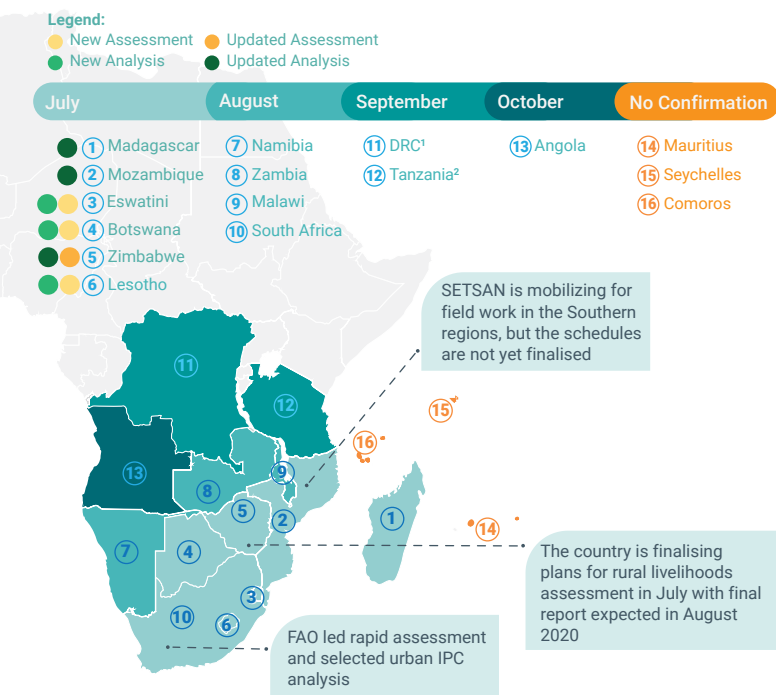




Figure 1 2020 RVAA Assessments Timeline

Developed by FNSWG Release date: 21 July 2020



¹Democratic Republic of the Congo ²United Republic of Tanzania
The boundaries and names shown and the designations used on these maps do not imply official endorsement or acceptance by the FNSWG.

HIGHLIGHTS:

- 44.7 million people are projected to be food insecure largely due to the cumulative effects of climate-induced shocks compounded by widespread poverty, chronic malnutrition, macro-economic shocks, and conflict. The COVID-19 pandemic will magnify the scale and severity of food insecurity.
- COVID-19's impact on nutrition could lead to an increase of 1.7 million children who will suffer from wasting in 2020 bringing the total number of acutely malnourished children to 8.5 million in the Southern Africa region.
- While a regional maize surplus of 4.5 million MT is estimated for the 2020/21 marketing year, a number of countries continue to register continued deficits and will need to import large quantities of maize.
- While maize prices across the region have been declining in line with seasonal trends, they remain somewhat firm in part due to impacts associated with the Covid-19 pandemic.
- Swarming activity of African Migratory Locust (AML) has been reported in parts of Zambia, Zimbabwe, Namibia, Botswana and southern Angola. COVID-19 lock-down measures have impeded efforts to swiftly control the swarms; if not suppressed soon, locust infestations could affect the 2020/21 agricultural season starting October.
- As a regional migration hub estimated to have 4.2 million migrants primarily from neighbouring countries, the COVID-19 enforced national lock-down in South Africa has led to increased job/income loss and loss of remittances. Health risks are also high for stranded irregular migrants.

1. OVERVIEW

FOOD SECURITY OVERVIEW AND IMPACT OF COVID-19

According to the [2020 RVAA Synthesis Report for Southern Africa \[FR\]](#), some 44.7 million people are reported to be food insecure largely due to the cumulative effects of climate-induced shocks in the region compounded by widespread poverty, chronic malnutrition and macro-economic shocks in countries like Zimbabwe, where food inflation stands at 835.8% (**Figure 5**). Conflict continues in the eastern part of DRC and northern Mozambique. Although it reflects an increase compared to a similar time last year, more assessment results and updates are expected between August and October whereby the numbers are expected to increase further in response to the urban needs due to COVID-19 are fully determined (**Figure 1**).

