



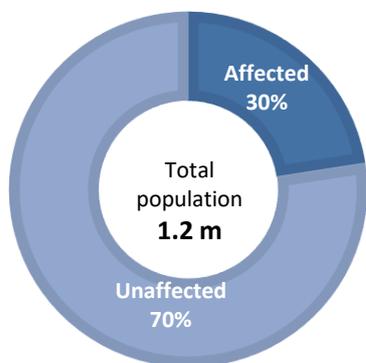
This report is produced by Office of the Resident Coordinator in collaboration with humanitarian partners. It covers the period from 20 August 2016 to 30 November 2016. The next report will be issued by end of January 2017.

Highlights

- On the 29th August 2016, Mary Robinson, the United Nations Special Envoy on El Niño, visited a drought-affected community in Lubombo Region. She committed to addressing the gap in funding to ensure that the most vulnerable communities do not pay the price for climate change exacerbated drought.
- The National Disaster Management Agency (NDMA), the United Nations and humanitarian partners update Swaziland’s input to the revised Regional Appeal (RIASCO) launched on the 5th November 2016.
- With the continuing deterioration in food and nutrition security and acute water crisis in the country, the UN technical working group have revised their Humanitarian Response Plan (HRP) that supports the NERMAP immediate and medium term interventions to adequately reflect the increased needs.



Mobile money agent disburses cash to an elderly man in Nkilongo, Lubombo. ©WFP/Paula Fredin



Adolescent girls receiving dignity kits at Lubulini in drought affected Lubombo region. ©UNFPA

US\$32m

UN revised requirements for immediate and medium term activities under the NERMAP.

48,000

People have been supplied with clean water.

260,000

People have been reached so far with food assistance

1, 539

Adolescent girls received dignity kits.

74,000

People have been reached with health and nutrition assistance.

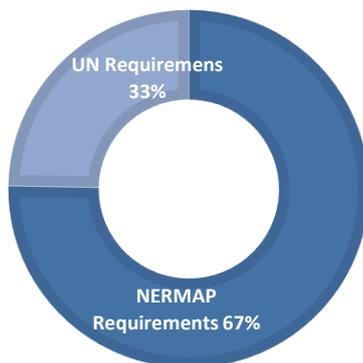
Situation Overview

The National Drought Emergency Mitigation and Adaptation Plan (NERMAP) budget has been revised from the original estimate of US\$85 million (May 2016) to US\$96.4 million to meet both immediate and growing needs. This is due to continuing deterioration in the food insecurity situation, acute water shortages (affecting both urban and rural areas) and corresponding increased humanitarian and livelihood support needs. The UN is revising its HRP to

support the immediate humanitarian components of the NERMAP. With the continuing impact of the drought, the scale and scope of response has shifted to cover even the medium term components of the NERMAP. A nationwide assessment on protection was conducted in August 2016 and its findings will be used to inform programming in the Social Protection Sector.

Funding

UN NERMAP requirements for immediate and medium term drought interventions:
US\$32 million



* The UN does not support the Shelter and Energy/Environment sectors of the NERMAP.

As of November 2016, the total revised requirement for the NERMAP drought response stood at US\$96.4 million, of which only 39 per cent has been met. The Government has released a total amount of US\$10.6 million (9 per cent) for both immediate and medium-term interventions including Energy/Environment and Shelter cluster activities of the NERMAP. Meanwhile, humanitarian partners have raised a total amount of US\$32 million (46 per cent) under the NERMAP. All sectors for the drought response are facing over 70 per cent funding gaps which is affecting their capacity to support the growing needs.

The private sector, including the King's Office, Royal Swaziland Sugar Association, Swaziland National Provident Fund, Central Bank of Swaziland, Swaziland Bankers' Association, Hlalawati, MVA Fund, FNB, Swaziland Royal Insurance, Swaziland Conference of Churches, HMK (through Taiwan), has provided US\$0.37 million towards the drought response. In-kind donations have been received from the Royal Swazi Family (2.5MT of mealie meal), Taiwan Embassy (260MT of rice) and different food commodities from the Swaziland Conference of Churches.

To date, the UN system has received funding of US\$15 million to cater for agriculture and food security, health and nutrition, education, water, sanitation and hygiene, protection and coordination. The funding gap is US\$16.5 million. The UN continues to provide technical support and to explore more funding opportunities through the SADC Regional Appeal and RIASCO El Nino Action Plan for Southern Africa.

