



Children at rehabilitated handpump/ Swaziland / © UNICEF Swaziland 2017

Swaziland

Year-end Humanitarian Situation Report

January - December 2017

SITUATION IN NUMBERS

350,000

Total affected population

137,380

Food Insecure People (74,185 children)

189,000

Children affected by drought

165,000

Children in need in the two most affected regions of Lubombo and Shiselweni

8,460

Children 6-59 months affected by severe and moderate acute malnutrition (1,410 SAM; 7,050 MAM)

(Source: Swaziland Vulnerability Assessment Committee 2016 Preliminary Findings, June 2016 and Swaziland Vulnerability Assessment & Analysis, July 2017.)

UNICEF Appeal 2017

US\$ 3.25 million

Highlights

UNICEF through strategic partnerships with the Government and non-governmental organisations (NGOs) achieved most sector targets due to the efficient use of limited resources to achieve more results for children, women and the general population during implementation of the humanitarian response:

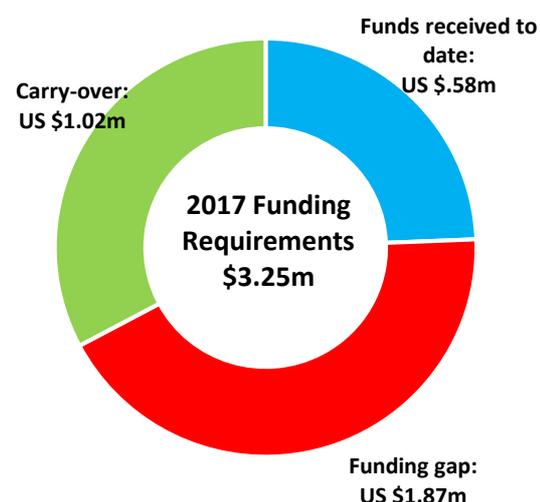
- In 2017, UNICEF and partners reached 71,350 people with safe water in Lubombo and Shiselweni regions, representing over 100 per cent of UNICEF’s 2017 Water, Sanitation and Hygiene (WASH) Emergency Response Plan target.
- Communication for Development (C4D)-WASH initiatives on safe sanitation and hygiene practices reached 26,617 people.
- The education sector response in 2017 focused on recovery and adaptation, in an effort to improve the learning environment and strengthen resilience. UNICEF Swaziland in collaboration with the Ministry of Education and Training (MoET) improved rainwater harvesting capacity of 42 schools supplying them with rainwater harvesting equipment, benefitting 15,670 learners (8,155 boys and 7,515 girls) and 684 teachers (432 females and 252 males) with water.
- With UNICEF support, 105,042 children under-5 years were screened for malnutrition by Rural Health Motivators (RHMs) of which 492 were underweight and referred for treatment.
- The study by the National Disaster Management Agency (NDMA) on the socio-economic impacts of the 2015-2016 drought indicates the total lost revenue due to the drought as US\$296 million (E3.8 billion).

UNICEF’s Response with Partners

UNICEF Swaziland Humanitarian Results 2017	UNICEF		Sector/Cluster	
	UNICEF Target	Total Results*	Cluster Target	Total Results**
Nutrition: # of children 6-59 months with severe acute malnutrition receiving treatment	1,058	473	1,410	-
WASH: # of people provided with access to water (7.5-15L per person per day)	64,000	71,350	200,000	-

*Total results are cumulative; results for 2017 are point-in-time measures of coverage
 **Final cluster figures not yet consolidated

Funding Status 2017



Education: # of students and teachers reached with information on climate change, water conservation and disaster management	8,000 students 300 teachers	15,670 students 684 teachers	258,000	-
HIV/AIDS: # of children under 15 who continue to receive ART	2,757	3,726	10,088	8,623

Situation Overview & Humanitarian Needs

The rainfall season from January-March 2017 and November-December 2017 has alleviated some of the impacts of the drought, reaching normal to above normal levels across most of the country, however prolonged drought conditions continue to be felt in Shiselweni and Lubombo regions affecting food and water security for a significant part of the population. At the beginning of the emergency response in February 2016, 350,000 people were affected by the prolonged drought, including 189,000 children. The 2017 Vulnerability Assessment indicated that 137,380 people (16 per cent of the population), including 74,185 children, remain food insecure.

