

Swaziland's Drought Disaster

“It is terrible now. Our spring has dried up and the students have to fetch water for washing and cooking from very far away. They miss much class time. Now they are coughing from the cold weather and from being outside for so long. Many complain of having no food or water at home too.”

This statement, from Aaron Ngwenya, head teacher at New Hebron Primary School in the Mahlangatsha Inkhundla, echoes many similar concerns from teachers, nurses and caretakers around Swaziland who are witnessing the impact of the nation's drought on children. Children are among the most affected segment of the population during a drought, especially children under five, orphans and vulnerable children (OVC) and school children. Pregnant and lactating mothers, and HIV/AIDS patients who require more nutritious food than those who are not infected, are also vulnerable during drought times.

Swaziland's drought is said to be the worst in 15 years. Unlike previous droughts that were confined to the Lowveld regions, the current drought has affected all regions, resulting in more than a 60% decline in maize production the lowest annual harvest on record.

Prices of maize have skyrocketed and are beyond the reach of the most vulnerable households. Water levels have greatly declined and in some regions people are sharing the little remaining water with animals.

The May 2007 Crop and Food Supply Assessment Mission estimated that 410,000 people, including 180,400 children and 65,600 children under five, will require varying levels of humanitarian assistance including food, agricultural inputs, water and sanitation, health and nutrition services, and early livelihood recovery.

The 2007 Vulnerability Assessment Committee results show that 64% of rural households do not have access to safe drinking water and adequate sanitation. The situation is likely to worsen with the onset of the dry season. This is expected to lead to increased disease outbreaks, particularly of cholera and diarrhoea. High incidence of cases of acute malnutrition in children has also been recorded in areas most affected by the drought.

With one of the highest HIV rates in the world, the drought is likely to have an impact on the already severe HIV situation. Patients on Antiretroviral (ARVs) drugs are expected to discontinue taking drugs in the absence of food and clean water. Poor households have been reported to engage in negative coping strategies, including transactional sex, which may lead to a higher incidence of sexually-transmitted infections (STI) and HIV. An increase in cases of gender-based violence, school drop-outs and child abuse, particularly of orphans and vulnerable children, has been specifically noted in some of the areas hardest hit by the drought.

UNICEF Key Actions and Responses

As the severity of the drought was unfolding, UNICEF Swaziland began full participation in the response.

Immediate Action

Even before the drought was declared a national disaster, UNICEF, in partnership with Government, acted swiftly on behalf of children and women.

- UNICEF participated in each of the Deputy Prime Minister's assessment tours of the country's drought-affected regions.
- The Country Office gave inputs into the development of the Crop and Food Supply

Assessment Study and the Food Security and Vulnerability Assessment to ensure that in addition to issues of food, information was gleaned on children's health, nutrition and welfare status.

- UNICEF held preliminary consultations with partners on responses aimed at children.

In addition to these immediate actions in response to the drought, UNICEF continued its ongoing programmes aimed at child survival and development to lessen the drought's burden on Swazi children and women.

- UNICEF embarked on its second round of Child Health Days to improve vulnerable children's access to health care. Child Health Days bring a package of services including immunization, vitamin A supplementation, routine de-worming, growth monitoring and treatment of common ailments to underserved and vulnerable children under five and create linkages between children, community clinics and community volunteer health care workers. The initiative reached more than 14,500 children under five years old.
- The office continued to support school-based de-worming campaigns, working closely with the Ministry of Health and Social Welfare and Ministry of Education to ensure that children both in and out of school children receive treatment.
- UNICEF integrated Vitamin A supplementation into standard paediatric HIV care and the expanded programme on immunization; as well as put into operation plans for new oral rehydration salts (ORS) and zinc for diarrhoea management.
- With a network of partners, UNICEF supported the establishment of more than 600 neighbourhood care points (NCPs) throughout the country to serve the needs of OVC. NCPs are a community-based intervention established to provide at least one hot meal and day-to-day support to OVC, enabling them to be cared for in the communities in which they were raised. More than 30,000 children now come together in a safe environment at NCPs to eat, learn and play.

