Highlights

- UNICEF Swaziland received US$260,000 from Global Affairs Canada towards implementation of emergency interventions in education, child protection, WASH and HIV/AIDS. US$150,000 has also been received from UNICEF’s Global Humanitarian Fund contributing towards nutrition, emergency sanitation in schools and child protection. The funding will enable significant implementation in areas that have previously been under-funded in the response.

- UNICEF East and Southern Africa Regional Director, Ms. Leila Pakkala, visited Swaziland 16-18 November 2016. Ms. Pakkala travelled to drought-affected communities in Lubulini and visited Bekezela Primary School and Sinyamantulwa community. Ms. Pakkala heard first-hand how World Vision has been implementing water trucking and hygiene and sanitation activities with UNICEF support, to help offset the impacts of the drought for the 315 students and 10 teachers.

- Rainfall patterns for the first three months of the rainy season have matched meteorological predictions, with normal to above normal rains across most of the country. This rainfall has alleviated some of the impacts of the drought, with water rationing in the urban centres temporarily suspended. This is likely to be reintroduced in 2017 depending on the total rainfall levels received.

UNICEF’s Response with partners

The numbers below are estimates
(Source: Swaziland Vulnerability Assessment Committee 2016 Preliminary Findings, June 2016)

- 350,000 People affected by drought
- 189,000 Children affected by drought
- 165,000 Children affected by drought in the two most affected regions of Lubombo and Shiselweni
- 308,059 People food insecure
- 8,460 Children 6-59 months affected by severe and moderate acute malnutrition (1,410 SAM; 7,050 MAM)

SITUATION IN NUMBERS

The numbers below are estimates
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- 350,000 People affected by drought
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UNICEF Funding Status

Funding requirements: $2.98 million
Funding gap $1.41 million (47%)
Funds received $1.57 million

*UNICEF planned to reach total numbers of people identified in need at the outset of the emergency, with hygiene and sanitation promotion messages. Only 46% of the WASH appeal was funded and as a result, these funds were prioritised for water provision and targeted hygiene and sanitation promotion.
Situation Overview & Humanitarian Needs

The current rainfall season has alleviated some of the impacts of the drought, reaching normal to above normal levels across most of the country. Water rationing in the urban centres has been temporarily suspended, as the availability of stream flow has been sufficient to support urban water supply. Rainfall for the period January to March 2017 is predicted to be normal to below normal and Swaziland Water Services Corporation is cautioning that water rationing is likely to be reintroduced in 2017. Seasonal localised severe weather events continue, causing damage to infrastructure, including schools, clinics and housing. As Swaziland enters the peak of the lean season (November 2016 through March 2017) there is significant risk of increased levels of malnutrition amongst the most vulnerable children. Rainfall levels will continue to be monitored to inform humanitarian planning beyond March 2017.

Humanitarian leadership and coordination

The National Disaster Management Agency (NDMA) is responsible for coordinating the emergency response on behalf of the Government of Swaziland (GoS). The UN Country Team, headed by the UN Resident Coordinator, is leading the UN’s emergency response. The postponed Lessons Learnt and Re-Planning workshop related to the national emergency response has been scheduled for mid-January 2017. This process will enable a comprehensive review of progress as well as identify the likely humanitarian programming scenario for April 2017 and beyond, based on updated rainfall and harvest projections.

Humanitarian Strategy

UNICEF’s response strategy aims to address humanitarian needs outlined by the GoS’s National Emergency Response and Mitigation Action Plan (NERMAP) that was issued in January 2016, and to ensure that the Core Commitments to Children in Emergencies (CCC5s) are upheld. UNICEF and partners are focusing on providing optimal access to life saving WASH, health and nutrition services for women and children, as well as critical education and children protection services in the affected areas. The UN Country Team issued an updated Humanitarian Response Plan in December 2016, which outlines the UN’s contribution the national emergency response priority areas.

UNICEF’s WASH response focuses on providing continued access to safe water and sanitation/hygiene facilities and raising awareness on sanitation and hygiene issues in the affected communities and schools. Malnutrition surveillance is being enhanced and therapeutic feeding products are being distributed to Integrated Management of Acute Malnutrition (IMAM) sites to support Severe Acute Malnutrition (SAM) cases. UNICEF aims to ensure the continued access to health care services for children and women through the distribution of essential drugs and supplies to health clinics across the affected region and by providing support for people living with HIV. UNICEF works to prevent gender based violence and exploitation of all vulnerable groups, and plans to further facilitate the protection, care and wellbeing of women and children among the affected population.

