Highlights

- In response to the state of emergency due to the El Niño drought, the Government launched a comprehensive joint multi-sectoral drought response, the National Emergency Response, Mitigation and Adaptation Plan (NERMAP) 2016-2022. The National Disaster Management Agency (NDMA), supported by the United Nations (UN), undertook a mid-term review of the NERMAP 2016-2022 which included a comprehensive multi-sectoral assessment, and Lessons Learnt exercise. The review assessed the effectiveness and results of the NERMAP for the first year and provided recommendations and suggested changes to the plan for it to remain relevant. The results are expected to be disseminated by September 2017.

- Rainfall patterns from January to June 2017 have matched meteorological predictions with normal to above-normal rains across most of the country, alleviating the need for large-scale water trucking to many parts of the country. However, Shiselweni and Lumbombo regions received lower-rainfall and experienced continued impacts of the drought.

- From January to June 2017, UNICEF Swaziland reached 36,969 people with clean water through water trucking, borehole drilling and the distribution of water treatment kits.

- With UNICEF support, 17,654 children under-5 years were screened for malnutrition by Rural Health Motivators - 0.6 per cent (110 children) were under weight and 0.3 per cent (55 children) were over-weight. A total of 189 children were admitted in severe acute malnutrition (SAM) clinics and 171 (90.5 per cent) were successfully treated.

- All 69 schools damaged during Tropical Cyclone Dineo in February 2017 have been rehabilitated and are fully operational.

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)

71% Funding Gap
UNICEF Funding Status

Funding requirements: $2.74 million
Funding gap: $1.95m
- Carry Forward Amount
- Funding Gap
Situation Overview & Humanitarian Needs

Currently 350,000 people are affected by the prolonged drought, including 189,000 children, 165,000 of which are located in Shiselweni and Lubombo regions. In addition, 308,059 people remain food insecure, while 8,460 children are affected by severe acute malnutrition (SAM - 1,440) and moderate acute malnutrition (MAM – 7,050). The ongoing drought is further exacerbating levels of vulnerability among the population which are compounded by chronic food insecurity, malnutrition, high rates of HIV/AIDS (26 per cent prevalence), poverty and protection concerns, including gender based violence. Close to six per cent of children under-5 years are underweight, while two per cent are wasted. More than a quarter of the children are stunted while nine per cent of children are overweight, signalling a double burden of both under and over nutrition.

The 2017 national multi-sector needs assessment showed that coverage of Supplementary Feeding Programmes (SFPs) among children meeting entry criteria was at 51 per cent and that there was a gap in Therapeutic Feeding programmes (TFPs) where only 22 per cent of the children identified as severely malnourished had been enrolled into the TFPs. This indicates a need for scaled up integrated management of acute malnutrition (IMAM) services to reach children in need. The assessment also showed that 66 per cent of households were using safe water sources for drinking water, however, both Shiselweni and Lubombo regions showed the highest populations accessing water from unsafe sources at 23 per cent and 20 per cent respectively. The assessment further showed that diarrhoea, skin diseases and acute respiratory infections were prevalent among children aged 6 to 59 months of age and reportedly affected 9.4 per cent, 12.5 per cent and 17.7 per cent respectively of children in the two weeks prior to the survey. Health facility data showed that cases of watery diarrhoea were prevalent amongst all ages across the four regions.

The forecast for June to August 2017 (Swaziland Meteorological Services, May 2017) indicates a trend of normal rainfall in much of the country for the winter period however with below normal rainfall in parts of Shiselweni and Lubombo, which are areas impacted by the El Nino-induced drought.

The National Disaster Management Authority (NDMA) organized a review of the National Emergency Response, Mitigation and Adaptation Plan (NERMAP) 2016-2022 that identified progress in implementation of the plan and priorities in 2017 by sector as well as identified key lessons learned and recommendations to guide 2017 implementation of activities. Future activities will also be informed by the 2017 NDMA-led national multi-sector needs assessment to update existing data and improve targeting of the continued response and revision of sector targets. Final results of this comprehensive multi-sectoral assessment are expected to be disseminated in September 2017, and will further define the scope and focus of the continued future response and existing funding gaps.