While the 2017 rainfall has alleviated the water scarcity in Hhohho and Manzini regions, the current prolonged drought conditions continue to be felt in Shiselweni and Lubombo regions affecting food and water security for a significant part of the population. The results from the 2017 Vulnerability Assessment indicated that over 53 per cent and 55 per cent of the population in Shiselweni and Lubombo regions respectively access water from unprotected sources.

Estimated Population in Need of Humanitarian Assistance (Estimates calculated based on initial figures from Swaziland Vulnerability Assessment, September 2017) and Health and Nutrition Assessment (March 2016)*			
Start of humanitarian response: 18 February, 2016			
	Total	Male	Female
Total Population in Need	350,000	171,500	178,500
Children (Under 18)	189,000	92,610	96,390
Children Under Five	40,843	20,013	20,830
Children 6 to 23 months	24,500	12,005	12,495
Pregnant and lactating women	8,750	-	8,750
Children affected in Lubombo & Shiselweni	165,000	80,850	84,150
Food insecure people	137,380 (approx. 16% of population)	67,316	70,064
Food insecure children	74,185	36,350	37,835

Humanitarian Leadership and Coordination

The National Disaster Management Authority (NDMA) is responsible for coordinating the emergency response on behalf of the Government of Swaziland. The United Nations (UN) Country Team, headed by the UN Resident Coordinator, leads the UN's emergency response. UNICEF leads Education and WASH clusters, co-leads the Health and Nutrition cluster and is an active member of the child protection cluster. Based on the official end to the emergency in 2016, the NDMA deactivated the cluster system from the second quarter of the year and transitioned into resilient programming. In support of national disaster reduction and preparedness, UNICEF in its co-lead role supported NDMA to develop and cost the 2018-2019 Multi Hazard Contingency Plans for the Education and WASH sectors.

Humanitarian Strategy

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

From January to December, UNICEF provided access to safe water, sanitation and hygiene services in the worst-affected regions of Shiselweni and Lubombo. Nutrition surveillance was enhanced through training of Rural Health Motivators (RHM) and health workers strengthening both community and facility-level systems and capacities to enable the integrated management of acute malnutrition (IMAM). UNICEF supported 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 continued access to education for children, UNICEF supplied clean water, alternative sanitary and hygiene facilities and conducted awareness campaigns and targeted training for teachers and students on environmental as well as protection related themes. In addition, UNICEF supported interventions for the prevention of gender-based violence and exploitation of all vulnerable groups, and

further facilitated the protection, care and wellbeing of women and children. UNICEF also supported strengthening of psychosocial support and follow-up systems for enhanced retention in the programme to ensure adherence to Antiretroviral Treatment (ART) for children and adolescents living with HIV.

Summary Analysis of Programme Response

Nutrition

The number of SAM cases continued to be low throughout the year with a total of 473 SAM children treated, with a cure rate of over 90 per cent. In 2017, the nutrition sector response focused on improving health facility and community health and nutrition management. At community level, 324 RHMs were trained on infant and young child feeding (IYCF) promotion and early identification of malnourished children. 105,042 children were screened for malnutrition of which 492 were underweight and referred for management. To facilitate the management of SAM, UNICEF in collaboration with the Ministry of Health (MoH) trained 90 health workers from nine hospitals on infant and young child feeding practices. Educational sessions for mothers and community sensitization sessions on IYCF conducted by the trained health workers and RHMs are believed to have contributed to the low numbers of SAM cases reported in the year. UNICEF also supported the MoH to strengthen implementation of the Baby Friendly Hospital Initiative (BFHI) which led to an assessment and accreditation of five health facilities as baby friendly. On micronutrient supplementation, 45,441 children 6-59 months received Vitamin A. Throughout the year, UNICEF supported the provision of Ready-to-Use Therapeutic Food to all 41 IMAM health facilities.

Health

From January to December, a total of 2,237 children under five were reached in the Shiselweni region with a package of interventions including immunization, HIV testing, and ART refills during outreach sessions. A total of 36,791 children under the age of five received measles and other vaccines representing 59 per cent of the targeted population. Anecdotal evidence shows that some health facilities no longer provide immunization services on daily basis as expected, and instead schedule services for only three days a week. Efforts are being made by the MoH to address this.

