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. On the 16th of March, 2016, the Government held a donor conference to brief the donor community on the National Drought Emergency Mitigation and Adaptation Plan (NERMAP) 2016-2022 and the current situation of the drought in the country. The overall NERMAP humanitarian requirement is US$80.5 million, of which the government has made available US$3.2m, to cater for the immediate needs and additional commitments. To date, the Government drought response has been supporting food distribution, water supply and dredging services for Hawane and other dams.

Food support and water supply remain the priority immediate 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 300,000 people, (about one third of the population), will be in need of food assistance. According to preliminary information from the recent assessment, this number is expected to increase to 350,000 from May 2016 onwards, with a worst case scenario of 538,000 people, of whom approximately 200,000 are at risk of not accessing safe water to drink.

Date: 31 March 2016
(The numbers below are estimates and represent people to be affected by end of March 2016)

- 300,320 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
- 200,897 people food insecure
- 90,404 children food insecure
- 8,460 children 6-59 months affected by severe and moderate acute malnutrition

UNICEF Swaziland Appeal 2016
US$ 2,980,800

Funding Gap
89%
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 rationing periods to enable schooling to continue.

The results on health and nutrition from the Rapid Assessment conducted in February did not provide sufficient data to contribute towards a well-informed health and nutrition response.

The assessment did, however, indicate an estimated 31% increase in diarrhoea treated at health facilities and about 23% and 53% of households in Shiselweni and Lubombo regions respectively reporting to have had diarrheal cases in the past three months. The Health sector completed a comprehensive health and nutrition sector assessment from 16-23 March, 2016, which will provide strategic recommendations to improve the health response, as outlined in the NERMAP.

<table>
<thead>
<tr>
<th>Estimated Affected Population</th>
<th>Total</th>
<th>Male (51%)</th>
<th>Female (49%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Affected Population</td>
<td>300,320</td>
<td>147,157</td>
<td>153,163</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 (The 2 most affected regions)</td>
<td>165,000</td>
<td>80,850</td>
<td>84,150</td>
</tr>
<tr>
<td>People Food insecure</td>
<td>200,897 (18% of country’s population)</td>
<td>98,440</td>
<td>102,457</td>
</tr>
<tr>
<td>Children Food insecure</td>
<td>90,404</td>
<td>44,298</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.

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1 NERMAP January 2016 to March 2022
The UN, through WFP, supported NDMA with the drafting and finalization of the NERMAP which aims to provide relief for the affected population. The NDMA is responsible for overall coordination of disasters and is leading and coordinating the NERMAP. In November 2015, NDMA activated the following five clusters to respond to the drought: (i) Agriculture and Food Security; (ii) WASH, (iii) Education, (iv) Health and Nutrition and (v) Protection. A sixth cluster on energy and environment was formed in February 2016, to monitor weather and climate systems for provision of early warning, early action and disaster risk reduction. The energy and environment cluster also monitors the additional cost of electricity imports as a result of reduced local generation.

The NDMA, key Ministries and civil society, supported by UN agencies, drafted 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. A humanitarian response plan (HRP) summarizing humanitarian activities within the NERMAP is currently being developed by the NDMA, to for emergency response planning and coordination and to raise emergency resources to cover gaps.

With technical and financial support from UNICEF and the UN, the NDMA has coordinated the following three national assessments to date: (i) Drought impact assessment on schools; (ii) National multi-sector rapid assessment; and (iii) Comprehensive joint health and nutrition rapid assessment on the health and nutrition situation including the capacity of health facilities to respond to the drought emergency, which is at analysis stage.

A CERF concept note and appeal were submitted in order to request CERF funding amounting to US$ 3,144,400. The CERF funding will complement existing resources that have been leveraged and allocated to support the UNICEF drought response plan. UNICEF’s CERF application focussed on the WASH response amounting to US$342,400.

**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 Country Office Drought Response plan. UNICEF Swaziland will achieve this working 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 as initial partners in the response.

UNICEF’s sector-specific programme commitments cover nutrition, health, water, sanitation and hygiene (WASH); HIV and AIDS, education and child protection. The current actions are supported by available data; operational commitments; supply and communications for development. 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**

The estimated number of people in need of water supply by end of March 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. The scoping and identification of the required materials for the selected 10 schools and 10 health facilities was undertaken with contractors, and implementation will commence during the first week of April, 2016. The scoping exercise also identified system failures due to lowered ground water which has seen protected springs and boreholes running dry. 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.