Humanitarian Response

Two years of consecutive El Nino-related drought has led to failed harvests, high food prices, agricultural livelihood degradation, livestock losses, reduced water availability, and an overall increase in food insecurity. Despite the combined Government and humanitarian partners' effort, the impact of the drought has exceeded their capacity to mount an adequate response.

There are increased needs across all sectors but notably in the WASH and Education sectors due to the escalating impact of the drought with increased water rationing in urban areas, notably the capital, Mbabane. This led to an increase in the level of water trucking required by affected communities and schools. Additionally, there has been a focus on the construction/rehabilitation of water infrastructure, and major water provisioning projects on the side of the Government to meet the needs of an estimated 200,000 people. The Agriculture and Food Security has so far targeted 260,000 people with food and cash assistance in the Lubombo and Shiselweni regions and in areas with pockets of food insecurity in the Manzini and Hhohho regions, of which 130,000 are being assisted by WFP. FAO and partners are planning to support 120,000 people with livelihood interventions to maximise the current agricultural season and preserve surviving animals with water and fodder.

However, the Swaziland Vulnerability Assessment (SVAC, July 2016) projects that additional people may slide into crisis and emergency food insecurity levels at the peak of the lean period starting in November 2016. This brings the total number of people in need of food, cash and livelihood support to 640,000 people; and for a period that may extend beyond 2017 if they are not supported. The number of people (350,000 people) affected remains unchanged for the Health and Nutrition and Social Protection sectors due to lack of data. However, the social protection cluster has carried out an assessment on the impact of the drought on vulnerable population groups. The findings will be released in December 2016.



Agriculture and Food Security

Needs:

The results from the Swaziland Annual Vulnerability Assessment and Analysis (2016 SVAC) remain unchanged with a projection that approximately 350,000 people (close to 30 per cent of the Swazi population) will require food assistance between the months of June 2016 and March 2017. The most affected regions being Lubombo and Shiselweni with significant livelihood and food shortages. The report estimates 640,000 people (including the 350,000 in crisis and emergency food insecurity levels) will face some food insecurity by the peak of the lean season starting in November 2016 and lasting till March 2017. Reports of negative coping mechanisms have been received, e.g. reducing number of meals/portions per day, rely on less preferred/less expensive food (often with lower nutritional value), increased borrowing of food or cash from others (becoming increasingly indebted). These will have a long lasting impact on vulnerable individuals and households' ability to recover. The National Disaster Management Agency confirms the growing number of food insecure people and as a result a total of 640,000 people have been targeted for food assistance and livelihoods support. The situation continues to be closely monitored.

**350,000 -
640,000**

People in need of urgent food and livelihood assistance

The majority of subsistence farmers have not yet planted this season due to delayed rains (up to two months in some areas) in October 2016 and a lack of farming inputs including a delayed input subsidy programme by the Government and FAO. If this trend continues and a majority of farmers do not plant this season, in 2017 they will neither have food nor the resources to plant again. This will further extend the period of food insecurity into early 2018 as Swaziland only has one main agricultural season.

Response:

The Food Security and Agriculture cluster is led by Ministry of Agriculture, WFP and FAO supporting as co-leads.

Under Food assistance:

During the period from July to September 2016, NDMA distributed food to 339,541 people across the country. The assistance provided was a one-month food ration delivered after two to three months due to lack of adequate resources.

As of October 2016, WFP's food assistance programme had reached 100,000 people with food and 30,000 people with cash transfers.

In September 2016, World Vision distributed food to a total of 8,096 people out of a planned 60,000 people and in October 2016, the number of people who received food assistance increased to 49,438 people.

In addition to the people who received food, 57,942 people in 8 constituencies received cash for food from an ECHO-funded project implemented by Baphalali Red Cross Society. This cash transfer project will last until February 2017.

Under Agriculture:

The Ministry of Agriculture supported the production of 2,783 MT of maize under irrigation to reduce expensive maize imports.

Combined efforts by MOA and NDMA resulted in the procurement and distribution of 5,408 hay bales, and 300,000 of litres of water for livestock support across all four regions. NDMA has provided 2 new trucks to support the provision of water for livestock.

The MOA has rolled out its input subsidy program in which farmers' access tractors and inputs at 50 per cent of the cost.

