

Swaziland: Drought

Office of the Resident Coordinator Situation Report No. 2

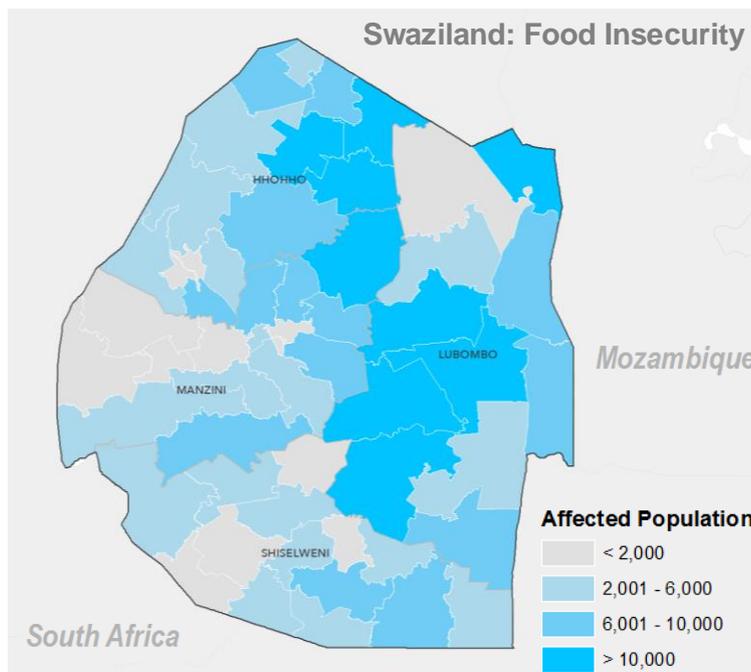
(as of 14 Mar 2016)



This report is produced by Office of the Resident Coordinator Swaziland in collaboration with humanitarian partners. It covers the period from 27 Feb to 14 Mar 2016. The next report will be issued on or around 01 Apr 2016.

Highlights

- An El Niño-induced drought has contributed to a projected 64 per cent year-on-year decrease in maize production (the staple food).
- An estimated 300,000 people require food assistance – a quarter of the total population.
- Water scarcity is affecting all aspects of society, including education (an estimated 189,000 learners) and health facilities (particularly maternity services).
- The response is ongoing. Following the declaration of an emergency and the publication of a national response plan, efforts are underway to identify and initiate the most urgent humanitarian activities.
- While some resources have been mobilized, including US\$16.5m pledged by Government for both immediate and longer term interventions, significant funding is still required, including \$29.3m for food assistance, \$1.74m for health and nutrition interventions, and \$225,000 for increasing school feeding programmes and improving water and sanitation in schools.



Source: Swaziland VAC projections, Feb 2016

300,000

Estimated number of people requiring humanitarian assistance

26%

Of total population affected (estimated)

\$64 million

Required for both immediate and longer term activities

Situation Overview

An El Niño-induced drought has seriously affected food and nutrition security and water availability across Swaziland. Maize production is expected to decrease by a projected 64 per cent from the previous season's harvest, which was itself below average. An estimated 44,000 cattle have already perished in the drought, threatening lives and livelihoods. The drought has pushed the number of people in need of food assistance to an estimated 300,000, which accounts for about 26 per cent of the total population. The next main harvest season is only in April 2017, meaning food and nutrition indicators can only be expected to deteriorate over the coming months, which is of great concern given the already high rates of chronic malnutrition (according to 2014 data, about 26 per cent of the children under age 5 are stunted in growth).

The situation is exacerbated by the fact that not only Swaziland but the entire Southern African region has been hit by the drought. South Africa, on which Swaziland relies for food importation, has also seen a significant reduction in maize production. According to AgriSA, South Africa's white maize prices have increased by 150 per cent over the past 12 months alone, leading the Swaziland National Maize Corporation to increase the official price of maize by 66 per cent, with more increases on the horizon. This means that even where maize is available on the market,

its price will put it well beyond the means of most, particularly given the fact that 63 per cent of Swazis live below the poverty line.

The country has one of the highest prevalence of HIV-infected adults (26 per cent of people aged 15 to 49 years). Food insecurity affects adherence to anti-retroviral (ARV) therapy as patients cannot take treatment on an empty stomach. Lack of food also affects access to health services as many people prioritize the little financial resources they have to buy food rather than pay for travel to a health facility.

Water scarcity is the other major consequences of the drought, with water rationed to only two days a week in some urban areas as boreholes, dams and rivers run dry. This has massive implications on all sectors of society, affecting overall sanitation conditions. Schools are facing a water and sanitation crisis, affecting almost 80 per cent of all education institutions. In all, an estimated 189,000 learners and 8,157 teachers and support staff have been affected. The water crisis has also impacted healthcare, as medical facilities cannot function properly without a guaranteed supply of clean water. While the water situation is already critical, we have yet to enter the dry season, which lasts from April to October. (Major dams' water levels have not significantly improved with the recently experienced rains.)

