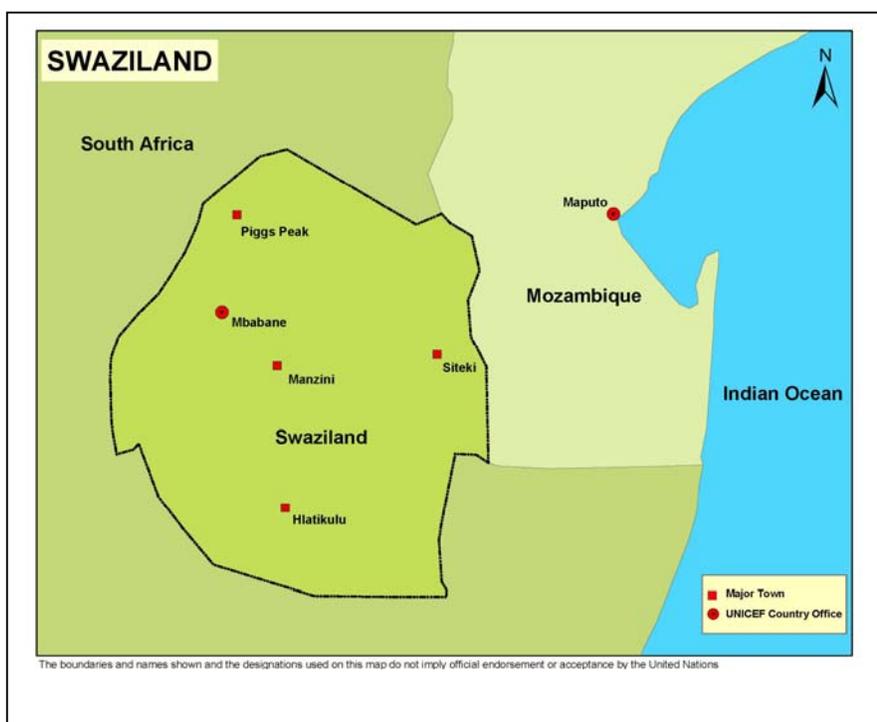


UNICEF HUMANITARIAN ACTION

SWAZILAND

IN 2007



CORE COUNTRY DATA

Population under 18 (2003)	530,000
U5 mortality rate (2004)	156
Infant mortality rate (2004)	108
Maternal mortality ratio (2000, per 100,000 births)	370
Primary school enrolment ratio (1997)	67
Primary school enrolment ratio for girls (1997)	67.4
% U1 fully immunized (measles) 2004	70
% population using improved drinking water sources (2004)	52
HIV/AIDS prevalence (2004)	42.6
% U5 children underweight (2004)	10

Sources:
2003: Vulnerability Assessment Committee
2004: *The State of the World's Children 2004*
1997: Education Statistics
2000: *The State of the World's Children 2004*
2004: ANC Sentinel Surveillance

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	500,000
Water and environmental sanitation	870,000
Education	120,000
Child protection	2,150,000
Total *	3,640,000

* 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

Swaziland's children are the foremost victims of the tremendous negative effects on families from HIV and AIDS. In a country with a population of about 1 million people, more than 200,000 are HIV-positive, and HIV prevalence among pregnant women is over 42 per cent. As a result of the impact of AIDS, more than one third of children cannot access basic services, including health, food, education, water and sanitation, and psychosocial support. Swaziland's under-five mortality rate, estimated at 74 per 1,000 live births in 1995, now stands at 156 per 1,000.

About 20,000 households are caring for persons ill with AIDS, and this burden is exacerbating the poverty that affects the two-thirds of the Swaziland population whose income is about US\$ 20 equivalent per month or less. It is estimated that over 17,000 people in Swaziland are dying of AIDS-related causes annually, the majority of them young and middle-aged adults, often with dependent families, contributing to the ongoing crisis of newly orphaned children who have overwhelmed traditional extended family safety net systems. Numbers of orphans are now estimated at over 69,000, growing by about 10,000 per year, with large numbers left to fend for themselves in child-headed households. In addition to the children who have lost one or both parents, there are over 60,000 additional children, not orphaned, who are highly vulnerable due to the extreme poverty of caregivers, sicknesses of parents, or home situations of abuse and exploitation. With numbers expanding rapidly, it is estimated that by 2010 there will be 178,000 orphans and vulnerable children (OVC).