Ongoing Response

The Prime Minister declared the drought national disaster in early June 2007. Since that declaration, UNICEF has worked in cooperation with Government to respond to the drought crisis, especially as it affects children and women. UNICEF continued its work in the areas of child survival and development and created a plan of action for emergency priority areas, which include:

Water, Sanitation and Hygiene

Situation Analysis

Acute shortage of water and food are the two of the most visible signs of the current drought. Access to safe drinking water varies by region, from 35 percent in Shiselweni to 56 percent in Hhohho, according to the VAC Survey of 2007. This situation will get worse as water sources run dry and people and livestock share the dwindling supplies. Many boreholes have dried up and families have resorted to using open water sources such as dams, streams and rivers. The drought has also caused an increase in the workload of women and children, as they must travel far distances and spend more time to fulfil the water requirements of the household. This could lead to increased school drop outs, especially for orphan children who have little support at home. Hygiene practices are also a major concern. VAC results show the percentage of people who wash their hands before eating ranges from 7 percent to 52 percent. Hand washing after cleaning a child ranges from 8 to 27 percent. The VAC Survey also confirmed that the prevalence of diarrhoea among children under-five is consistently higher in households without safe drinking water and sanitation facilities.

Objectives

- To reduce morbidity and mortality due to water-borne diseases and to alleviate the burden of people living with HIV and AIDS, OVC, and women and children, by improving access to safe domestic water and adequate sanitation systems in selected community gathering

- points for children and families; and
- To strengthen institutional and community monitoring and response capacity with regard to water and sanitation related disease outbreaks.

Strategy

UNICEF and partners will focus support in water and sanitation provision in the Shiselweni and Lubombo regions, specifically focusing on Neighbourhood Care Points (NCPs), schools, therapeutic feeding centres and other health facilities. The strategy will centre on the following:

- Service delivery: Supporting the provision of water and sanitation facilities for the most vulnerable populations, including procurement of water containers, water purification tablets, and equipment to disinfect and desalinate water;
- Community capacity development: Developing skills amongst vulnerable populations for the construction of facilities, management and monitoring of response activities at community level; and
- Monitoring and evaluation: carrying out assessments, field monitoring visits and research on the effectiveness and impact of the response.

Expected outputs

- Safe water and sanitation facilities provided to targeted education institutions and health facilities;
- High level of hygiene practice for targeted communities; and
- Reduced mortality caused by water-related diseases.

Nutrition

Situation Analysis

In the current drought, 180,000 children, including 36% of children below the age of five, are in need of food assistance in Swaziland. Preliminary data from the VAC Survey in March 2007 shows that nearly 40% of children under five years old are stunted and 4.5% to 11% are underweight. By comparison, stunting and underweight levels for under-fives in the 2006 VAC survey were 30 percent and 9.6 percent, respectively. In the Lubombo plateau, the acute malnutrition rate for children is three times higher the rates of other ecological zones. The lack of food has forced some to adopt desperate coping measures, including, eating small portions, eating fewer meals a day, or skipping meals entirely. The combined effects of the drought and underlying health problems (HIV and a high prevalence of diarrhoea and respiratory infections) are a major threat to children. As a result: 1,200 orphans and vulnerable children are at risk of severe acute malnutrition due to food shortages; and 16,000 children under-five years of age in the areas affected by water shortage are at risk of water-borne diseases such as diarrhoea and dysentery.

Objectives

- To develop a sentinel surveillance system for tracking nutritional status of children and provide therapeutic feeding to 1,200 children with severe acute malnutrition; and
- To provide low osmolarity ORS (ReSoMal) and Zinc to 16,000 children suffering from diarrhoea; and to provide micronutrient supplements to eligible children, pregnant and lactating women.

