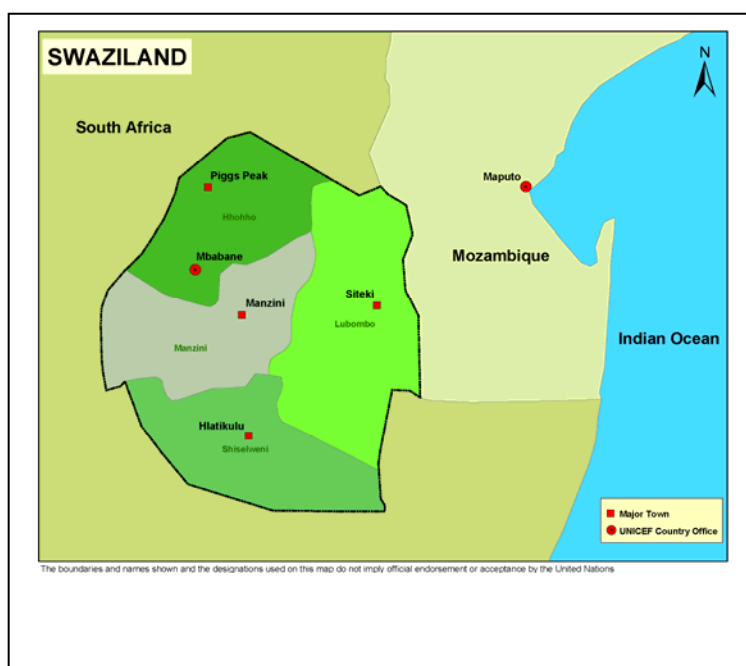


For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



UNICEF HUMANITARIAN ACTION SWAZILAND IN 2008



CORE COUNTRY DATA	
Population under 18 (1997 National Population and Household Survey)	506,620
U5 mortality rate (2007 Demographic and Health Survey)	120
Infant mortality rate (2007 Demographic and Health Survey)	85
Maternal mortality ratio (2002 MoH Community Health Survey)	229
Net primary school enrolment ratio (2005 Education Statistics)	84.29
Primary school enrolment ratio for girls (2005 Education Statistics)	48.04
% U1 fully immunized (DPT) (2006 MoH Post Campaign Evaluation)	91.2
% population using improved drinking water sources (VAC 2007)	64
HIV prevalence among pregnant women (2006 Swaziland Sentinel Surveillance Report)	39.2
% U5 suffering moderate and severe malnutrition (2007 Demographic and Health Survey)	8.4

During 2006/2007, Swaziland suffered drought and erratic weather conditions, exacerbating the impact of the highest prevalence of HIV/AIDS in the world. Orphans and vulnerable children in particular are facing a critical situation. Therefore, UNICEF is requesting US\$ 3,137,500 to meet emergency needs during 2008, to support at least 180,000 children in the areas of health and nutrition, water sanitation and hygiene, education, and child protection.

Summary of UNICEF financial needs for 2008	
Sector	US\$
Health and nutrition	600,000
Water, sanitation and hygiene	1,200,000
Education	737,500
Child protection	600,000
Total*	3,137,500

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

The dominating trends in the Kingdom of Swaziland are a weak economy, widespread poverty, and increased vulnerability associated with the highest prevalence of HIV and AIDS in the world. The children of Swaziland face a continuing emergency. The country's Central Statistical Office estimates the 2007 population to be 1.16 million. The average life expectancy has fallen from 56.4 years in 1997 to 41.4 in 2004. A continued decline in average life expectancy is projected until 2010, when it will reach its lowest level – 31.3 years. In addition, by 2010 the population growth rate for Swaziland is projected to be negative (-0.4 per cent) due to the high levels of HIV/AIDS.

The country continues to suffer from below-average and declining maize production due to erratic rainfall patterns. This exacerbates the impact of rising unemployment and increased poverty. The 2006/07 maize production reached 26,170 MT; 61 per cent below previous years' average crop result. About 410,000 people (including 180,000 children) will require varying levels of humanitarian assistance, including food and agricultural inputs (FAO and WFP), water, sanitation and hygiene interventions, support for health and nutrition, and child protection (UNICEF).

The HIV/AIDS pandemic continues to be a major obstacle to economic and social progress. With an overall HIV prevalence rate of 25.9 per cent (Demographic and Health Survey 2006-2007), Swaziland has the highest HIV/AIDS rate in the world. Women have a higher prevalence than men, 31.1 per cent and 19.7 per cent respectively (DHS 2006-2007). The 2006 HIV sentinel surveillance in pregnant women stood at 39.2 per cent. The surveillance showed no difference in prevalence between rural and urban areas, but did record a variation in age groups; the group aged 25-29 years was the hardest hit with 48.6 per cent prevalence, followed by the group aged 34 years with 45.8 per cent prevalence. The epidemic has been fuelled by poverty, unemployment, a large migrant population, conservative religious and traditional beliefs against condom use, and multiple concurrent sexual partners. Today, more than 220,000 people in the country are living with HIV/AIDS.