The ongoing emergency has the potential to worsen protection concerns such as gender-based violence, sexual and economic abuse and difficulty in accessing integrated sexual and reproductive health services. Groups most affected and vulnerable to exploitation, violence and abuse include women and youth, especially girls, orphans and vulnerable children (OVCs), and adolescents. Adolescent girls are particularly at risk of urinary tract infections due to poor menstrual hygiene associated with poor sanitary conditions.

Fully recognizing the urgency of the situation, the Government of Swaziland declared a national drought emergency on 18 February 2016 and together with partners launched a response plan – the National Emergency Response, Mitigation and Adaptation Plan (NERMAP). As the response continues, efforts are underway to collect more detailed assessment data, and identify and implement life-saving interventions.

Funding

According to NERMAP, US\$23m is required to respond to immediate needs and \$57m required for longer term actions. The Government of Swaziland has pledged \$16.5m for both immediate and longer term interventions, which will be disbursed in two parts: \$7m immediately and the remainder before the end of the year.

The United Nations has mobilized \$100,000 from the UNDP Bureau for Policy and Programme Support (BPPS) to enable effective coordination of the immediate NERMAP activities. In early March 2016, the UN Office for the Coordination of Humanitarian Affairs (OCHA) provided an emergency cash grant of S\$75,000 to provide water trucking and water harvesting equipment in 10 schools and 10 health facilities. An application for resources from the OCHA-managed Central Emergency Response Fund (CERF) is also being developed. Furthermore, the Swaziland Red Cross Society and World Vision have raised resources from their international partners to support Government's response.

However, \$64m is still required for the overall response, including \$29.3m for food assistance, \$1.74m for health and nutrition, and \$225,000 for expanding school feeding programmes and improving water and sanitation in schools. Government has called a meeting on 16 March 2016 to brief partners on the situation and mobilize additional resources.

Humanitarian Response

NERMAP takes a sustainable approach towards disaster risk reduction outlining both immediate needs and longer term actions. It prioritizes food and water security through intensified local maize production and rehabilitation and expansion of water systems to increase access to potable water.

Following the development of NERMAP, Government and partners are finalizing the development of a humanitarian needs overview (HNO), based on NERMAP, which prioritizes the critical humanitarian needs; to be followed by a humanitarian response plan (HRP) outlining concomitant activities. A multi-sectoral drought rapid assessment was completed in February 2016 and its preliminary results are being incorporated into the response. In addition, the UN is supporting the Ministry of Health to conduct in March 2016 a more comprehensive assessment on the health and nutrition situation, including the capacity of health facilities to respond to the drought emergency.



Food Security and Agriculture

Needs:

- An estimated 300,000 people are in need of food assistance.
- With a 30 to 60 day delay in the rainfall season, and poor rains when it did commence, thousands of subsistence farmers did not plant this season. This will also have a knock-on effect next season as farmers will not have the resources to plant again.
- It is critical that school feeding programmes are expanded from one to two meals a day, as many children are not receiving meals at home.
- With 44,000 head of cattle already perished in the drought, support must be provided to ensure the health of the remaining herds.

300,000

Estimated number of people in need of food assistance

Response:

- Eleven out of 54 rural constituencies received hay and water supplies for their remaining livestock.
- The National Disaster Management Agency (NDMA) with partners continue to distribute food assistance as part of its 2015/2016 lean season response, which started in October 2015 and is set to end in March 2016.

Gaps & Constraints:

- According to NERMAP, while \$7.4m have been allocated for immediate and longer term food assistance, \$29.3m is still required.



Health & Nutrition

Needs:

The planned comprehensive assessment on the health and nutrition situation, including the capacity of health facilities to respond to the drought emergency, will assist in identifying specific health and nutrition needs. Some of the already known needs are:

- Sensitization of communities, especially in the hard hit areas, to engage in disease prevention practices, such as boiling water and hand washing, to prevent among other things diarrheal diseases.
- Ensuring that health facilities have adequate capacity to effectively respond to the increased disease case load. This will include procurement of essential medical supplies such as oral rehydration salts, zinc and antibiotics, in case stocks are not adequate to cater for the drought response.
- Increasing water supply to health facilities such as hospitals and clinics as water shortages affect service provision, especially deliveries in the maternity wards.
- Strengthening of nutrition surveillance, especially in the areas most affected by the drought.
- Providing health facilities with adequate stocks of ready-to-use foods such as Plumpy Nut.
- As sexual and gender-based violence (SGBV) often increase during humanitarian emergencies, lifesaving sexual and reproduction health commodities must be made widely available.

Response:

- The Health Sector is distributing water harvesting equipment to selected health facilities.
 - Anthropometric tools have been procured for the diagnosis of malnutrition.
 - Therapeutic foods have been procured (F-100, Plumpy Nut, etc.).
 - Protecting, promoting and supporting appropriate infant and young child feeding through strengthening the Baby Friendly Hospital Initiative has been implemented in all affected constituencies.
 - Procurement of reproductive health and dignity kits has been undertaken.
- A comprehensive health assessment has been commissioned by the Ministry of Health, scheduled for March 2016 and supported by WHO, UNFPA, UNICEF and WFP.