COVID-19 pandemic first reported in March 2020 will continue to increase the depth and scale of the food insecurity, malnutrition and poverty according to the April [FNSWG COVID-19 Alert](#) due to its direct impacts on the economy through employment loss, reduced international remittances, trade losses and disruption of livelihoods. These impacts are expected to disproportionately affect the urban poor and thus increase both the number of hungry poor and the depth of the deprivation.

There are currently more than 18.7 million stunted children in the 16 SADC Member States, and in 2020, pre-COVID-19, there were estimated to be 6.7 million children in need of treatment or support for acute malnutrition. With these considerations, an additional

1.7 million children are projected to be acutely malnourished in 2020 because of the COVID-19 pandemic and its effects, bringing the total in need to almost 8.5 million children who will be acutely malnourished including 2.3 million children who will require life-saving treatment for severe acute malnutrition (see 3. [NUTRITION SITUATION](#) on page 3).

Many countries in the region are facing upward trends in COVID-19 cases as the peak transmissions are expected between August and September. With the continued easing of the lock-down measures, restrictions to movement and other measures put in place to control the spread of the virus, including the reopening of schools in June 2020 in a number of countries, the COVID-19 cases are likely to increase drastically. As the peak approaches, significant impacts are expected to be seen in urban areas that are disproportionately exposed to the immediate impacts of wide-scale economic disruption, declining remittances, severe deterioration in terms of trade and health impacts due to the COVID-19 pandemic (see 7. [COVID-19 NUMBERS IN SOUTHERN AFRICA](#) on page 5).

Countries need to prepare for an upsurge in infections, and it is imperative that response measures are reinforced and decentralized to cope with the expected increase in both COVID-19 affected population and the nutritional consequences.

CURRENT RAINFALL SITUATION

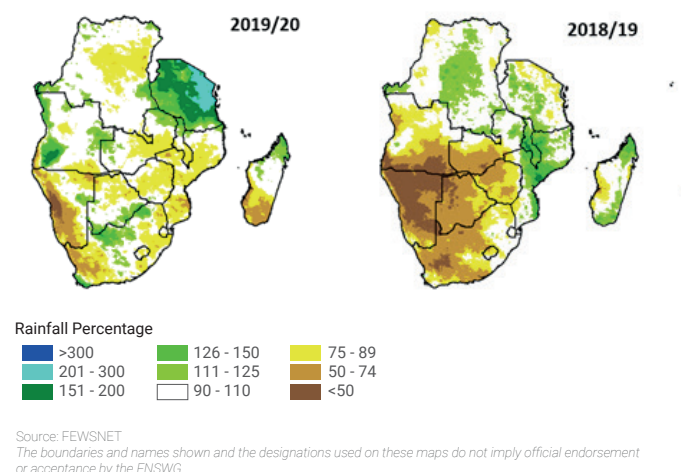
Rainfall performance during the 2019/2020 season has been erratic in most parts of the region although better than 2018/19 season (**Figure 2**). This is a continuation of a pattern that has been seen consistently over the last 3 seasons comprising of a weak start of the season, prolonged dry-spell and premature cessation of rainfall.

During the first half of the season (Oct – Dec 2019), rainfall was well below average, and in many southern and central areas was the driest in 35 years. This led to reduced planted area, poor germination, and early wilting of crops.

In the second half of the season, rainfall in January and February 2020 improved significantly, resulting in improved water availability and recovery of crops that had not yet wilted. The heavy rains also resulted in flooding in some areas.