Successive years of drought since 2000 led the Government to declare a national disaster emergency in 2004, and Swaziland, like much of southern Africa, has been affected again in 2006 by protracted drought. Approximately 30 per cent of children are stunted (chronic malnutrition). The 2000 Multiple Indicator Cluster Survey (before the major impacts of AIDS were felt) reported that 37 per cent of the population was below the minimum level of dietary energy consumption. At the national level, there has been a 34.2 per cent reduction in the area under cultivation in households experiencing AIDS-related deaths (Ministry of Agriculture and Cooperatives, 2002). In late 2005, nearly one-third of the country's population (some 330,000 people) needed food aid to survive (Ministry of Agriculture and Cooperatives, 2005). The regional food crisis in 2006 will exacerbate the situation increasing the burden on communities already trying to take in orphaned children.

Over a 10-year period, the proportion of children completing primary and secondary school education has been declining due to the increasing inability of families to pay school fees on time. Large-scale Government intervention in 2004 to 2006 set out to establish systems to cover the fees of OVC in public primary and secondary schools, bringing tens of thousands of children back into school. However, many of the most vulnerable and those from the poorest families are still out of school, and are attending Neighbourhood Care Points (NCPs) instead. While the NCPs are beginning to meet the basic needs of these children with respect to nutrition and health, non-formal education and psychosocial support, they do not provide basic clothing and are only reaching 20 to 25 per cent of OVC. The situation is worsening as the full impact of AIDS is hitting families. OVC are also subject to increased risks of abuse and exploitation, and there has been an increase in the number of reported sexual abuse and rape cases. Swaziland is thus at risk of entering a 'second cycle' of the AIDS epidemic where, without rapid and well-focused interventions, the impact of AIDS will exacerbate poverty and children's vulnerability, enhancing risks of further HIV infections among increasingly marginalized young people and women.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

“... there are community support groups that have been set up in the country to address the issues of orphans and vulnerable children. This is one of the greatest challenges to Government because the number of these children is growing daily.”

*H.E. Absalom Themba Dlamini
Prime Minister of Swaziland*

Since 2000 UNICEF's regular programme has worked closely with an 'Orphans and other Vulnerable Children's Network' which has grown to include more than 100 government and civil society partners in a 'Child Protection Network'. They have developed a community-centred model to establish an infrastructure of volunteer protectors of OVC at neighbourhood levels, through 'Neighbourhood Care Points' (NCPs). Children who were 'invisible' in their homesteads have in the NCPs become visible, raising consciousness of OVC issues in their own communities, among service providers, for national leaders, and among donors. The

Network endorsed the 2006-2010 National Plan of Action for OVC, which was launched by the Prime Minister in the presence of over 230 government, civil society stakeholders and children. The Plan also provides for a comprehensive and coherent framework for responding to the needs of OVC.

Since 2003, UNICEF emergency activities have helped more than 140 communities to establish 438 of these innovative NCPs, enabling daily support to more than 33,000 children. Volunteers provide them with care, hot meals, play and psychosocial support, along with pre-school and non-formal education activities. The NCPs are currently reaching 20 to 25 per cent of the country's most vulnerable children. There are presently more than 450 unsupported NCPs, which are seeking critical emergency materials and training support to become established. However, there are large numbers of additional children, in a majority of communities, without access to NCPs or other structures for their support and protection.

There are also shortfalls in the NCPs, especially in water and sanitation. An earlier emergency support package for 345 NCPs included provision of 500-litre water tanks, child-size buckets and 20-litre jerrycans that children and volunteers could use to bring water from nearby water sources, for purification at the NCP. Especially severe drought conditions in the low veld area, where the majority of NCPs are located, have created a new crisis for children in both the NCPs and in schools, as surface water sources and even boreholes begin to dry up. In 2006, ninety 5,000-litre tanks were purchased and distributed to NCPs, with water delivered by water tanker, but there are still over 345 NCPs without access to safe water. This is also affecting feeding activities, and a number of schools and NCPs are at risk of closing down if emergency water supplies cannot be delivered to the sites.