The drilling of 28 boreholes mostly in the Lubombo and Shiselweni regions; and the procurement and distribution of seeds (maize, sorghum, sugar beans, cowpeas and groundnuts) to 10,000 families in drought-affected areas has been implemented. As of October 2016, FAO received US\$3.9 million out of a total requirement of US\$12 million (33 per cent) and has been able to meet the needs of 60,000 people out of the planned 150,000 people.

Baphalali Red Cross Society (BRCS), with ECHO support, is providing seeds and fencing materials to support the establishment of backyard gardens benefitting 1,500 people (300 households) in the Shiselweni region; and training communities on fodder production through establishing fenced communal gardens. BRCS has undertaken a retargeting and verification exercise to confirm new numbers of those in need and will provide an update at the earliest.

Gaps & Constraints:

WFP has received a request from NDMA to increase the caseload of beneficiaries by an additional 100,000 drought-affected people, bringing the total of people to be assisted with food assistance by the UN to 250,000 by the peak of the lean season. Additional resources are urgently required to address this request.

**Health & Nutrition****Needs:**

The poor, pre-existing nutrition situation, as indicated by the underweight prevalence of 5.8 per cent and stunting rate of 25.5 per cent, is being exacerbated by the deteriorating food security and WASH conditions. A joint health and nutrition assessment and routinely collected HMIS data reveal increasing malnutrition cases, anemia and mortality caused by due to the reduced access to food and availability due to the drought. However, these incidences have not reached emergency threshold levels. People living with HIV and TB are particularly affected as food prices escalate and this has led to poor adherence to treatment resulting in increased defaulter rates. Cholera and associated diarrheal cases are being monitored though to date there has been no incident of cholera outbreak.

350,000

People in need of health and nutrition support

Response:

Ministry of Health and WHO supporting as co-lead.

In support to the Swaziland National Nutrition Council (SNNC), UNICEF procured Ready to Use Therapeutic Food for the treatment of 6,346 cases of acute malnutrition, Ready to Eat Food (RUTF) and anthropometric equipment.

Through UNICEF support, the SNNC is currently using U-Report to facilitate real-time reporting of selected malnutrition indicators from selected health centres.

786 Rural Health Motivators working in the hardest hit areas have been retrained in community-based growth monitoring (CBGM) combined with community-based infant and young child feeding counselling (IYFC). An awareness campaign focussing on Infant and Young Child Feeding (IYCF), growth monitoring and nutrition have been conducted, targeting 17 nurses, doctors and nutritionists to enable them to support the scaling up of community malnutrition surveillance. Anthropometric equipment has also been provided to support community screening for severe malnutrition.

A training of trainers (ToT) workshop on Integrated Management of Acute Malnutrition (IMAM) was conducted for 15 health workers as well as long distance training and follow up on integrated management of neo-natal and childhood illnesses (IMNCI) for nurses. Regional epidemic task force and rapid response teams have also received training.

Chemical toilets and home-based care kits have been procured. NDMA has been approached by the Ministry of Health with a request to procure therapeutic food for severely malnourished children using health centres as the entry point.

The Health and Nutrition Cluster has continued with the integrated nationwide Vitamin A supplementation, deworming and vaccination campaigns as planned. Measles Rubella campaign reached 373,508 children (90.5 per cent) aged 0-14 years, Vitamin A reached 121,330 (94.4 per cent) of children 6-59 months and deworming reached 112,311 (103.4 per cent) children less than five years.

UNFPA in partnership with the Family Life Association of Swaziland (FLAS) supported the provision of integrated SRH/HIV services during food distribution occasions and experience has shown the need for scaling up of this service in order to respond to some key health issues in the communities. A total of 354 clients accessed SRH-HIV including family planning and Gender-based Violence related services in September 2016.

UNFPA mobilized additional resources (US\$ 59,000) to support the procurement of Reproductive Health (RH) kits, training of health workers on GBV and clinical management of rape as well as provision of Integrated SRH/HIV/GBV Services through outreach mobile services.

Gaps & Constraints:

With the onset of the rainy season and its associated risks, cluster partners will continue to closely monitor health surveillance indicators. UNICEF and SNNC plan to review, strengthen and expand the U-reporting mechanism within the next quarter.

The lack of funds and delay in the release of resources is affecting the implementation of these activities.

**Education****Needs:**

The priority need for education is the provision of water and sanitation in education facilities to enable schools to continue functioning and to provide safe spaces for learning. Specific needs include the provision of potable water, water storage and treatment facilities, alternative sanitation facilities and infrastructure to enhance rainwater harvesting.