Figure 2

Overview of the 2019/20 Rainfall Season compared with 2018/19



HARVEST AND AGRICULTURE OUTLOOK

The region experienced a mixed seasonal performance in 2019/20. According to the joint FEWS NET, IAPRI and WFP [Regional Maize Supply and Market Outlook](#), the start of season was characterized by erratic and insufficient rains in many areas, while the latter half of the season saw favorable rains in surplus-producing areas which helped improve crop conditions. As a result, countries such as South Africa, Zambia, United Republic of Tanzania and Malawi are expected to register surpluses, while others particularly affected by poor rainfall are expected to post large declines in their maize harvest compared to the five-year average, such as Lesotho (-56%), Namibia (-25%) and Zimbabwe (-23%).

In total, it is estimated that the region will have a maize surplus of approximately 4.5 million MT in the 2020/21 marketing year, a significant improvement from the 1 million MT surplus in the previous year.

The 2020 main maize harvest, which began in April across much of the region, has led to seasonal large-scale improvements in food security as households consume from their own maize production. However, Crisis (IPC Phase 3) outcomes are expected to persist in parts of Zimbabwe, DRC and Mozambique where crops failed due to poor rainfall or disruptions caused by conflict.

Pests Situation in the Region

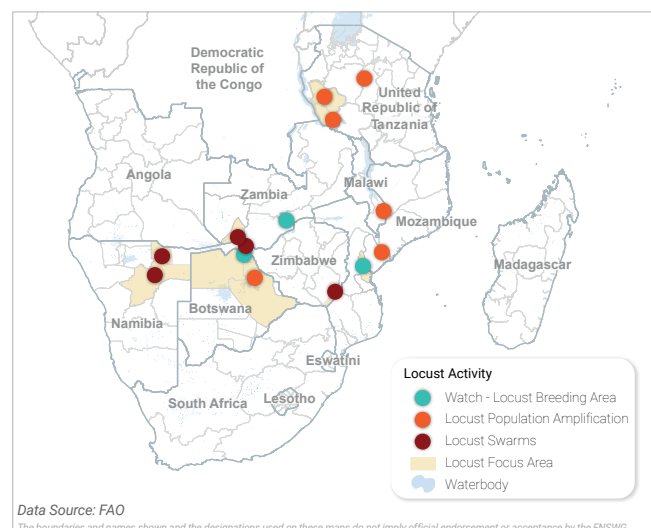
Swarming activity of African migratory locust (AML) was reported in June 2020 in Zambia, Zimbabwe, Namibia and Botswana. There are also indications of potential swarming in southern Angola (**Figure 3**).

Swarming activity indicates unusual proliferation of the pest in the region probably triggered by weather related factors. The swarming started in March and seems to be undeterred by the harsh winter season and continue to build-up.

COVID-19 lock-down measures have impeded efforts to swiftly control the swarms. Close monitoring of the situation is needed; If not suppressed soon, locust infestations could affect the 2020/21 agricultural season which begins in October.

Figure 3

Reported Swarming Activities as of June 2020



AML recommendations:

- Urgent strengthening of emergency response capacity of affected countries and regional support institutions to suppress the pest, especially in the hotspots.
- Establish community-based locust monitoring, early warning, and control to strengthen the nexus between emergency response and community resilience.
- Strengthen early warning systems through community participation, surveillance, mapping and use of IT reporting and communication applications.
- Emergency procurement of monitoring and response equipment, pesticides, and or services.
- Undertake emergency ground spot spraying with environmentally friendly synthetic pesticides.
- Medium to a long-term integrated pest management approach that includes the use of biopesticides such as *Metarhizium* when environmental conditions are suitable.
- Strengthen existing inter-country information exchange and coordination mechanisms for effective collective response.

2. MARKET PRICES

Moving into the 2020/21 Marketing Year, maize grain prices in many countries were well above average due to the persistent effects of the previous year's below average production. With the progression of harvest and marketing, prices fell rapidly in Malawi, Mozambique, United Republic of Tanzania, and Zambia, while remaining above average. In South Africa prices declined in May after remaining atypically stable in April due to a combination of factors, including strong regional and international export demand, a late start of season, and the depreciation of the South African rand (**Figure 4**).

