

Swaziland: Drought

Office of the Resident Coordinator Situation Report No. 3

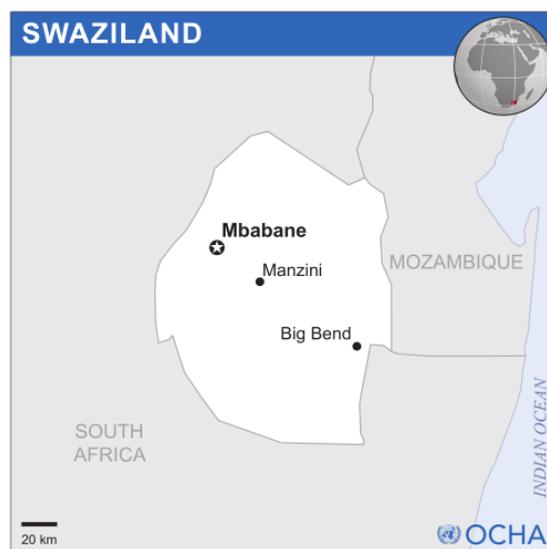
(as of 30 Apr 2016)



This report is produced by Office of the Resident Coordinator Swaziland in collaboration with humanitarian partners. It covers the period from 14 Mar to Apr 30, 2016. The next reports will be issued on or around 1st Week of each month until March 2017.

Highlights

- Government has since approved a supplementary budget to support some of the activities of the NERMAP to the tune of \$7,057,538.59, following extending the duration of the drought emergency declared two months ago to May 18, 2016.
- 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.
- This funding follows a \$75,000 emergency cash grant from the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) to provide water to some of the most affected schools, hospitals and communities and a \$100,000 from UNDP Crisis Bureau Unit for coordination.



Map Sources: UNCS, ESRI.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Map created in Sep 2013.

300,000

People requiring humanitarian assistance

25%

Of total population affected

\$80 m

Required for both immediate and longer term activities

64,000

People being supplied with clean water

72,000

People receiving food assistance

74,000

People receiving health and nutrition assistance

Situation Overview

An El Niño-induced drought has seriously affected food and nutrition security and water availability across Swaziland. Maize production is expected to be 64 per cent below the previous season, which itself was below average. An estimated 64,000 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 300,000, which accounts for about 25 per cent of the total population. The next main harvest season is not until 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 MICS 2014 data, about 25.5 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. 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 consequence of the drought, with water rationed to only a few days a week in some urban areas, as boreholes and rivers run dry. Major Dam levels have not significantly improved even with the rains experienced during the rainy season. While the water situation is already critical, the country is yet to enter the dry season, which lasts from April to October. 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. The water crisis has also impacted healthcare, as medical facilities cannot function properly without a guaranteed supply of clean water.

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). 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 2016 to 2022). The government since extended the duration of the drought emergency to May 18, 2016. As the response continues, efforts are underway to collect more detailed assessment data and identify life-saving interventions.

Funding

Swaziland NERMAP appeal for immediate and longer term drought interventions

US\$80.5 million requested



The Government of Swaziland has pledged \$16.5 million for both immediate and longer-term interventions, which will be disbursed in two parts: \$7 million immediately and the remainder before the end of the year. Before the declaration, Government had already committed \$3 million for food assistance and water allocations to 158,000 people. Government has since approved a supplementary budget to support some of the activities of the NERMAP to the tune of \$7,057,538.59.

The United Nations mobilized US\$ 3.14 million from the United Nations Central Emergency Response Fund (CERF). This funding will enable the WFP and UNICEF to provide food and emergency water and sanitation services to 95,000 of the most vulnerable people. The funding follows a \$75,000 emergency cash grant from the OCHA to provide water to some of the most affected schools, hospitals and

\$100,000 has been mobilized from the UNDP Bureau for Policy and Programme Support (BPPS) to enable effective coordination of the immediate NERMAP activities. Humanitarian partners, including the Swaziland Red Cross Society and World Vision, have also raised resources from their international partners to support Government. However, approximately \$51 million is still required for the overall response. The funding gap includes \$ 26 Million still required for food assistance, \$ 8 Million for WASH interventions, \$ 1 Million to support health and nutrition interventions and \$ 9 Million to support agriculture.

Humanitarian Response

Existing resources are currently providing food assistance to 72,000 people, supplying water to 64,000 people, and ensuring nutrition and health assistance to 74,000 people.

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 with partners is finalizing the development of a humanitarian needs overview (HNO), based on NERMAP, prioritizing critical humanitarian needs. A multi-sectoral drought rapid assessment was completed in February 2016 and results are being incorporated into the response. In addition, the UN is supporting the Ministry of Health to conduct 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 provide two meals a day, as many children are not receiving meals at home.
- With 64,000 head of cattle already perished in the drought, support must be provided to ensure the health of the remaining herds.
- Under the coordination of the NDMA, WFP has started operational arrangements with NGO partners for implementation of food assistance targeting about 70,000. Implementation is expected to start in May 2016.

300,000

People need of food assistance

Response:

- Food assistance is being provided to 72,000 people.
- Eleven out of 54 rural constituencies received hay and water supplies for their remaining livestock.
- The National Disaster Management Agency (NDMA) and World Vision continue to distribute food.

Gaps & Constraints:

- According to NERMAP, while \$7.4 million have been allocated for immediate and longer-term food assistance, \$26 million is still required.