260,000students and teachers
in need**Response:**

The Ministry of Education and Training is leading cluster activities, with UNICEF supporting as co-lead.

The two areas of focus are water, sanitation and hygiene; and the provision of food to enhance continued learning.

Breakfast in the form of sorghum meal is being provided to all 815 primary and secondary public schools in the country to offset the impact of food insecurity on children's school attendance and ability to learn. The supplementary funding came from the Government of Swaziland.

Training on education in emergency situations has been conducted for 2, 751 head teachers and their deputies.

Water systems have been augmented with water tanks and water supply for all the 29 schools in Mbabane affected by the four-day water rationing cycle which was introduced in August 2016. This rationing has been temporarily suspended due to the onset of the rainy season and improved river flow to urban centres.

World Vision, through support from UNICEF, has provided potable water to 19, 504 students in 65 schools in the hardest drought-hit areas. 9, 800 students in 49 schools have been trained in safe water storage, handling and utilization.

Gaps & Constraints:

Current humanitarian funding for education has been insufficient to cover the additional water and sanitation needs of urban schools which include increasing water storage capacity and the construction of Ventilation Improved Pit (VIP) latrines in each urban school in order to mitigate sanitation risks caused by reduced water availability. Additional resources are required to address these needs and mitigate the risks of school closure in 2017 dry season.

The lack of funds and delay in the release of resources is affecting the implementation of the activities.

**Water, Sanitation and Hygiene****Needs:**

Water, sanitation and hygiene (WASH) remain a challenge despite the nominal rainfall received in October 2016 onset of the rainy season which has been insufficient to offset the acute water stress that communities are experiencing. To date, approximately 300,000 people are unable to access potable water, and the number of non-functional water points has increased by 30 per cent since 2015. According to the WASH Cluster, the drought has impacted 78 per cent of the country's primary and secondary schools, and more than 332,000 students have been affected by lack of and erratic availability of water at their schools.

300,000in need of clean water
supply

The water situation is worsening (there is a reported 50 per cent decline in water sources). Health centres and schools are the hardest hit, further impacting on health and education service delivery as well as school attendance. Water rationing has been extended to two urban centres; Mbabane, the capital city and Hlatikhulu, a rural town. Mbabane

CBD is currently receiving water from an intervention of the government's response plan which involves abstracting and treating water from the Mbabane-Pholinjane River as Hawane Dam water levels have been critically low. Water rationing in Mbabane was suspended in November as a result of the rains including the interventions focusing on sourcing water the river. Dam levels remain below ideal levels.

Response:

The WASH Cluster is led by the Department of Water Services and co-lead by UNICEF.

UNICEF in partnership with World Vision Swaziland provided drinking water to 30,709 out of a targeted 64,000 people in communities, and schools. NDMA has provided water to 17, 291 beneficiaries. This was done through water trucking, rehabilitation of non-functional boreholes and the drilling of new boreholes.

World Vision, with UNICEF support, conducted training in hygiene promotion and water conservation awareness reaching over 55,634 community members and school children with sanitation, hygiene and water harvesting messages. This will promote safe water utilisation during the rainy season.

Gaps & Constraints:

There is an information gap on the vulnerable populations and communities to inform additional interventions. The lack of funds and delay in the release of resources is affecting the implementation of infrastructure rehabilitation activities to the level needed.

Although the current rains have offset the immediate impacts of the drought in most areas, the Swaziland Meteorological Services (MET) September seasonal rainfall forecast raises potential concern for 2017 dry season.

The MET has indicated a slight trend towards normal to below normal rainfall for October 2016 – March 2017 in the parts of Shiselweni and Lubombo, which are already the areas of the country most impacted by the drought. The MET forecast has also indicated that the whole country may receive normal to below normal rains in the period January – March 2017. The WASH cluster is monitoring current and forecast rainfall reports to identify potential needs in 2017.



Protection

Needs:

Protection and psycho-social support is needed by all affected vulnerable populations, especially orphans and vulnerable children and women.

Timely treatment and counselling services for women and children is needed for victims of gender-based violence (GBV) as the drought deepens.

Awareness on existing / available psycho-social support services should be raised to enable victims to access such support.

Interventions aimed at preventing GBV as well as other GBV related aspects require further strengthening in particular clinical management of rape.

Access to sexual reproductive health commodities such as sanitary pads remain a challenge for adolescent girls.