Strategy

- Service delivery: Therapeutic feeding centres will be established in existing health facilities located in areas with high severe acute malnutrition rates. In addition, children discharged from the therapeutic feeding centres will be referred to existing supplementary feeding programmes;
- Capacity development: Health workers will be trained in therapeutic and supplementary feeding; and the skill sets of volunteers working in NCPs will be developed in screening for malnutrition, early detection of common childhood diseases and growth monitoring and promotion;

- Surveillance, monitoring and evaluation: Nutrition sentinel sites will be established and impact of the response will be assessed through field monitoring; and
- Advocacy and coordination: UNICEF and partners will advocate with policy makers and provide support to the Government to lead the coordination of nutrition activities for timely, equitable, coordinated and integrated responses to the emergency.

Expected outputs

- Functional sentinel sites established in NCPs, schools and health facilities to monitor the nutritional status of children;
- Therapeutic centres established to rehabilitate 1,200 or more severely malnourished children;
- Health workers and auxiliary staff trained on how to run the nutrition sentinel sites and provide monthly reports on the nutritional status of children under five; and
- Supplies and equipment provided to therapeutic feeding centres and sentinel sites, including therapeutic food, micronutrients, ORS, anthropometric equipment, and supplementary food for young children.

Child Protection

Situation Analysis

As mentioned previously, the drought is increasing the workload of women and children. Girls and young women risk physical and sexual abuse as they travel long distances to fetch water, often in the dark of early morning or late evening hours. There is evidence of a higher school drop out rate among orphans (39%) than non-orphans (3%). In July 2007, one government official approached UNICEF for help, not for the 45 orphans for whom she pays school fees, but rather for the increasing number of needy children who show up at a day care centre she established in Lubombo region. At last count, there were 115 children between 2 and 14 years old and one volunteer caregiver at the centre. Coming from households impoverished by the drought, these children are looking for a meal and a safe place to play. Community initiatives like these need support, at the very least in their initial phases.

Objectives

- To mobilize communities, families, civil society organizations and government on the prevention of sexual abuse and exploitation of children and women during the emergency; and
- To provide support for the care and protection of orphans and vulnerable children, including shelter and psychosocial support. This will be targeted to Lubombo and Shiselweni - the two regions facing greatest food insecurity - as well as to five constituencies in Manzini and Hhohho, which are also greatly affected.

Strategy

As a response to the various challenges facing the children of Swaziland, a variety of community-driven approaches have been adopted, building on local values and culture, to enhance the protective environment for OVC, within the National Plan of Action for Orphans and Vulnerable Children (NPA for OVC) Framework.

The main strategy will focus on children in vulnerable groups that reside in food-insecure households, such as orphans, children in child headed households or elderly-headed households. These children will be reached through the community-owned NCPs. The efforts will complement other basic material needs, such as food and education, by providing community-based care and support services, including access to psycho-social support; protection from abuse, stigma and discrimination; and access to HIV and AIDS awareness raising activities. As the sector lead, UNICEF will also improve monitoring and assessment of the vulnerability and needs of OVC.

Expected outputs

- Psycho-social services (PSS), including provision of PSS kits to selected NCPs and urban social centres;
- Improved awareness and coordination on prevention of child abuse and sexual exploitation, HIV/AIDS awareness, and stigma and discrimination;
- Improved mechanisms to monitor the situation of children, including support to the Ministry of Regional Development and Youth Affairs to analyse existing data from 9% of Swaziland's Chiefdoms;
- The establishment and support of new NCPs, including training of new Child Rights Committees in food deficit areas identified by the VAC; and
- Coordinated emergency responses in relation to child protection through Child Protection Network (CPN) meetings.

Resource Mobilization

To support its work in the emergency, UNICEF Swaziland drafted a request for emergency programme funds (EPF) to address the nutritional; water, sanitation, and hygiene; education; and protection needs of children during the drought. As part of the UN country team, UNICEF also participated in the UN Flash Appeal to mobilize resources for the nation's response efforts, with UNICEF taking a lead role in the areas of nutrition, child protection and water, sanitation and hygiene. UNICEF also appealed to National Committees around the globe for assistance during the emergency. Thus far, UNICEF has received U.S. \$50,000 from the Irish National Committee.

UNICEF will continue to work with its NGO and civil society partners to support Government efforts to mitigate the impact of the drought on children and women throughout Swaziland.