services when this is being undermined by the disease. Given their dependence on a skilled, experienced and healthy workforce, health, education and security services should be given particular attention.

V. Coordination Arrangements

To date, the Regional Inter-Agency Coordination and Support Office (RIACSO) has been effective in supporting agencies to scale up responses to the southern Africa crisis and ensure coherence and programming. While it is clear that most efforts have focused on short-term interventions so far, longer-term initiatives also need strategic leadership and support from a regional perspective. This would ensure the continuation of support for resource mobilization, advocacy and information management. The following coordination strategy is recommended:

i. Coordination arrangements until April 2004

- **RIACSO should continue in its present form in the immediate term** (up to April 2004). Commitment from a cross section of UN agencies and programmes has clearly allowed for effective strategic guidance and support during the crisis and should continue, as the situation evolves. Meanwhile, the technical support function of RIACSO to the UN country teams should be strengthened and the linkages defined with the Commission for HIV/AIDS and Governance in Africa (CHAGA)
- **Essential coordination functions at the country level need to be strengthened.** The capacities of the Resident Coordinator system as well as agency country offices must be reviewed urgently and appropriate adjustments in staffing, resources, and training made. Agencies should also ensure that their Country Representatives are committed to supporting the RC system.
- The use of the **Consolidated Appeal Process** as the principal tool for programming and resource mobilization efforts will be critical through to the end of March 2004. At the same time, the UN and its partners will need to use this mechanism in a creative yet flexible manner. It is recommended that the UN task force on transition be fully involved in the elaboration of the documents that will capture the programmes and projects envisaged for the period between July 2003 and April 2004 as these documents will be instrumental in shaping the future course of coordinated action thereafter. This is particularly important in the case of Swaziland, Lesotho, Malawi Zambia and Mozambique where it should be expected that the assistance programme will by necessity include a mix of humanitarian and development initiatives. Such is the large-scale need for urgent humanitarian assistance in Zimbabwe, it is expected that a traditional humanitarian programme and Appeal will be prepared but one that would also include specific activities geared to addressing the impact of the pandemic.

ii. Coordination arrangements beyond April 2004

After April 2004, regional coordination support arrangements will need to reflect even more the long-term needs in the region. The proposals below should be revisited in October of this year in order to discuss their appropriateness and provide further clarity on the specific roles and functions of the concerned organizations.

- As agencies adapt their capacities to the needs of the region, **a regional inter-agency office could be maintained** with an orientation to provide cross-sectoral support for a

context-specific mix of both development and humanitarian activities. Existing arrangements such as the UNDG and UN's joint effort to confront AIDS would be fundamental to forming the basis of the new office. Strong links with the CHAGA could be established and maintained.

- In order to avoid creating new structures, and in support of regional coherence and accountability of all agencies at the country and regional levels, a mechanism could be put in place that would bring accountable **senior line managers of all operational agencies** together with Resident Coordinators on a quarterly basis. This mechanism would be supported by the regional coordination office which would be adapted as appropriate.
- In this phase of coordination, a **new programming approach** would likely be necessary. The ongoing work of the IASC-UNDG transition working group may provide a new mechanism of inter-agency coordination that could be implemented at this time.