Situation Overview & Humanitarian Needs
Following the declaration of the emergency as a result of the drought on 18 of February, the Government of Swaziland has made efforts to address the growing humanitarian needs. The emergency was declared for an initial two-month period which has been extended for a further two months until end June 2016 and will be revised on a rolling basis for successive months. Following the issuing of the National Drought Emergency Mitigation and Adaptation Plan (NERMAP) 2016-2022 the government has committed approximately US$7 million to respond to the immediate needs of the population.

Food support and water supply remain the priority immediate humanitarian needs among communities in the worst affected regions of Lubombo and Shiselweni, however there are also pockets of people in need in the Hhohho and Manzini regions. The NERMAP 2016-2022 had estimated that from March 2016 a minimum of 300,320 people, (about one third of the population), will be in need of food assistance. According to preliminary information from recent assessments, this number is expected to increase to 350,000 from May 2016 onwards, with a worst case scenario of

Highlights
- The United Nations Central Emergency Response Fund (CERF) approved US$3.14 million to commence immediate, life-saving humanitarian interventions. This funding will enable the World Food Programme and UNICEF to provide food and emergency water and sanitation services to 95,000 of the most vulnerable people.
- A nutrition Rapid SMART revealed Acute Malnutrition of 3.1% and Severe Acute Malnutrition (SAM) of 2.5%, with all severe cases having oedema in the Hhohho and Lubombo low veld areas.
- Results from recent assessments show that lack of access to food is reducing adherence to anti-retroviral treatment (ART).
- UNICEF has signed an agreement with World Vision Swaziland to; provide water for 20,000 beneficiaries in schools and communities; conduct growth and nutritional monitoring of children under 5 years; and, establish community based child protection committees in the two hardest hit regions (Shiselwini and Lumbobo). UNICEF will utilize CERF funding to implement WASH activities to meet the needs of a further 35 schools and 24 clinics, benefiting 75,000 people.
- The Government of Swaziland has committed approximately US$7 million to meet the immediate needs of the most affected, which will cover around 25% of health and nutrition needs and 20% of rural WASH needs.
538,000 people in need of food assistance, of whom approximately 200,000 are at risk of not accessing safe water to drink.

**Swaziland Map: Drought Affected Regions**

Water shortage remains a key concern and challenge, with extremely limited water storage in national reservoirs and very low water availability in all five major rivers. Work has been completed on Hawane Dam which supplies water to the capital city, Mbabane, with its dredging and closing of wall valves in order to improve water collection. Recent temporary rains improved the dam’s capacity, which has resulted in the temporary suspension of water rationing. Domestic water supply in the rural areas of Lubombo and Shiselweni is of great concern as protected springs and boreholes are drying up, affecting not only communities but health facilities and schools. Close monitoring of the water provision by water tankers is crucial to ensure that schools and health care services remain functional. The Ministry of Education and Training (MoET) has installed on site reservoirs for Mbabane schools to cover the water rationing periods to enable schooling to continue.

The Health sector completed a comprehensive health and nutrition sector assessment which took place from 16-23 March, 2016. The report is currently being finalized and will provide strategic recommendations that will inform the health response, as outlined in the NERMAP. Preliminary findings from the assessment show increased cases of acute malnutrition (1% increase). UNICEF is working to enhance its support to nutrition and health facilities.

<table>
<thead>
<tr>
<th>Estimated Affected Population</th>
<th>Male (49%)</th>
<th>Female (51%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>300,320</td>
<td>153,163</td>
</tr>
<tr>
<td>Children Affected (Under 18)</td>
<td>189,000</td>
<td>96,390</td>
</tr>
<tr>
<td>Children Under Five</td>
<td>40,843</td>
<td>20,830</td>
</tr>
<tr>
<td>Pregnant women</td>
<td>8,750</td>
<td></td>
</tr>
<tr>
<td>Children Affected in Lubombo &amp; Shiselweni (The 2 most affected regions)</td>
<td>165,000</td>
<td>84,150</td>
</tr>
<tr>
<td>People Food insecure</td>
<td>200,897 (18% of country’s population)</td>
<td>102,457</td>
</tr>
<tr>
<td>Children Food insecure</td>
<td>90,404</td>
<td>46,106</td>
</tr>
</tbody>
</table>

**Humanitarian leadership and coordination**

The established UN Technical Working Group (TWG) for Drought is actively coordinating UN agencies responding to the drought in the sectors of Food Security and Agriculture, Health and Nutrition, WASH, Education and Protection. UNICEF representatives attended a one-day workshop facilitated by UNOCHA and supported by UNDP with humanitarian actors to strengthen and develop coordination mechanisms. UNICEF is co-leading the WASH sector with the Department of Water Affairs (DWA), in the Ministry of Natural Resources and Energy (MNRE) and is co-leading the Education Sector with the Ministry of Education and Training. In addition, UNICEF continues to play an active role in the Protection, Health and Nutrition Clusters.
The National Disaster Management Agency (NDMA), key Ministries and civil society, supported by UN agencies, issued a Humanitarian Needs Overview, which demonstrates a shared understanding of the impact and evolution of the crisis with the aim of supporting the Government’s response plan with credible evidence from recently completed rapid assessments. Sector response plans are in the process of being finalized with UNICEF providing technical assistance in the development of the WASH, Education, Protection and Nutrition plans, and providing support to the development of the health sector plans.