Humanitarian leadership and coordination

The NDMA is responsible for coordinating the emergency response on behalf of the Government of Swaziland. The UN Country Team, headed by the UN Resident Coordinator, is leading the UN’s support to the emergency response. The NDMA is coordinating a number of processes to enable a comprehensive and data-informed revision of humanitarian plans for 2017 and beyond.

UNICEF plays a lead role in humanitarian coordination systems as the co-lead agency for the education and water, sanitation and hygiene (WASH) clusters, while also contributing technical leadership in the health and nutrition and social protection clusters. In these roles, UNICEF enhances emergency-preparedness planning across the clusters, to ensure adequate technical and resource capacity to respond to sudden onset emergencies. UNICEF will continue to focus

<table>
<thead>
<tr>
<th>Estimated Affected Population</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total affected population</td>
<td>350,000</td>
<td>171,500</td>
<td>178,500</td>
</tr>
<tr>
<td>Children affected (under 18)</td>
<td>189,000</td>
<td>92,610</td>
<td>96,390</td>
</tr>
<tr>
<td>Children under five</td>
<td>40,843</td>
<td>20,013</td>
<td>20,830</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>8,750</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children affected in Lubombo &amp; Shiselweni (2 most affected regions)</td>
<td>165,000</td>
<td>80,850</td>
<td>84,150</td>
</tr>
<tr>
<td>Food insecure people (approx. 30% of population)</td>
<td>308,059</td>
<td>150,948</td>
<td>157,111</td>
</tr>
<tr>
<td>Food insecure children</td>
<td>90,404</td>
<td>44,298</td>
<td>46,106</td>
</tr>
</tbody>
</table>

*The multi-sectoral assessment report will inform sectors to revise the above figures based on the findings.*
on strengthening national systems and building resilience of drought-affected people to ensure that development gains are protected during emergencies.

Humanitarian Strategy

In 2017, UNICEF, in support of the government-led national priorities, continues to focus on providing optimal access to WASH, health and nutrition services for women and children, as well as critical education and children protection information and services, in those areas that continue to feel the impact of the drought.

To achieve this, UNICEF provides access to safe water, sanitation and hygiene services in the worst-affected areas of Shiselweni and Lubombo. Nutrition surveillance continues to be enhanced and community and facility-level systems and capacities to enable the integrated management of acute malnutrition are being strengthened through training of Rural Health Motivators and health workers. UNICEF aims to ensure the continued access to health care services for women and children through the distribution of essential drugs and supplies to health clinics across the affected regions and by providing support for people living with HIV. To ensure that children can continue to access education safely, UNICEF provides clean water, alternative sanitary and hygiene facilities and conducts awareness campaigns and targeted training for teachers and students on environmental as well as protection related themes. In addition, UNICEF continues to work to prevent gender based violence and exploitation of all vulnerable groups, and works to further facilitate the protection, care and wellbeing of women and children. To ensure adherence to ART for children and adolescents living with HIV, UNICEF supports strengthening of psycho social support and follow up systems for enhanced retention in the programme.

Summary Analysis of Programme response

WASH: The most severely affected populations are located in Shiselweni and Lubombo regions where 22 per cent and 20 per cent of the population respectively access water from unsafe alternative sources. This is attributed to inadequate rainfalls to replenish water sources. The 2017 national multi-sector needs assessment results demonstrated an overall decline of six per cent access to potable drinking water from 72 per cent to 66 per cent which can be attributed to the drought. The current drought response has been able to provide life-saving drinking water through water trucking, rainwater harvesting, water treatment and repair of water systems to 36,969 people (36,144 in school and 3,825 in communities) within the affected regions of Lubombo and Shiselweni.

To strengthen sustainable community resilience, UNICEF and the Department of Water Affairs trained 165 local artisans (mechanics) in a maintenance and rehabilitation programme, and supported government and partners to accelerate the hand pumps rehabilitation programme, resulting in improved water access to 13 affected communities. This intervention has reached 3,628 people (1,130 girls, 881 boys, 764 women, and 853 men) with safe water during the first half of the year. From January – June, 2017, water trucking continued mainly in support of schools with the service benefiting 15,681 people (8,271 boys, 7,352 girls, 36 women and 22 men). UNICEF supported the Government to sensitize affected populations on water conservation and management using rain harvesting techniques, benefiting a total of 14,894 people (4,412 girls, 4,398 boys, 4,262 women, and 1,822 men). Key actions were taken with NDMA and the Department of Water Affairs to strengthen communities’ administration of household water treatment kits, with 30 Government and NGO staff trained to support communities administer the UNICEF procured household water treatment kits worth US$55,000, providing 5,722 people (1,822 boys, 1,750 girls, 1,501 women and 649 men) with household water treatment.