WASH

Since the beginning of the year, a total of 71,350 people (29,328 boys, 28,336 girls, 5,777 males and 7,909 females) were reached with safe water in Lubombo and Shiselweni regions reaching 111.5 per cent of the target population. The over achievement above the target is attributed to three main activities which the target was surpassed namely development of new water systems which reached 116 per cent, water trucking which reached 148 per cent and handpump rehabilitation reached 105 per cent. In contribution to this result, UNICEF in partnership with World Vision Swaziland (WVS) rehabilitated 32 hand pumps, constructed six boreholes, provided water treatment kits (4691 people:1661 boys, 1663 girls, 692 females and 675 males) and trucked water to 78 schools and 51 communities and reached 54,996 people (21,173 boys, 20,821 girls 5,525 males and 7,477 females). In addition, water harvesting facilities were provided to 42 schools reaching 16,334 students and teachers with sustainable safe water as part of resilience building programme. The response reached 59,696 children in school/learning programmes with access to 2.5-3 litres of water per child per day which was 80 per cent target achievement. In promotion of early recovery, the WASH sector focussed on strengthening community resilience and preparedness. For sustained community water point management, 191 community artisans were trained to manage and maintain water points. To support positive behaviour change and resilience, 26,617 people (52 per cent female) and 42 WASH clubs with 16,414 people (49 per cent female) were reached during the reporting period with information on sanitation and hygiene inclusive of water conservation and treatment. Through UNICEF's

partnerships with government and civil society organisations, 5,548 girls from 62 schools received sanitary pads and information on menstrual hygiene management.

Education

The education sector response in 2017 was mainly on recovery and adaptation in an effort to improve the learning environment and strengthen resilience. Following the 'Comprehensive Education Post Drought Assessment' in 634 schools (72 per cent of schools) which revealed that 50 per cent of schools had non-functional water systems, UNICEF Swaziland in collaboration with the Ministry of Education and Training (MoET) improved rainwater harvesting capacity of 42 schools supplying them with rainwater harvesting equipment. This benefitted 15,670 learners (8,155 boys and 7,515 girls) and 684 teachers (432 females and 252 males) with water. In addition, 11 schools benefited from solar power pumps, supported by UNICEF Swaziland in partnership with World Vision Swaziland, benefiting 1,828 learners (938 boys and 890

girls) with uninterrupted water supply. The Education sector continued to promote gender-sensitive approaches and menstrual hygiene management with 5,548 adolescent girls in secondary schools provided with menstrual hygiene management kits and hygiene information. In addition, through engagement with schools, 15,670 learners and 684 teacher received information on climate change, water conservation and disaster management.

Child Protection

The findings of the WVS-led assessment on the impact of the El Niño-induced drought on children, adolescents and pregnant and lactating women informed the protection cluster work plan for the year. UNICEF established a partnership with a local NGO, Nhlanguano AIDS Training Information and Counselling Centre (NATICC) to strengthen community support networks for child protection in emergencies as well as increase knowledge generation on violence against children in Shiselweni region. Through NATICC, risks assessments identified and supported 141 children at risk of abuse and protection plans using a pilot initiative on child and family-centred approach to violence against children. In strengthening social support networks to prevent and address violence, abuse and exploitation, 45 community leaders were trained on child protection, 859 community members were mobilized to lead prevention and response to violence against children and 305 children were sensitized on the Children's Protection and Welfare Act 2012. The documentation of the child and family-centred approach as well as the documentation of significant change stories is ongoing and will contribute to lessons and determine potential scalability of the intervention. In further strengthening multi-sector response to VAC in emergencies, UNICEF Swaziland provided financial and technical support to the Department of Social Welfare in the Deputy Prime Minister's Office (DPMO) and trained 35 social workers and 35 police officers on child sensitive case management and report writing skills.

HIV & AIDS

In 2017, 818 adolescents were sensitized on HIV prevention, treatment, care and support and 3,726 adolescents (2,217 females, 1,509 males) were on ART in the two target regions. UNICEF in partnership with the MoH and Baylor College of Medicine supported an SMS-based platform (U-Report) to provide real-time reporting and psychosocial support and information through online responses to the inquiries and reports from adolescents living with HIV and those affected by violence. This was aimed at strengthening capacity to respond to low ART adherence by adolescents. The platform facilitated responses to questions and inquiries, and 1,604 adolescents received psychosocial support through U-Report-based provider response to SMS messages from adolescents. The partnership also provided peer support and counselling to strengthen ART adherence through teen clubs, and supported 190 males and 228 females which led to 87 per cent of achievement in undetectable viral load, higher than national average of 55 per cent. The MoH with support from partners will continue to collect HIV-related data for further reporting and planning in 2018.