In Zimbabwe, macroeconomic imbalances will continue to exert inflationary pressure on maize grain prices throughout the marketing year (**Figure 5**). In the context of COVID-19 lock-downs, the World Bank has warned that even small increases in food prices present a threat to food security as the availability of typical sources of livelihoods (daily wages, remittances, informal small business activities) become limited. Contraction of economies and reduced income could limit food access for poorer households in the region, even if food prices only increased marginally.

Despite the introduction of various COVID-19 mitigating measures, food and essential items are still being moved within the region, albeit increased lead-time and reduced volumes due to health screening and other measures at border posts. Direct impacts of COVID-19 related restrictions on market supplies and prices have been limited and highly localized thus far. Several regional currencies have been depreciating from the beginning of the year, and continued monitoring of exchange rates as well as market and price trends will be necessary.

Figure 4
Maize (wholesale) Prices in South Africa from 2017 to 2020

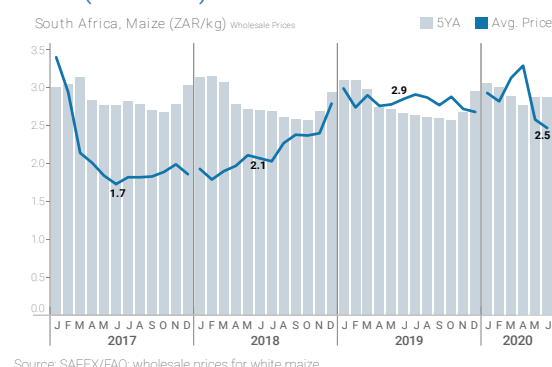
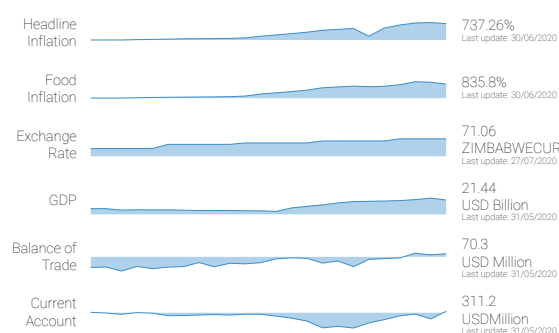


Figure 5
Zimbabwe: Macro-economic indicators as of 27 July 2020



3. NUTRITION SITUATION

The Southern Africa region faces multiple forms of malnutrition including stunting (at levels that are classified as high or very high by WHO), wasting (at national level classified at low to medium by WHO), micro-nutrient deficiencies such as pellagra and obesity (with some countries classified as high). Pre-COVID-19 there are more than 18.7 million stunted children in the 16 SADC Member States, and an estimated 6.7 million children suffering from wasting.

While the effects of COVID-19 on malnutrition are not yet fully known, it is anticipated that the biggest toll on the most vulnerable will not come from the pathology of COVID-19 itself, but from the collateral impact on food production and access, provision of health services and changes in practices and behaviour. Newly released estimates of the impact of Covid-19 on child malnutrition and mortality have suggested a rise in the number of wasted children globally by 6.7 million during 2020, with 22% of these children in Sub Saharan Africa, and an estimated additional 10,000 child deaths

per month, with 52% in sub-Saharan Africa. Additional child deaths are attributed to a 25% reduction in nutrition services¹². In the SADC region, this translates to an estimated additional 1.7 million children who will suffer from wasting in 2020 bringing the total number of children in need to almost 8.5 million, including 2.3 million children who will require life-saving treatment for severe wasting. The direct and collateral effect of COVID-19 on vulnerable communities, particularly those in fragile states and those affected by climate shocks, is likely to be devastating. A recently published model from Johns Hopkins University shows that the potential impact of the disruption to health services may be devastating for child and maternal mortality, with a potential increase in wasting rates between 10 and 50%³.