Summary Analysis of Programme response

WASH

UNICEF Swaziland has continued to strengthen severe weather preparedness through awareness campaigns, trainings and procurement of WASH supplies for pre-positioning. UNICEF Swaziland and the Red Cross entered into a partnership to support disaster preparedness, response and capacity building in Shiselweni, Lubombo and Hhohho regions. Fifty-three (53) regional and district level NDMA and Department of Water Affairs officials and Red Cross community volunteers were trained on disaster preparedness and management, response coordination, severe weather monitoring and community engagement through C4D as part of severe weather preparedness activities.
Education
Seasonal storms in November and December have damaged an additional 28 schools across the four regions of the country, increasing the number of damaged schools to 40. The storm damage is mainly to infrastructure and includes classrooms, teachers’ houses and school kitchens. Micro-Projects, a government agency, is conducting assessments to determine scale and cost of the damage. The Government has allocated US$285,000 towards the reconstruction of the damaged buildings. Additional resources are likely to be needed to ensure that reconstruction work conforms to ‘building back better’ standards. Following the earlier expansion of the school feeding programme to include breakfast, the Ministry of Education and Training (MoET) has highlighted a resource gap. The initial government resources to support the breakfast feeding programmes end in December 2016. Unless additional funding is secured, the breakfast component of the school feeding programme will be suspended for primary schools in January 2017 and for all primary and secondary schools in February 2017. The NDMA is working with the MoET to source additional funds to address the issue by the time the schools reopen in January 2017. UNICEF continues to monitor the situation and support the MoET as a cluster co-lead.

Health & Nutrition
Routine programmes that include measles vaccination, deworming and Vitamin A supplementation continued as planned. Diarrhoea cases for under-five children remain under control although the epidemiological bulletin for October-November indicated likely under-reporting with only 1841 cases recorded for November, as compared to 5,587 cases in October. This is being followed up through the Ministry of Health. Spot checks on U-reporting for severe acute malnutrition (SAM) cases identified localised systems challenges in five of the 25 sites that have been trained in U-report. These issues will be reviewed in detail and resolved prior to a planned scale up in 2017 to all 40 Integrated Management of Acute Malnutrition (IMAM) sites. There continues to be significant issues relating to under-reporting across the IMAM sites with only nine sites reporting in this period. Follow up by the Swaziland National Nutrition Council (SNNC) has identified absence of onsite IMAM officers during this period as one the main issues. The staff responsible for providing cover over the holiday period have been unable to provide the reporting data. This is being followed up as a priority by SNNC. In 2016, support for HIV in emergency interventions was through the Health and Nutrition cluster. UNICEF received funding for planned HIV interventions targeting children and adolescents in December 2016 and activities will get underway in January 2017.

Child Protection
The draft findings of the World Vision-led assessment on the impact of the El Niño-induced drought on children, adolescents and pregnant and lactating women in the geographic programme areas were validated by the protection cluster in December. Recommendations will be integrated into the UNICEF response planning process for child-protection interventions for 2017. In addition, UNICEF has scaled-up its technical engagement in the protection cluster by closely working with UNFPA (cluster co-lead) and providing technical support to the finalisation of the cluster assessment initiated in the third quarter of 2016. The findings of the cluster-led assessment will be made available in early 2017 and together with those generated from the World Vision-led one, collectively inform the 2017 protection cluster work plan.

Communications for Development (C4D)
With UNICEF Swaziland support, a training was conducted for faith-based organizations on how to incorporate key drought response and severe weather preparedness messages and actions in their work. UNICEF Swaziland partnered with the Red Cross to develop and roll-out severe weather preparedness C4D interventions, which included the drafting of preparedness messages. This was undertaken in collaboration with the C4D taskforce representatives from government and civil society. The messages were pre-tested with 50 key emergency responders from communities in Shiselweni and Lubombo as part of the overall Emergency Preparedness and Response training.