UNICEF Humanitarian Strategy
UNICEF Swaziland is committed in all humanitarian action to further the realization of human rights through the framework of the human rights-based approach to programming. This will be achieved through the guiding framework of the Core Commitments for Children (CCCs) in Humanitarian Action considered during the formulation of the UNICEF Swaziland Drought Response plan. UNICEF Swaziland works within the UN framework as a part of the UN TWG on Drought response in collaboration with cluster lead Ministries. UNICEF Swaziland has also identified key civil society partners such as World Vision, Save the Children and Red Cross who are key implementers in UNICEF’s humanitarian response in 2016.

UNICEF’s sector-specific programme commitments cover nutrition, health, water, sanitation and hygiene (WASH); HIV and AIDS, education and child protection. All derived actions are in the best interest of the child as enshrined the Swaziland Children’s Protection and Welfare Act (CPWA) 2012 and UNICEF’s CCCs in Humanitarian Action and aim to enhance capacity for emergency coordination and response.

Summary Analysis of Programme response

WASH (including Education)
The estimated number of people in need of water supply by end of April 2016 is 200,000. UNICEF Swaziland is targeting 64,000 people to receive WASH support with the aim of covering gaps in the current government response. Through a US$75,000 Emergency Cash Grant from UNOCHA, UNDP and UNICEF will provide potable water to 10 impacted schools and 10 health facilities, reaching approximately 3,200 school children and approximately 1,000 people visiting clinics on a daily basis. The provision of water at both schools and facilities also enable approximately 200 teachers and support staff and 180 health workers to continue providing services. Key WASH education and awareness raising sessions will be conducted in schools, clinics and all affected communities through a Programme Cooperation Agreement (PCA) with World Vision.

UNICEF’s Education response is integrated with the WASH sector, and activities include the provision of clean drinking water at all schools; the provision of alternative sanitary and hygiene facilities in schools and the provision of hygiene kits and soap to children in schools. To date, the drought has impacted 189,000 learners and 8,157 teachers and support staff. Should the current situation in schools be left unattended, 258,623 students, teachers and support staff, will be exposed to the risk of water borne diseases. UNICEF is targeting 24,000 learners through its humanitarian response in education. The objective of the education response is to minimize the impact of the protracted drought on the school system, ensuring that learning continues and to contribute towards the delivery of quality education.

Approved CERF funds will support UNICEF’s WASH Sector response and will support water supply to 25 health facilities serving approximately 100 people daily, 35 schools in affected communities reaching 12,000 students, and 8,000 community members benefiting directly from 12 community strategic reservoirs. Lifesaving WASH interventions, including access to potable drinking water and hygiene kits and soap will be provided. The overall aim is to ensure that communities also access safe water through schools and clinics enabling an estimated 95,000 people to access potable water. Selected schools have been added to the U-Report for real-time updates on humanitarian needs and progress of programme implementation. Field verification is being carried out by the UNICEF WASH Specialist in association with the Ministry of Education and Training.

Health and Nutrition
An estimated 8,460 children 6-59 months are affected by acute malnutrition (1,410 by severe acute malnutrition and 7,050 by moderate acute malnutrition). In addition, 108,735 and 86,988 are targeted for Vitamin A supplementation and deworming respectively at the national level. UNICEF, WHO, WFP and UNFPA supported the Ministry of Health (MoH), through the Swaziland National Nutrition Council and the Emergency Preparedness and Response (EPR) Unit, to conduct a comprehensive Health and Nutrition assessment to ascertain the impact of the drought and the level of health facility/community capacity to respond. The assessment report has been validated and finalized through stakeholder consultations and will be officially released once approved by MoH. Preliminary results from the nutrition Rapid SMART revealed Acute Malnutrition of 3.1% and SAM of 2.5% with all severe cases having oedema in the Hhohho and Lubombo

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low veld areas. The assessment further revealed a stunting prevalence of 21.1% and underweight of 5.5% which are classified as medium and low respectively. Nutrition screening and admission data from assessed health facilities indicated an increase in acute malnutrition during the drought period compared to the period prior to the drought. It was also observed that more clients were admitted in the Food by Prescription Programme during the drought period than before. The impact of the drought on nutrition is likely to be apparent in the coming months as food stocks run out and the effects of water shortage emerge.