Health & Nutrition

Needs:

The comprehensive assessment on the health and nutrition in drought situation, including the capacity of health facilities to respond to the drought emergency, identified specific health and nutrition needs in addition to some of the already known needs which were:

- Community engagement and social mobilisation for disease prevention and control need to be strengthened
- Capacity building for health workers on the management of moderate and severe malnutrition as well as other outbreak prone infectious diseases
- Ensuring uninterrupted water supply to health facilities through provision of water tanks
- Strengthening nutrition and disease surveillance and response
- Ensure procurement and distribution of response commodities like ready-to-use foods, antibiotics and ORS

Response:

The UN finalised the health and nutrition assessment report, is ready for dissemination, and will be used to identify priority interventions

- 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 implemented in all affected constituencies.
- Reproductive health and dignity kits were procured
- A comprehensive health assessment commissioned by the Ministry of Health was successfully conducted from 15th – 22nd of March 2016 and supported by WHO, UNFPA, UNICEF and WFP. A final report was produced. Preliminary findings suggest that while the impact of the drought has started showing, its full impact will only show around September 2016.

Gaps & Constraints:

- According to NERMAP, while \$693,000 have been allocated for immediate and longer term health and nutrition interventions, \$1.74 million 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 numbers of affected and monitor the impacts of El Nino 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) primary and secondary schools country-wide, with 40 institutions in the capital city presenting the greater challenge due to the rationing of water supply.
- Currently some schools offer school feeding that is 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 the school grounds.

Response:

- Drilling of new boreholes in schools to provide portable water.
- Provision of water supply through tanks to schools and education.
- Supply of 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
- Supply hygiene kits and soap to schools.

Gaps & Constraints:

- Government is yet to commit resources to education. According to NERMAP, \$722,000 has been allocated to immediate and longer term education assistance, \$2.25 million is still required.
- Schools in general, are lacking appropriate facilities such as sanitation and water.



Water, Sanitation and Hygiene

Needs:

- The water shortages are affecting girls and adolescents in the peri-urban areas since the onset of the drought.
- 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 drill boreholes and pump installations at schools in urban areas are needed.
- Water storage tanks and mobile latrines are currently lacking and investments need to be made to improve them.

- 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.
- There is need to increase the number of water tankers available to tanker water to strategic community water points.

Response:

- In response to the disrupted delivery of services in schools and health facilities, the UN TWG is enabling the installation of 63 tanks and water harvesting infrastructure in 20 most-in-need schools and health facilities, identified by the Ministry of Health and Ministry of Education and Training through the NDMA Sector Clusters.
- The support will be complemented with emergency water trucking and awareness creation on sanitation as well as lessons on hygiene working with NGOs.
- 15 boreholes are being drilled in urban areas.
- 43 of 141 tanks (10,000 L each) have been distributed and resources are sought for 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.
- Procurement of water tankers/bowsers schemes.
- Provision of household water treatment kits to households with access to untreated water schemes.
- 20 institutions being supported with rainwater harvesting systems which will be complemented by water tankers in the dry winter season.

Planned response:

- Drilling, decommissioning and installation of boreholes in the Mbabane city.
- Harnessing water from Mbabane River to Mbabane Treatment Plant.
- Promoting rainwater harvesting and recycling at household and community levels.
- Strategic community reservoirs for affected communities.

Gaps & Constraints:

- There is lack of water storage capacity as well as mobile latrines in the cities.
- Clearing of animals that have died 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, the sector had \$5 million allocated to both urban and rural water and sanitation efforts have been made to mobilise a further \$2.93 million with an estimated \$6.82million is still required.
- There is an information gap on the vulnerable populations and districts for more concentrated responses.
- Water Tankers are not readily available from government and private sector tankers especially from construction sector are costly making water trucking costly.

Protection

Needs:

- Protection and psycho-social support is needed by all affected vulnerable groups, especially orphans and vulnerable children 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 has occurred.

Response:

- Protection services to women and children, including case management and psycho-social care, continue to be provided by existing government and NGO led interventions in the affected areas including the One Stop Centre at Mbabane.
- Vulnerable children and families continue to be referred to existing social protection programmes.
- Protection messages to expand knowledge on protection services and service points disseminated to families, communities and children.

- The National Disaster Management Agency (NDMA) through the rapid assessment was supported to collect, analyse and compile reports on the situation for protection with full participation of the UN Agencies.
- Technical support from UNFPA and UNICEF Regional Offices was received to develop tools and questionnaires for measuring the impact of drought on protection.
- Protection data was integrated into the National Humanitarian Needs Overview (HNO)
- Protection messages to expand knowledge on protection services and service points disseminated to families, communities and children.

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

The Government coordination mechanism continues to be strengthened through support from UN Technical Working Group and technical support from UN OCHA regional office surge missions. The National Disaster Management Agency activated coordination forums at operational and strategic levels with inter-sector coordination scheduled every other Thursday and weekly sector coordination meetings. Currently, sectors are developing implementation plans based on NERMAP, while NDMA is mapping ongoing and planned interventions by various actors including on available resources. While coordination at operation level is now activated, coordination at strategic/policy level is being structured by NDMA. The operation coordination level is to feed into the policy-level for decision making by the Government-led high-level structure.

Additionally, the necessary capacities for a devolved and equally effective coordination at Regional and Tinkhundla (Constituency) level and communities response is ensued while ensuring that all the impacted sectors (Food Security and Agriculture, Health and Nutrition, WASH, Education, Protection) are mainstreamed in the process.

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