Cereal-based diets are predominant across the region, with limited diet diversity which increases the risk of micro-nutrient deficiencies. This is currently demonstrated by active pellagra⁴ outbreaks in Mozambique and Zimbabwe, and the cereal-based diets highlight the

region's vulnerability to typical climatic shocks of droughts and floods.

The COVID-19 pandemic has disrupted continuity of essential services, including essential nutrition services. Continuation of nutrition services, especially treatment of acute malnutrition, Vitamin A supplementation and counselling for optimal infant and young child feeding in the context of COVID-19, remains a priority.

Countries in Southern Africa have put in place early measures to contain the pandemic, with varying degree of success, but overall managing to reduce the initial impact of COVID-19 relative to other regions in the world. Lock-down measures, reduced incomes and diverted funds will have a dramatic impact on health and nutrition status, particularly of women and young children, who are more likely to suffer and die from common diseases such as malaria, diarrhoea, measles and reduced access to child health and maternity services. Ensuring sufficient quantities of life-saving nutrition supplies are available to support these adaptations and the potentially increased case-load is a priority.

¹ Child malnutrition and COVID-19: the time to act is now: A Call to Action from FAO, UNICEF, WFP and WHO

² Impacts of Covid-19 on Childhood Malnutrition and Nutrition-Related Mortality (July 2020). Derek Headey et al., on behalf of the Standing Together for Nutrition Consortium.

³ Early estimates of the indirect effects of the coronavirus pandemic on maternal and child mortality in low- and middle-income countries

⁴ Pellagra is a disease caused by a lack of the vitamin niacin (vitamin B3). Symptoms include inflamed skin, diarrhea, dementia, and sores in the mouth. Areas of the skin exposed to either sunlight or friction are typically affected first.

While national governments and the international community have provided impressive resources to the COVID-19 response, specific funds to increase the scale up of quality nutrition services, and especially for pre-positioning of key nutrition supplies, have not been forthcoming as expected.

School closures across Southern Africa have meant that an estimated 20.5 million schoolchildren have been without access to their regular school health and nutrition services, including school meals, since early April 2020. Some countries have adapted their distribution mechanisms to make take-home rations or cash transfers to households available.

Key priority actions for nutrition are detailed in the recently released Regional Call to Action⁵, and include:

- **Ensure inclusion of key preventive and curative nutrition actions in national response plans for COVID-19, including increasing inter-sectoral linkages, monitoring of nutrition**

interventions and situation through inclusion of nutrition indicators into food security assessments.

- **Ensure adequate resourcing for the scale up of key nutrition actions.**
- **Scale up promotion and protection of the key recommendations for infant feeding in the context of COVID-19 with a focus on the promotion and protection of breastfeeding including for infants born to mothers with suspected, probable, or confirmed COVID-19 while applying the necessary hygiene precautions.**
- **Adopt context-specific programme adaptations where necessary that reduce the risk of transmission and enable early identification and referral of wasted children as well as access to treatment for those who need it**
- **Ensure food systems support access to affordable nutritious food for the most vulnerable women and children throughout the year.**

⁵ COVID-19 and the Risks to the Nutritional outcomes of Children and Women in Eastern and Southern Africa. A Joint Call to Protect the Nutritional Status of the Most Vulnerable Women and Children across Eastern and Southern Africa from the effects of COVID-19: Action Against Hunger, Catholic Relief Services, International Rescue Committee, Save the Children, UNHCR, UNICEF, WFP, WHO.

4. GBV AND SEXUAL REPRODUCTIVE HEALTH

Food insecurity affects entire communities and contributes to the risk of Gender Based Violence (GBV) and limits their access to sexual and reproductive health services (SRH). Women may also prioritize securing food for their households over accessing sexual and reproductive health leaving at risk of complications especially pregnant women. This often results in exacerbated risks to GBV and poor reproductive health outcomes including maternal deaths due to delays in accessing health services.