On HIV/AIDS and TB, the assessment revealed that ART and TB treatment defaulter rate is increasing. There was a decrease in the number of people living with chronic diseases observed at the health facilities as they are not going to the clinics as often. Findings from the community based focus group discussions revealed that chronic diseases were a concern since a number of deaths due to these conditions were reported. The results revealed a number of changes regarding maternal and new-born health, as well as sexual reproductive health in general. There was a marked decrease in the number of pregnant women attending antenatal care; the number of facility based deliveries; as well as post-natal care visits. Early infant diagnosis for HIV doubled during the drought period compared to the same period in the previous year.

Given the above assessment findings a response action plan is being developed by the health cluster. The assessment report will also be used to update the current UNICEF Swaziland Drought Response Plan and HAC appeal. UNICEF has moved swiftly to procure Ready to Use Therapeutic Food (RUTF) as the assessment revealed a serious shortage of these supplies at national central medical stores and at health facility level. UNICEF, in collaboration with the Nutrition Council, is also piloting real-time monitoring on nutrition stocks in health facilities offering IMAM services. These interventions will fill gaps in nutrition supplies at the health facility level and will guide distribution plans. Screening, referral and treatment of acutely malnourished children is being given priority within the existing health care system (rural health motivators and health facility level). While the health and nutrition clusters are operational, certain aspects, including terms of reference and stronger coordination with civil society requires strengthening.

Child Protection
The first protection cluster meeting was held which was attended by both government and civil society cluster members to develop the protection emergency implementation work plan. The protection cluster covers both social and child protection sectors. The cluster has been allocated approximately US $400,000 from the government for immediate response to urgent needs. A training of government and civil society partners is planned for early May 2016 on the use of the Facilitator’s Guide on messages for Violence against Children. UNICEF is supporting an assessment covering the impact the drought is having on child protection, which will be implemented through a partnership with World Vision. The assessment is planned to commence in May.

HIV/AIDS
HIV and AIDS remains a national priority having been declared an emergency in the 1990s. The adult (15-49 years old) HIV/AIDS prevalence rate is 26% - the highest in the world which is coupled with the highest tuberculosis (TB) incidence rate of 2,380 TB cases per 100,000 people per year. Women are particularly affected by the epidemic and have a higher prevalence than men, accounting for 62% of new infections in 2011. The effect of the AIDS epidemic is evident from the rising number of orphaned and vulnerable children (the number is expected to rise from 200,000 up to 250,000 in 2016) as well as other devastating social and economic impacts. Cluster members have reported that people in affected communities are unwilling to take ART due to the side effects when taken without food, especially for children. Inaccurate messaging in the public domain about the safety of taking ART without food has been reported, and UNICEF is working with communication partners to support ART adherence. Insufficient access to food is likely to continue contributing to the reduction in ART adherence.

Communications for Development (C4D)
UNICEF Swaziland has finalized the recruitment for a short term C4D consultant who is going to be primarily supporting the response to the emergency by providing technical support to the National Communication for development in Emergency Technical Working Group (TWG) which is coordinated by Health promotion. The TWG has been meeting weekly to finalize the C4D response activities, including finalization of posters which are being printed by UNICEF. Radio continues to be used to disseminate information and the phone in radio programme hosted by the Health Promotion Unit focussed on the importance of purifying water before it is consumed.

Funding
UNICEF is requesting US$2,980,800 to meet the humanitarian needs of women and children in Swaziland in 2016. Without additional funding, UNICEF will not be able to meet the urgent needs of the population in the critical sectors of WASH, Nutrition, Health, HIV/AIDS, Education and Child Protection.
### Funding Requirements February to December 2016

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements US$</th>
<th>Funds received (US$)</th>
<th>Funding gap</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Nutrition</td>
<td>$324,000</td>
<td>0</td>
<td>$324,000</td>
</tr>
<tr>
<td>Health</td>
<td>$324,000</td>
<td>0</td>
<td>$324,000</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>$1,944,000</td>
<td>$342,400</td>
<td>1,601,600</td>
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<tr>
<td>Child Protection</td>
<td>$151,200</td>
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<td>$151,200</td>
</tr>
<tr>
<td>Education</td>
<td>$21,600</td>
<td>0</td>
<td>$21,600</td>
</tr>
<tr>
<td>HIV and AIDS</td>
<td>$216,000</td>
<td>0</td>
<td>$216,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,980,800</strong></td>
<td><strong>342,400</strong></td>
<td><strong>2,638,400</strong></td>
</tr>
</tbody>
</table>

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