The WASH sector has completed phases 1 and 2 of a 3 phase comprehensive water supply assessment in 20 of the worst affected constituencies in Lubombo and Shiselweni regions. The completed phases account for 12 of the constituencies and the report indicates that a total of 13,392 households (approximately 66,960 people) are affected by water scarcity at the household level, with challenges meeting daily potable water requirements. The report also highlights communities who have no improved water sources as critical areas for immediate support.
UNICEF’s CERF application which was submitted on 21 March in support of a WASH Sector response 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.

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 some point during the school term due to limited water supply. Preliminary rapid nutrition assessment results have revealed cases of oedema in Hhohho and Lubombo low veld areas. 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. Analysis, validation and dissemination of the assessment final results should be completed by 31 March 2016. It is envisaged that the information gathered will improve the equity targeting of the health and nutrition sectors and contribute towards improving and updating the UNICEF Swaziland Drought Response Plan and HAC appeal. An assessment of nutrition supplies has revealed a lack of Ready to Use Therapeutic Food (RUTF) at national central medical stores. UNICEF is responding by supporting the procurement of RUTF and piloting real-time monitoring on nutrition stocks in health facilities offering IMAM services in collaboration with the National Nutrition Council. These interventions will fill gaps in nutrition supplies at the health facility level and 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.

Education
To date, the drought has impacted 189,000 learners and 8,157 teachers and support staff. Should the current situation in school be left unattended, 258,623 students, teachers and support staff, will be exposed to the risk of water borne diseases. The situation is a threat to the quality of education; 71% of assessed schools reported that they had not conducted practical subjects at some point during the school term due to limited water supply. Attention also needs to be given towards the construction of gender sensitive sanitary facilities such as pit latrines, especially for schools that use flush toilet systems and do not yet have optional facilities. School feeding has also been affected, with 189 schools (73,000 learners) reporting that they could not provide school feeding at some point during the term due to water shortage. 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 contribute towards the delivery of quality education. The response is mainly implemented in collaboration with the WASH sector to ensure provision of clean drinking water at all schools; provision of alternative sanitary and hygiene facilities in schools and the provision of hygiene kits and soap to children in schools. Awareness campaigns for children and teachers on the drought is a critical component of this response.

Child Protection
UNICEF Swaziland has explored possible partnerships with World Vision, Save the Children and the Red Cross to respond to the child protection impact of drought. As an initial step, UNICEF and World Vision will conduct an assessment to establish the protection impact that the drought has had on children. In addition, UNICEF will support the three civil society organizations to create awareness on identified child protection issues in the community. UNICEF is currently reprinting key messages on sexual gender based violence that will be disseminated nationally through partnerships with World Vision, Save the Children and the Red Cross and contribute towards increasing awareness on child protection issues.

HIV/AIDS
HIV and AIDS remains a national priority having been declared 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 3,380 TB cases per 100,000 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 (it is expected to rise up from 200,000 up to 250,000 in 2016) as well as other devastating social and economic impacts. The comprehensive joint health and nutrition rapid assessment on the health and nutrition situation which was conducted from 16-23 March, included questions on how the drought
situation has affected the people living with HIV, in particular their adherence to ART, and whether there are increases in high risk behaviours. The assessment results will be disseminated soon and will provide evidence of any such effects.

Communications for Development (C4D)
UNICEF Swaziland has supported the establishment of an emergency C4D TWG which is headed by the Emergency Preparedness and Response unit of the Ministry of Health and co-chaired by UNICEF, with Health Promotion Unit as the secretariat. Terms of reference for the group were developed and adopted at the first meeting held on 14 March, 2016. The group held a two and half day meeting to review all existing C4D materials and adapt/harmonize the messages. Different IEC materials for Health, Nutrition and WASH have been developed and pretested; UNICEF will support the printing of some of the materials, and soft copies will be provided to partners for further printing. Health promotion has been a key focus of national radio, as a result of UNICEF C4D technical support to health inspectors, and key messages on household food and water safety in the emergency have been disseminated. A three month action plan has been developed by the C4D TWG to guide the C4D response activities, including international communication (external relations), mass media and social mobilization interventions. Implementation of the plan is being coordinated through the Health Promotion Unit and UNICEF has advertised for a short term C4D consultant to support the response.

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.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements US$</th>
<th>Funds received (US$)</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<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>
</tr>
<tr>
<td>Child Protection</td>
<td>$151,200</td>
<td>0</td>
<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>

Next SitRep: 30/04/2016

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