Communications for Development (C4D), Community Engagement & Accountability

From January to December, C4D-WASH initiatives on safe sanitation and hygiene practices reached 26,617 people (52 per cent female) in four constituencies with an emphasis on proper handwashing and food preparation. In addition, community participants were reached through inter-personal communication on safe handling and storage of water to protect the clean water collected from water points and household level water treatment.

Building on the global memorandum of understanding between UNICEF and International Federation of the Red Cross to operationalize the 'One Billion Coalition on Resilience Building', UNICEF Swaziland established a strategic partnership with Baphalali Swaziland Red Cross aimed at building community resilience to cyclical and humanitarian shocks. The partnership is contributing towards strengthening community capacity for resilience and effective preparedness to

cyclical and humanitarian shocks. Through Red Cross, 4,210 children in 20 schools have been engaged on disaster risk and preparedness, positive hygiene practices and water conservation through drama and dialogues. A disaster simulation was conducted in one of the schools in Ngwempisi Constituency, with 1,300 learners, teachers and community members participating in the exercise. The partnership continues to use mass media as a form of messaging with communities and schools in Shiselweni and Lubombo regions.

Supply and Logistics

During the reporting period, UNICEF successfully delivered 30 hand pumps and supplies to the Ministry of Natural Resources and Energy, which will support the rehabilitation of hand pumps in vulnerable communities in Lubombo and Shiselweni region as part of resilient building in 2018 providing 4,500 people with access to safe water.

Security

In 2017, Swaziland maintained its security situation with Security Level 1 based on the UN Department of Safety and Security 2016 assessment. Since the declaration of the emergency in February 2016, there has not been an increase in security levels in the country.

Funding

As of 31 December 2017, UNICEF Swaziland received approximately US\$1.6 million against the US\$3.25 million in the 2017 Humanitarian Action for Children, of which US\$579,312 was mobilized in 2017 while US\$1,017,266 was carry-over funds. Details are provided in the below sectoral table.

Funding Requirements (as defined in Humanitarian Appeal of 23/08/2018 for a period of 12 months)					
Appeal Sector	Requirements (US\$)	Funds available (US\$)		Funding gap	
		Funds Received Current Year	Carry-Over	US\$	%
Nutrition	373,000	214,380	279,000**	0	0%
Health	280,000	0	\$100,000	180,000	64%
WASH	2,286,000	364,932	\$377,266	1,543,802	68%
Child Protection	65,000	0	\$150,000**	0	0%
Education	75,600	0	71,000	4,600	6%
HIV/AIDS	180,000		40,000	140,000	78%
Total	3,259,600	579,312	1,017,266	1,868,402	57%

*The majority of funds available comprise carry-over 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.

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SUMMARY OF PROGRAMME RESULTS

	UNICEF and IPs		
	2017 Target	Total Results*	Change since last report ▲ ▼
NUTRITION			
# of children 6-59 months with severe acute malnutrition receiving treatment	1,058	473	▲ 205
# of children 6-59 months provided with Vitamin A supplementation	62,676	45,441	0
# of children 6-59 months provided with deworming treatment	62,676	55,499	0 ¹
HEALTH			
# of children under 5 reached with measles and routine EPI immunization	62,676	36,791*	▲ 8,174
WATER, SANITATION & HYGIENE			
# of people provided with access to water (7.5-15L per person per day)	64,000	71,350	▲ 7,172
# of people reached with critical WASH related information to prevent child illness	175,000	55,656	0**
# of children in school/learning programmes with access to 2.5-3 litres of water per child per day (for drinking and handwashing)	74,000	59,696	0**
CHILD PROTECTION			
# 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	2,400	1,633	0
EDUCATION			
# of students and teachers reached with information on climate change, water conservation and disaster management	8,000 students 300 teachers	15,670 students 684 teachers	▲ 811 students ▲ 398 teachers
HIV and AIDS			
# of children, young people and women reached with information on prevention, care and treatment of HIV/AIDS.	50,000	2,619**	0***
# of children under 15 who continue to receive ART.	2,757	3,726	▼ 708****

*Reported figure for only those aged 0 to 11 months since data for those above 11 months was not available

**No increase in number since the interventions reached same population the rest of the year

*** Data includes teen clubs and outreach activities for July to November 2017, data for December is still being collected.

**** Reported number on young people reached is dropped since some of the adolescents transitioned to adult hood and fewer numbers of children transitioning to adolescence in the two regions and may be due to data quality issues in the HMI system.

¹ Includes all children given Albendazole for July and August