As part of resilience and preparedness planning, UNICEF supported the capacity development of 35 government and NGO staff on Community-Led Total Sanitation through a Training of Trainers workshop and engagement of eight communities with high rates of open defecation. The exercise led to communities committing to provide their own sanitation facilities in order to prevent outbreaks of diarrheal diseases.

UNICEF’s gender-sensitive response to the emergency ensured support to hygiene promotion inclusive of menstrual hygiene management reaching 22,218 pupils (4,426 boys and 17,792 girls) in Shiselweni and Lubombo regions. As part of menstrual hygiene management 14,675 in-school adolescent girls received sanitary pads.

Education

From January – June, the key focus of UNICEF’s education programme was recovery and adaptation with sensitization through dialogues in schools to promote water conservation and resilience strengthening. Schools were encouraged to conserve water and ensure water harvesting facilities are in place. A total of 25,614 students and teachers (12,851 girls, 13,862 boys, 468 female teachers and 433 male teachers) were reached with information on climate change, water conversation and disaster management.
In February, the NDMA activated the national multi-hazard contingency plan for Swaziland as a result of the potential risks posed by Cyclone Dineo. Although the cyclone was downgraded to a storm, it caused significant damage to 69 schools with an estimated cost of US$670,000, and impacted 2,652 girls and 2,548 boys due to suspended classes in ten schools. All 69 damaged schools were rehabilitated by the Government and are now fully operational.

As part of the 2017 national multi-sector needs assessment, UNICEF supported the Ministry of Education and Training conduct assessments in a total of 634 schools (72 per cent of schools). The assessment revealed that a majority of schools were highly affected by the drought, in particular the availability of potable water and food provision, however, despite the effects of the drought, school attendance remained stable. This is attributed to the government funded school feeding programme, including the provision of breakfast, as well as access to potable water in schools in worst affected areas. Effects of the drought continue to be felt in most schools, especially recently where government food supplies to support school feeding has been suspended affecting student learning. The UN continues to advocate for the full implementation of the suspended school feeding programme. It is anticipated that the situation will normalize following budget allocation by government to support the programme in the third quarter of the year.

Building on interventions building resilience, UNICEF together with the Ministry of Education and Training improved rainwater harvesting capacity of 42 schools supplying them with rainwater harvesting equipment, benefiting 14,938 learners (8,108 boys, and 6,830 girls).

Health & Nutrition

The 2017 national multi-sector needs assessment results demonstrate that the prevalence of stunting increased by 2 per cent, from 21 per cent in 2016 to 23 per cent, while Global Acute Malnutrition prevalence decreased from 3 per cent in 2016 to 2.5 per cent and SAM prevalence decreased to 0.7 per cent (2.5 per cent in 2016). This may contribute to the low number of SAM cases admitted to IMAM clinics for management. Between January and June 2017, 42 health workers were trained in in-patient therapeutic care for malnourished children, contributing towards reaching 189 children admitted in SAM clinics and 171 (90.5 per cent) of the cured. To strengthen community surveillance, 324 rural health motivators from Lomahasha, Nguzweni, Somntongo and Lugongolweni were trained in infant screening (0-59 months) and infant young child feeding and consequently screened 17,654 children under-5 years old for malnutrition of which 0.6 per cent (110 children) were found to be under weight and 0.3 per cent (55 children) were over-weight. The promotion of positive infant feeding practices in Nkilongo Inkhudla, Lubombo region, reached 521 people, contributing towards improved knowledge on the prevention of malnutrition through communication for development. In addition, to enhance capacity for infant and young child feeding counselling, 79 clinical staff and 82 support staff from three health facilities were trained on the Baby Friendly Hospital Initiative, which aims to contribute to the provision of safe and adequate nutrition for infants and share information about infant feeding with mothers and care-givers.