Exposure to GBV can, in turn, heighten food insecurity by undermining the physical and psychosocial well-being of survivors (women, girls, children). Injuries or illness can affect a survivor's capacity to work, limiting their ability to produce or secure food for themselves and their families. Stigma and exclusion may further reduce survivors' access to food distributions, food- and agriculture- related technical trainings, and other forms of support.

There exist opportunities to ensure that food and nutrition security programmes and GBV/SRH interventions provided at the same time to ensure that women protection issues are addressed while assistance is provided. This saves time and resources on both the providers and communities and promotes complementarity.

UNFPA is working with FNSWG partners in Namibia to provide dignity kits and GBV prevention information during food distribution. In Zimbabwe, UNFPA is exploring the distribution of family planning commodities including distribution of condoms is being conducted alongside food distribution. UNFPA will continue to engage with FNSWG actors to plan for coordinated efforts to provide GBV/SRH information and services together.

5. MIGRATION

As a regional migration hub estimated to have 4.2 million migrants primarily from neighbouring countries, the COVID-19 enforced national lock-down in South Africa has led to increased job/income loss and loss of remittances. Health risks are also high for stranded irregular migrants; the fear of authorities or the lack of documentation may prevent any health services access. Due to the effect on their livelihoods, many have opted to return to their countries of origin. Fears of these returnees transmitting COVID-19 in their home countries are high and may contribute to

tension with host communities and increase discrimination and hardships for migrants. Border closures have led to increased irregular travel methods, which could heighten exposure and complicate health screenings and contact tracing. Many borders in the region are notoriously porous and migrants cross illegally. There is the need to pay close attention to the migrant population and provide assistance in a timely manner.

6. HIV

Climate extremes are particularly affecting lives and livelihoods in Southern Africa and climate-disasters have an immediate effect on HIV services. Combined with the far-reaching consequences of COVID-19, the economic impact on programme delivery will likely lead to more costly services as funds are moved away from the HIV response. In Southern Africa challenges in accessing quality-assured HIV services are notably higher for most at-risk

cohorts: migrants, young women and adolescents and urban slum dwellers¹. Unable to access health and protection services, the result is a likely rise in infections in the world's most impacted region. With COVID-19 affecting movements, there is a real risk of reversing progress in the AIDS response by compromising systems of HIV prevention and treatment and developing resistance to effective antiretroviral regimes.

¹ <http://itpcglobal.org/why-hiv-activists-must-care-about-climate-justice/>

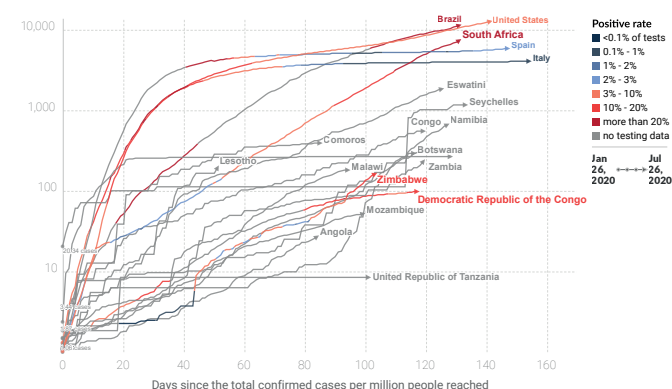
With 17 million people living with HIV, Southern Africa remains at the epicentre of the global HIV epidemic. The interplay between HIV and COVID-19 is not yet well understood, however the COVID-19 pandemic is likely to have both direct and indirect negative effects on people living with HIV, and evidence is still emerging as to whether people living with HIV, especially those who are untreated, are at increased risk of more severe COVID-19 disease. Lock-downs are leading to decreased service utilization and disruptions to medical supply chains, including for HIV services and ARV refills.