Gaps & Constraints:

- According to NERMAP, while \$693,000 has been allocated for immediate and longer term health and nutrition interventions, \$1.74m is still required.
- Health facilities and people on lifelong treatment need to be prioritized for water supply.
- Monitoring and evaluation of the health facilities is needed in order to know the number of affected people and monitor the impacts of El Niño on the health and nutrition.
- Management of acute malnutrition in all affected areas must be increased.

- Active disease surveillance and response needs to be strengthened.

Education

Needs:

- The current drought has affected 661 (about 78 per cent) education institutions country-wide, with 40 institutions in the capital city presenting a particular challenge due to the rationing of the water supply.
- Currently some schools offer feeding programmes that are limited to one meal a day per student. However, in light of the increase negative effects of the drought, these schools feedings need to be increased to two meals a day in order to prevent increased malnutrition rates.
- Adequate water and proper sanitation facilities on school grounds are required.

661

Education institutions affected by lack of water due to drought countrywide

Response:

- Drilling of new boreholes in schools to provide potable water.
- Providing water supply through tanks to schools.
- Supplying food commodities to schools to supplement the current Government school feeding programme.
- Awareness raising campaigns on the drought situation and how to respond (behaviour change, water saving techniques).
- Provision of alternative sanitary and hygiene facilities.
- Supplying hygiene kits and soap to schools.

Gaps & Constraints:

- According to NERMAP, \$722,000 has been allocated to immediate and longer term education assistance, including expanding school feeding programmes and improving water and sanitation conditions, but \$2.25m is still required.
- Schools are generally lacking appropriate water and sanitation facilities.



Water, Sanitation and Hygiene

Needs:

- At the onset of the drought, 28 per cent of rural water supply schemes were non-functional, with south-east and eastern Swaziland most affected.
- There is currently insufficient awareness on water quality as communities still wash inside streams and rivers with low flows.
- Rural communities need support with borehole pumps at strategic points where there is sufficient groundwater as an alternative.
- Investments in drilling boreholes and pump installations at schools in urban areas are needed.
- Water storage tanks and mobile latrines are currently lacking, requiring investment.
- Delivery of services is hindered due to lack of water, including in schools and health facilities. Therefore, there is a need for proper water storage as well as increased water trucking to schools and health facilities, as well as proper sanitation in schools.

197,157

students, teachers and workers nationally at risk of water borne diseases

Response:

- 15 boreholes are being drilled in urban areas.
- 43 of the 141 available tanks (10,000l each) have been distributed and resources are sought for the distribution of the remaining 98 tanks.
- A rapid assessment has been conducted to identify functional and non-functional rural water schemes.
- Drilling and installation of new boreholes to meet urgent potable water needs schemes has been undertaken.
- Procurement of water tankers/bowsers schemes is ongoing.
- Household water treatment kits have been provided to households with access to only untreated water schemes.

Planned response:

- Drilling, decommissioning and installation of boreholes in Mbabane City.
- Harnessing water from Mbabane River to Mbabane Treatment.
- Promoting rainwater harvesting and recycling at household and community levels.

Gaps & Constraints:

- There is lack of water storage capacity as well as mobile latrines in urban areas.
- Clearing of animal carcasses from close to water sources as there are health concerns related to water pollution if they are not removed.
- Funding is currently lacking for WASH projects. According to NERMAP, while \$5m have been allocated to both urban and rural water and sanitation efforts, an estimated \$9.75m is still required.
- There is an information gap on the vulnerable populations and districts, which is required for more concentrated responses.

**Needs:**

- Protection and psycho-social support is needed by all affected vulnerable groups, especially orphans and vulnerable children (OVCs) and women.
- Urgent treatment is needed for women and children who become victim of sexual gender-based violence (SGBV) as the drought worsens.
- Knowledge on keeping safe and also seeking services when abuse must be expanded.

Response:

- Protection services, including case management and psycho-social care, have been provided to children and women through the One Stop Centre at Mbabane and other service points in the country.
- Vulnerable children and families have been linked to existing social protection programmes.
- Messages to expand knowledge on protection services and service points have been disseminated to families, communities and children.
- The National Disaster Management Agency (NDMA) through the February 2016 rapid assessment was supported to collect, analyze and compile reports on the situation for protection, with full participation of UN agencies.
- Support from UNFPA Regional Office has been received to develop tools and questionnaires for measuring the impact of drought on protection.
- Supported has been provided in developing the HNO.

Gaps & Constraints:

- There is only one One Stop Centre in the capital, Mbabane, offering comprehensive services for victims of SGBV, with plans to establish more centres - at least one more in 2016.
- According to NERMAP, while \$420,000 have been allocated to social protection efforts, an estimated \$417,000 is still required.

General Coordination

Government convenes an inter-sectoral coordination forum to deliberate on critical issues and provide strategic direction for the response. There are various sector coordination meetings which are co-chaired by the UN. The forums provide technical support for the coordination mechanism. A UN Technical Working Group for Drought has been established and is actively coordinating UN agencies involved in the response, arranged by sectors (Food Security and Agriculture, Health and Nutrition, WASH, Education, and Protection).

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