The 2017 comprehensive assessment showed that immunization coverage rate for children aged 0 to 59 months in the 4 regions was at 80.2 per cent with the highest coverage in Lubombo and Shiselweni at 86.4 per cent and 80.3 per cent respectively. UNICEF continues to support outreach services in Shiselweni region through the provision of hired vehicles and support for supportive supervision by the Expanded Programme on Immunization (EPI) national office. A total of 48 outreach sessions in 16 sites were conducted in the first quarter and reached 706 children under-5 years with a package of health care services, including immunization. The initiative led to the region recording an increase in routine immunization coverage from 79.3 per cent to 81 per cent. Routine Measles vaccinations, deworming and Vitamin A supplementation continued to take place during the reporting period. Since January 2017, a total of 10,382 children received measles vaccinations and 38,242 children aged between 6 – 59 months received Vitamin A supplementation, while 42,255 received deworming tablets.

HIV/AIDS

In Swaziland, an estimated 22,000 children and adolescents live with HIV[1] and approximately 16,242 receive ART, yet data shows low viral suppression among children (69 per cent) and adolescents (73 per cent) compared to adults (87 per cent). Low viral suppression is associated with poor Anti-retroviral therapy (ART) adherence. Retention is further affected in drought situations where lack of food leads to clients not adhering to drugs due to fear of side effects. UNICEF focused on strengthening support systems for adolescents living with HIV to reduce loss to follow up and improve ART adherence for enhance viral suppression. During the first half of 2017, 4,434 children living with HIV received

antiretroviral treatment (ART) while 1,801 adolescents were reached with HIV prevention messages. A partnership agreement with Baylor College of Medicine has provided a support system, including psychosocial support, to 190 female and 160 male adolescents living with HIV to improve retention and adherence to ART despite the drought situation. A qualified nurse and a social worker have been recruited to follow up on adolescents living with HIV through home visits, teen club activities and the U-Report platform, and respond to questions about HIV. A total of 86 per cent of females and 85 per cent of male adolescents attending the support groups had undetectable viral load at 6 months. The proportion of adolescents attaining adherence levels above 95 per cent still remains low at 72 per cent requiring step up adherence counselling especially noting that only 0.8 per cent of adolescents in the programme are lost to follow up. The U-Report platform for adolescents and caregivers has been established and HIV clinical mentors from all regions have been oriented to create awareness on the platform and facilitate recruitment of Adolescents living with HIV and their caregivers to the platform. The platform went live on 1 July 2017.

**Child Protection**

The report on the assessment of the impact of drought on the vulnerable groups, including children was validated by the protection cluster in January 2017. Recommendations were used to inform the protection cluster work plan for the year. UNICEF continued to maintain a scale-up technical engagement in the protection cluster by providing technical guidance and closely working with UNFPA (cluster co-lead) and providing technical support to social protection cluster. Support was provided to strengthen overall coordination, with the introduction of tools and templates for improved monitoring and reporting. As part of the plan to strengthen information dissemination to enhance protection of children, UNICEF provided technical support to the development and review of child protection communication messages. These were incorporated in the inter-cluster wide communication plan coordinated by the communications for development cluster.

In the second quarter of 2017, as a part of efforts to contribute towards strengthened local/community capacity for the prevention of and response to violence against children and adolescents, as well to increase knowledge generation on violence against children, UNICEF developed a partnership with a local NGO, Nhlangano AIDS Training Information and Counseling Center (NATICC) to pilot and document the ‘family conferencing’ approach as a model for the effective family and community-based strategy for violence against children prevention and response in Shiselweni region. As a result of this partnership, by the end of June, a total of 774 people were mobilized to prevent and address violence, abuse and exploitation, including gender-based violence. The partnership with NATICC will also provide social care and referral services to children affected by violence.

**Communications for Development (C4D), Community Engagement & Accountability**

Through a partnership with Red Cross (Baphalali) UNICEF supported C4D initiatives on severe weather events preparedness. The activity reached 4,432 children and 206 teachers from nine schools on prevalent hazards in Swaziland through drama and dialogues. One of the schools in Ngwempisi Constituency, one of the hard hit constituencies by severe weather events, hosted a disaster simulation of scenarios of various hazards from flash flooding, drowning and veld fires where 1,300 people participated.