To mitigate against potential HIV infections and enhance treatment outcomes, UNAIDS and its partners promote an integrated and holistic approach to HIV prevention, care and treatment that prioritizes food and nutrition security, and thereby lowering HIV risk among the most vulnerable. In the context of COVID-19, the UN Joint Programme strongly advocates for social safety nets that seek to enhance food and nutrition security for PLHIV and their households, whilst also ensuring continued access to ART treatment and health care services.

7. COVID-19 NUMBERS IN SOUTHERN AFRICA

Figure 6
Cumulative confirmed COVID-19 cases per million people

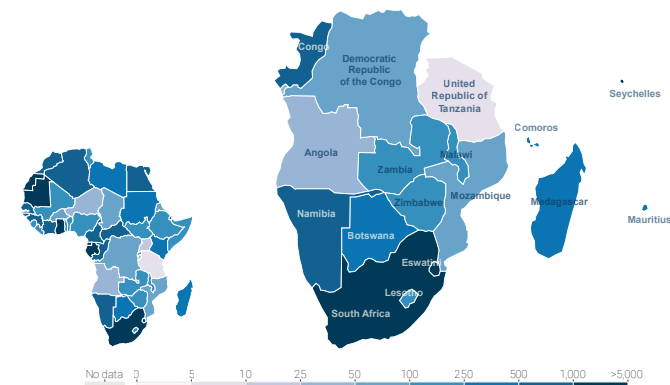
The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.



Source: European CDC – Situation Update Worldwide – Last updated 26 July, 10:38 (London time)
Official data collated by Our World in Data.

Figure 7
Cumulative confirmed COVID-19 cases per million people, Jul 26, 2020

The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

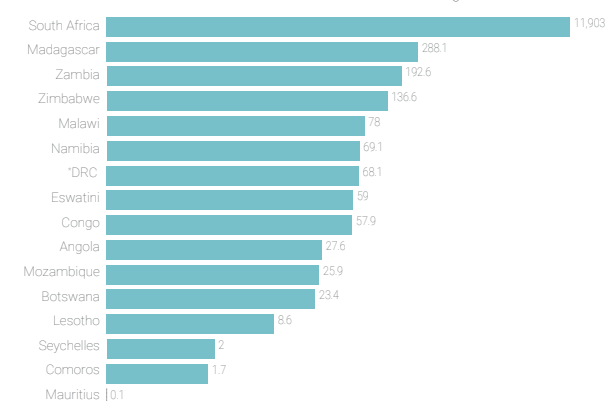


Source: European CDC – Situation Update Worldwide – Last updated 26 July, 10:38 (London time)
Official data collated by Our World in Data.

The boundaries and names shown and the designations used on these maps do not imply official endorsement or acceptance by the FNSWG.

Figure 8
Daily new confirmed COVID-19 cases, Jul 26, 2020

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.



*Democratic Republic of the Congo
Source: European CDC – Situation Update Worldwide – Last updated 26 July, 10:38 (London time)
Official data collated by Our World in Data.

Figure 9
The doubling time of COVID-19 confirmed cases as of Jul 26, 2020

Country	No. of days to double	Total confirmed cases
Zimbabwe	10 days	2,434
Zambia	12 days	4,328
Namibia	13 days	1,687
Lesotho	14 days	419
Botswana	14 days	686
Madagascar	15 days	8,866
Angola	16 days	880
Eswatini	18 days	2,142
South Africa	18 days	434,200
Seychelles	20 days	114

Source: European CDC – Situation Update Worldwide – Last updated 26 July, 10:38 (London time). Official data collated by Our World in Data.

Food and Nutrition Security Working Group Southern Africa

Contact information:

Co-Chair
Ruth Malala Mufalali VAN ROOYEN
ruth.vanrooyen@ifrc.org

Co-Chair
Andrew Odero
andrew.odero@wfp.org