In 2006 the Ministry of Education began gradual introduction of universal primary education through OVC grants, the provision of free books and stationery for all children, and the reduction of school fees. Government grants of US\$ 7.2 million in 2006 brought back to school more than 80,000 OVC. A comprehensive approach to addressing OVC retention in schools is being phased in through the Schools as Centres of Care and Support initiative, which seeks to make schools child-friendly through a strengthened protective school and community environment for children. This links closely with NCPs in communities.

Through the UNICEF-supported Child Survival and Development Programme services were expanded to outreach sites in 2006 and initiatives were taken for the health system to reach OVC in NCPs through 'Child Health Days', which provided immunization, micronutrients, growth monitoring and other preventive care. These need to be scaled up to reach all 438 existing NCPs, as well as additional ones that are established by communities.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

UNICEF coordinates its HIV and AIDS work through the Joint UN Team on AIDS and the UN Theme Group (UN Country Team), and is convener of the 'Child Protection Network' which brings together more than 25 NGOs to coordinate OVC activities. The core community activities are implemented through the Regional Development and Youth Affairs Ministry, which is also in charge of disaster response. UNICEF has close partnerships with the ministries of Health and Education, which have focused on getting services to the grass roots.

Regular programme

The 2006-2010 Country Programme of Cooperation is divided into four cross-cutting areas, namely education and life skills, child survival and development, safety nets for child protection, and communication and advocacy for child rights. The programme is designed to allow mainstreaming of emergency response, so as to utilize existing UNICEF human resources for broader management and strategy, while using emergency resources to boost logistics and monitoring capacities in accelerated emergency initiatives.

The emergency programme mobilizes resources to scale up OVC initiatives. In line with UNICEF's Core Commitments for Children in Emergencies (CCCs), UNICEF Swaziland in 2006-2007 seeks to strengthen and expand humanitarian action to protect and promote the rights of 50,000 to 60,000 OVC who are severely affected by HIV/AIDS and drought. This will include enhancing protection and early childhood development opportunities through strengthening and expanding NCPs; providing safe drinking/cooking water and basic hygiene; expanding access to basic health services; and supplying basic clothing for the most marginalized children attending NCPs.

Health and nutrition (US\$ 500,000)

At least 25,000 OVC will benefit from expanded community outreach and counselling services using community-based personnel supervised by nurses through:

- Procure/distribute essential emergency drugs and micronutrients for 250 outreach sites and 500 NCPs (US\$ 240,000);
- Support outreach services for NCPs and communities in the areas of logistics, supplies and monitoring (US\$ 260,000).

Water and environmental sanitation (US\$ 870,000)

At least 12,000 children in drought-affected NCPs will benefit from safe water for drinking and cooking, along with basic hygiene materials for more than 33,000 children, through the following activities:

- Drill a well or borehole and install a Village-Level Operation and Maintenance (VLOM) pump in 20 NCPs, and provide maintenance training (US\$ 100,000);
- Cover costs of emergency water provision (trucking and quality monitoring) from identified safe sources for 300 water-deficient NCPs (US\$ 520,000);
- Procure soap, water purification tablets and two 5,000-litre water storage tanks for 438 existing NCPs (US\$ 250,000).

Education (US\$ 120,000)

Some 25,000 OVC attending 335 NCPs will receive early childhood development and life skills education. Activity will include:

- Train and equip 1,675 caregivers in four-day training sessions.

Child protection (US\$ 2,150,000)

Benefiting over 25,000 vulnerable children in communities without adequately functioning NCPs:

- Establish 335 NCPs to reach 25,000 OVC with day-time care, feeding, shelter, protection, and psychosocial support (US\$ 1,900,000);

- Provide cloth to NCP caregiver associations to make basic clothing for 25,000 OVC (US\$ 250,000).