A direct consequence of the pandemic is a disproportionate number of orphans and vulnerable children (OVC), which currently stands at 130,000. More than 70,000 of these are orphans, while 60,000 are vulnerable. This figure is projected to double by 2010. Many OVC are cared for in more than 1,000 Neighbourhood Care Points (NCPs) throughout the country that offer basic services, such as a hot meal and informal education. During the 2007 crisis, UNICEF witnessed the closure of a number of NCPs due to a lack of food. Children do not turn up if food is not available, and in a number of cases, the volunteer caregivers stay away as they too must fend for their family's daily bread.

According to the Ministry of Education, there are 555 primary schools and 199 secondary schools in the country, with a total enrolment of 290,000 children. While the right to education is universal, a large number of OVC continue to be denied access, as they lack funds for food, clothing (including school uniforms) and books. In addition, they are often burdened with caretaker duties and household chores. The decline in children attending primary school, particularly in the drought-stricken areas or where there is a food emergency, has corresponded with a rise in the number of girls acting as surrogate mothers and as family 'nurses', tasked with the responsibility of caring for terminally ill relatives with AIDS.

Data from the March 2007 Vulnerability Assessment Committee (VAC) showed that nearly 40 per cent of under-five children were stunted, between 4.5 and 11 per cent of children were underweight, and a lower rate – around 2 per cent – were wasted. On the Lubombo plateau, the acute malnutrition rate for children is three times higher than the rates in other ecological zones. UNICEF has established approximately 50 sentinel sites in hospitals, health centres, schools and NCPs to closely monitor the nutrition situation, which is projected to deteriorate. In cooperation with the Swaziland Nutrition Council, UNICEF has established four therapeutic feeding centres, and is prepared to establish up to 20 such centres nationwide. Most likely the acute malnutrition prevalence will increase due to the combined effects of rising food insecurity, worsening water quality, and increased morbidities, such as diarrhoea combined with high levels of HIV/AIDS.

The 2007 VAC results showed that 64 per cent of rural households do not have access to safe drinking water and adequate sanitation. The situation is now deteriorating since the current drought has hindered replenishment water levels. This is expected to lead to increased disease outbreaks, particularly of diarrhoeal diseases.

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As the impact of the drought worsens, Swaziland is experiencing increasing reports of physical and sexual abuse and exploitation, in particular rape. Conflicts over scarce resources increase during droughts, putting women and girls at higher risk of experiencing sexual violence. Sexual services might be used as a commodity for food exchange, which can lead to physical injury, transmission of HIV and other sexually transmitted infections, and unwanted pregnancy, in addition to loss of dignity and basic rights.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

In close collaboration with local, national and international partners, UNICEF has continued to respond to the humanitarian needs of Swaziland's population affected by drought. It has mainly focused on the priority areas of health, nutrition, water and sanitation, education and child protection.

In the area of health and nutrition, routine immunization services have been improved through increased technical and supply assistance to the Ministry of Health and other national partners. The nutritional situation is projected to deteriorate until the next harvest in March/April 2008. With the current drought and subsequent lack of food, UNICEF, in cooperation with partners, established four therapeutic feeding centres in the Lubombo and the Shiselweni regions and trained health workers to cope with the increased influx of malnourished children. UNICEF is currently supporting 585 NCPs. Most likely, an additional 200 NCPs will be established in 2007 to cater for the ever increasing number of OVC, and to provide educational, recreational, and counselling services to more than 40,000 OVC around the country. UNICEF, in cooperation with the Ministry of Education, has set up 50 sentinel sites in affected areas in Lubombo and Shiselweni to observe school attendance and drop-out rates. The objective is to follow the situation closely as the drought situation develops. In order to reduce morbidity and mortality due to waterborne diseases, in general, and to alleviate the burden of people living with HIV/AIDS, OVC, women and children in particular, UNICEF will provide access to safe water and adequate sanitation systems in 100 selected NCPs, 30 selected schools and in up to 20 therapeutic feeding centres/health facilities in the most affected areas. At the same time, UNICEF and partners will strengthen institutional and community monitoring and response capacity in regards to water-related disease outbreaks.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordination and partnership

With the world's highest prevalence of HIV/AIDS, responses to the pandemic are essential in all programme activities within the Country Programme. Women and children in general and OVC in particular are severely affected, resulting in an ever increasing number of OVC and a high number of grandmother- and child-headed households. UNICEF's planned emergency interventions for 2008 are all linked to these target groups and aim to alleviate the burden of people living with HIV/AIDS, OVC, women and children.