Supply and Logistics
Therapeutic nutrition supplies comprising a total of 840 cartons of F75 and 280 cartons of F100 were delivered on 15 November. These supplies were delivered to the Central Medical Stores for centralised management and onward disbursement to all 40 IMAM centres in the country. The supplies will be sufficient to treat the UNICEF targeted 1,058 children for SAM and are anticipated to cover this caseload over a 12 month period. 800 household water treatment kits that have been ordered for pre-positioning are scheduled to arrive in February 2017.
SWAZILAND SITUATION REPORT #11 – December 2016

Funding

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>$324,000</td>
<td>$360,786</td>
<td>-$36,786</td>
<td>-11%</td>
</tr>
<tr>
<td>Health</td>
<td>$324,000</td>
<td>0</td>
<td>$324,000</td>
<td>100%</td>
</tr>
<tr>
<td>WASH</td>
<td>$1,944,000</td>
<td>$897,185</td>
<td>$1,046,815</td>
<td>54%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>$151,200</td>
<td>150,000</td>
<td>$1,200</td>
<td>0.06%</td>
</tr>
<tr>
<td>Education</td>
<td>$21,600</td>
<td>$70,000</td>
<td>-$48,400</td>
<td>-226%</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>$216,000</td>
<td>95,000</td>
<td>$121,000</td>
<td>56%</td>
</tr>
<tr>
<td>Total</td>
<td>2,980,800</td>
<td>1,572,971</td>
<td>1,407,829</td>
<td>47%</td>
</tr>
</tbody>
</table>

Nb. Following a review of emergency response plans in preparation for 2017, emerging priorities in education and nutrition, which were not included in the initial budget requirements, have been identified and prioritized for funding through the new funding streams received in December 2016. As a result, the sector areas appear over funded. Funding requirements for 2017 will be revised in January 2017 to capture the outcomes of the review and re-planning process. Results for the newly funded sectors will be reported in 2017.

Next SitRep: 28 February 2017

UNICEF Swaziland: [https://www.facebook.com/Unicef-Swaziland](https://www.facebook.com/Unicef-Swaziland)
UNICEF Swaziland: [https://twitter.com/Unicef_Swazi](https://twitter.com/Unicef_Swazi)

Who to contact for further information:

- Rachel Odede  
  Representative  
  UNICEF Swaziland  
  Tel: +268 7602 5343  
  Fax: +268 2404-5202  
  Email: rodede@unicef.org

- Tanya Radosavljevic  
  Deputy Representative  
  UNICEF Swaziland  
  Tel: +268 7602 5147  
  Fax: +268 2404-5202  
  Email: tradosavljevic@unicef.org

- Boniswa Dladla  
  WASH Officer  
  UNICEF Swaziland  
  Tel: +268 7611 8530  
  Fax: +268 2404-5202  
  Email: bdladla@unicef.org
## SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th>UNICEF Swaziland Results Table 2016</th>
<th>2016 Sector Response**</th>
<th>2016 UNICEF Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Target</td>
<td>Total Results</td>
</tr>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people provided with access to water (7.5-15L per person per day)</td>
<td>200,000</td>
<td>Not consolidated</td>
</tr>
<tr>
<td># of people reached with hygiene and sanitation promotion messages***</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children in schools provided with access to appropriate sanitation facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children provided with hygiene kits in schools</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of students and teachers/support staff reached by awareness campaigns on how to mitigate the effects of the drought</td>
<td>332,084 students 11,117 teachers</td>
<td>31,150</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children under 5 reached with measles and routine EPI immunization</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of women and children provided with access to health clinics stocked with essential supplies and drugs to treat common childhood illnesses</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children 6-59 months with acute malnutrition receiving treatment</td>
<td>1,410 SAM 7,050 MAM</td>
<td>Data not consolidated</td>
</tr>
<tr>
<td># of children 6-59 months provided with Vitamin A supplementation</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children 12-59 months provided with deworming treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children and women provided with protection services, including case management, psychosocial care and linkages to social protection support</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of women and children reached with protection messages to expand knowledge on protection services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people retained on HIV treatment and provided with HIV-related information and access to services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

^ Undertaken using reprogrammed funds.

* Funding for HIV, Education and Child Protection interventions were only received in December 2016. Activities will scale up in 2017.

** Swaziland’s National Emergency Response, Mitigation and Adaptation Plan (NERMAP) is currently being reviewed/updated and sector target and indicators will be updated in UNICEF’s Results Table in the coming months.

***UNICEF planned to reach total numbers of people identified in need at the outset of the emergency, with hygiene and sanitation promotion messages. Only 46% of the WASH appeal was funded and as a result, these funds were prioritised for water provision and targeted hygiene and sanitation promotion.

**** *Numbers reached in October were over-reported. Communities which received more than one training had been counted twice. This has been corrected in this report.