**Supply and Logistics**

Since January 2017, UNICEF and the NDMA pre-positioned emergency WASH supplies worth US$58,615 comprising of water treatment kits to reach 5,000 people, and diarrheal disease sets to treat 1,000 people. These supplies are currently being distributed to households using unsafe water by trained government and NGO staff. During the reporting period, 5,722 people (1,822 boys, 1,750 girls, 1,501 women and 649 men) were provided with household water treatment kits.

**Security**

Swaziland is in Security Level 1 or minimal. The security situation has been mainly safe, secure and stable, although crime is widely spread in the country. Since the declaration of the emergency in February 2016, there has not been an increase in security levels in the country.

**Funding**

As part of the regional Southern Africa El Niño/La Niña UNICEF’s 2017 Humanitarian Action for Children (HAC), the requirements for Swaziland stands at $2.74 million. Funds currently available for the response amount to US$783,393 and additional funding is urgently required to adequately scale up interventions. In addition, UNICEF Swaziland is leveraging resources by undertaking co-financing of joint interventions with UN Agencies in support of the national response to the emergency.
UNICEF would like to thank the Governments of the United States (USAID-OFDA) and Canada (Global Affairs Canada) for their support in meeting the needs of children and women in Swaziland. With the new data from the 2017 National Comprehensive Assessment, the funding needs and focus sectors may change, which might require reprioritization.

### Appeal Sector Requirements | Funds available* | Funding gap
--- | --- | ---
Nutrition & HIV/AIDS | $419,000 | $185,127 | $233,873 | 56%
Health | $270,000 | $100,000 | $170,000 | 63%
WASH | $1,906,000 | $377,266 | $1,528,734 | 80%
Child Protection | $65,000 | $150,000** | $- | 0%
Education | $77,000 | $71,000 | $6,000 | 8%
Total | $2,737,000 | $783,393 | $1,953,607 | 71%

*The majority of funds available comprise carryover funds from 2016 only.

**Following the development of emergency response plans 2017, additional child protection activities originally planned for 2016, were rolled over into 2017. Consequently, this figure does not appear in the funding requirement for 2017. As a result, the sector areas appear over funded.

Next SitRep: 30 September 2017


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UNICEF Swaziland: [https://twitter.com/Unicef_Swazi](https://twitter.com/Unicef_Swazi)

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## ANNEX A: SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th>UNICEF Swaziland Results Table 2017</th>
<th>2017 Sector Response</th>
<th>2017 UNICEF Response</th>
</tr>
</thead>
<tbody>
<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>64,000</td>
</tr>
<tr>
<td># of people reached with critical WASH related information to prevent child illness</td>
<td>TBD*</td>
<td>175,000</td>
</tr>
<tr>
<td># of children in school/learning programmes with access to 2.5-3 litres of water per child per day (for drinking and handwashing)</td>
<td>TBD*</td>
<td>74,000</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of students and teachers reached with information on climate change, water conservation and disaster management</td>
<td>258,000</td>
<td>1,000</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>25,911</td>
<td>10,382</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children 6-59 months with severe acute malnutrition receiving treatment</td>
<td>1,058</td>
<td>189</td>
</tr>
<tr>
<td># of children 6-59 months provided with Vitamin A supplementation</td>
<td>62,676</td>
<td>38,242</td>
</tr>
<tr>
<td># of children 6-59 months provided with deworming treatment</td>
<td>62,676</td>
<td>42,255</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># and % of population in communities where ongoing work to mobilize and strengthen social support networks to prevent and address violence, abuse and exploitation, including GBV.</td>
<td>2,400</td>
<td>774</td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of children, young people and women reached with information on prevention, care and treatment of HIV/AIDS.</td>
<td>50,000</td>
<td>1,801**</td>
</tr>
<tr>
<td># of children under 15 who continue to receive ART.</td>
<td>10,088</td>
<td>9,992</td>
</tr>
</tbody>
</table>

*2017 Multi Sector Assessment will define the new WASH targets for 2017.

** Reported number on young people reached is low since the agreement with Swaziland Red Cross is just being finalised and these will accelerate implementation of HIV prevention programmes in affected area.

*** Data for the second quarter was not yet available hence the reported figure is by March 2017.