Regular programme

UNICEF is the lead agency for nutrition; water, sanitation and hygiene; and child protection. In the area of health, UNICEF cooperates with the World Health Organization (WHO). UNICEF is implementing its projects in close cooperation with various Government ministries, and with support from a number of non-governmental/faith-based organizations.

Health and nutrition (US\$ 600,000)

Some 60,000 drought-affected persons, particularly orphans, will benefit from the following key activities:

- Procure and distribute essential drugs (Cotrimoxazole, oral rehydration salts, Zinc) and equipment to 10 health centres;
- Train 100 health staff and 200 community-level staff in immunization services and cold chain;
- Provide transport and logistics for immunization and clinical mobile outreach services to 100 communities for 10,000 children;
- Support long-lasting insecticidal nets (LLINs) promotion through the training of 200 community-based health workers; distribute 5,000 LLINs to 2,000 households;
- Continue supporting up to 20 therapeutic feeding centres previously established and run by partners for 1,200 severely malnourished children;

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- Continue supporting the implementation of one annual vulnerability assessment survey;
- Continue providing support for 50 health and nutrition sentinel sites in NCPs and health facilities;
- Procure and distribute vitamin A, worm and skin disease treatment medicines to all under-five children;
- Train 100 health staff and 200 rural health motivators to promote infant and young child feeding.

Water, sanitation and hygiene (US\$ 1,200,000)

Some 60,000 drought-affected persons, particularly children and women, will benefit from the following activities:

- Construct 30 water wells in 30 schools; rehabilitate 50 micro water schemes in 50 schools;
- Construct 80 sanitary facilities in 80 schools;
- Construct 20 water wells in 20 communities; rehabilitate 15 micro water schemes in 15 communities;
- Construct 3,500 household latrines in 35 communities;
- Train 115 local water management teams in schools and communities, 140 rural health motivators, 115 handpump caretakers, 10 motorized pump operators, 50 water quality testers, 50 water chlorinators;
- Promote hygiene education and hygiene awareness programmes in 80 schools and 35 local communities in order to complement existing water and sanitation services.

Education (US\$ 737,500)

Provision of quality education in drought-affected primary schools will be ensured through the following activities:

- Reintroduce the 'Community Education for All (EFA) Grants', in at least 100 schools and communities for 50,000 OVC to ensure access, improved performance and retention of OVC. This will enable schools – in cooperation with the communities – to provide OVC with school fees, school uniforms, and teaching and learning materials;
- Train 800 community carers from the immediate school community to strengthen school community partnerships and to ensure that communities are involved in the decision-making in relation to 'Community EFA Grants', as well as to secure community ownership of schools;
- Establish monitoring systems for teachers and students' attendance in 100 schools to get data on drop-out trends in drought-affected areas, such as Lubombo and Shiselweni.

Child protection (US\$ 600,000)

UP to 15,000 children, in particular OVC, will benefit from strengthening community capacity to provide care and support for OVC, including prevention of child abuse and sexual exploitation, HIV/AIDS, child labour, stigma and discrimination and enhanced access to shelter and psychosocial support services through the following key activities:

- Procure NCP supplies and mobilize communities to establish and sustain 200 NCPs that will reach 10,000 OVC with emergency support in drought-stricken areas. These NCPs have become a community-based strategy to reach vulnerable children with food and other non-food services;
- Provide psychosocial support kits and early childhood development (ECD) educational materials with training to caregivers at 200 NCPs, reaching 10,000 OVC;
- Conduct awareness campaigns related to prevention of child abuse and exploitation, raising HIV/AIDS awareness, and reducing stigma and discrimination;
- Raise awareness of partners on appropriate mechanisms for reporting breaches of the six standards of behaviour included in the Code of Conduct of the Inter-Agency Standing Committee (IASC) Task Force on Protection from Sexual Exploitation and Abuse. Each implementing NGO partner can then sign the Code of Conduct as an annex to Partnership and Cooperation Agreements (PCAs);
- Develop Memoranda of Understanding (MOUs) for small-scale PCAs with at least three NGOs, including Swaziland Red Cross, Save the Children and World Vision to improve rapid response to victims of natural and man-made disasters;
- Develop MOUs with Women and Law in Southern Africa (WILSA) and the Swaziland Action Group Against Abuse (SWAGAA) to provide post-rape (health) and psychosocial care and support to an estimated 5,000 survivors of child sexual abuse;
- Provide technical and financial support to the Ministry of Regional Development and Youth Affairs to coordinate and assist in the implementation of district-level emergency action plans;
- Support the National Children's Coordination Unit under the Deputy Prime Minister's Office and the Ministry of Regional Development and Youth Affairs to improve monitoring and assessment of the vulnerability and needs of OVC;
- Support the National Children's Coordination Unit to coordinate child protection emergency-related responses through the established Child Protection Network – Emergency Sub-Working Group.