163,000

in need of protection services

Response:

The Protection Cluster is led by the Department of Social Welfare with UNFPA supporting as co-lead.

NDMA included vulnerability criteria in the targeting criteria of beneficiaries for food assistance which ensured the prioritisation of vulnerable groups.

A rapid assessment was conducted by the Deputy Prime Minister's Office with support from UNFPA and UNICEF. The findings and key recommendations of the nationwide report are not yet available.

World Vision, with UNICEF and UNFPA support, are finalising an assessment on the impact of the El Niño-induced drought on children, adolescents and pregnant and lactating women.

Social Protection stakeholders in collaboration with UNFPA conducted awareness campaigns for the youth on sexual exploitation of both girls and boys including gender-based violence. UNFPA has distributed 1,439 dignity kits to young girls and visibly pregnant women out of a planned target of 6,000 kits.

The Government and NGOs are providing protection services, such as case management and psycho-social care to affected women and children in the community, including through the One Stop Service Centre at Mbabane Government Hospital. Vulnerable children and families continue to be referred to existing social protection programmes. Messages on protection are being disseminated to children, families and communities by trained social welfare workers.

UNFPA through its Emergency Funds has mobilised resources (US\$52, 000) to support the protection cluster in procuring dignity kits for adolescent girls and SRH mama kits for pregnant and lactating mothers and advocacy and information materials. UNFPA, in partnership with the Royal Swaziland Police conducted a campaign to end GBV in Siphofaneni Inkhundla where dignity kits were distributed to 500 adolescent girls.

In addition, a 100 adolescent girls received dignity kits and integrated SRH/HIV/GBV services during a food distribution event at Bekezela Primary School in the Lubombo region during UNICEF's Regional Director's visit to the drought affected areas.

Gaps and Constraints

The One Stop Centre located in the capital city, Mbabane is not sufficient to cater for the needs of all victims of GBV. A decentralised approach is needed to support the needs of survivors of gender based violence, more especially survivors of rape.

A referral system for survivors of GBV at the community level as well as a monitoring and evaluation system for GBV remains unavailable.

According to the NERMAP, while US\$0.64 million has been allocated to protection sector, a funding gap of US\$0.13 million remains outstanding. In addition, the implementation of the cluster action plan is very slow and accessing of the funds is difficult, hence, causing delays with implementation.

Planned Response:

The multi-sectorial GBV prevention and response networks based situated in the Shiselweni region need to be rolled out urgently.

Onsite service and information provision in SRH/HIV/GBV during food distribution need to be scaled up.

Training of health care workers on prevention and management of GBV and clinical management of rape is in the pipeline.

The lack of funds and delay in the release of resources is affecting the implementation of these activities.

Finalisation of the protection cluster assessment.

General Coordination

Needs:

The newly restructured National Disaster Management Agency (NDMA) requires technical support. This will contribute to strengthening its coordination mechanisms to manage the escalating El Niño drought impacts through the implementation of emergency relief as well as facilitate early recovery (ER) as articulated in the National Emergency Response, Mitigation and Adaptation Plan (NERMAP).

In all emergency responses, early recovery (ER) needs to be integrated into the work of all coordination mechanisms, with the existing inter-cluster platform being the primary mechanism for its coordination. Early warning interventions have been designed in such a way as to become the building blocks for recovery and long-term sustainable support to community resilience to withstand and cope with the impact of El Niño drought, the worst in 35 years. Early warning

interventions seek to maintain a resilience focus during transition from the immediate life-saving humanitarian assistance to recovery and subsequently development aligned to the longer-term activities of the NERMAP. The beneficiaries are the clusters that are currently involved in providing humanitarian support in response to the El Nino crisis.

Response:

All clusters have drafted their sector response plans and updated their situational contexts, planning targets and funding requirements.

NDMA has convened monthly inter-cluster coordination meetings to update and share information, address constraints regarding the drought response. Increased capacities have resulted in the coordination of the humanitarian response along the five (5) active sectors: Food Security and Agriculture, WASH, Health and Nutrition, Social Protection and Education.

UNDP working with FAO and the UN Technical Working Group on disasters and emergency (UNTWG) are facilitating the adaptation component of the NERMAP. This has led to the development of the early recovery (ER) and resilience mapping of activities, for transitioning from the immediate life-saving humanitarian assistance to restored livelihoods.

A workshop aimed at drawing lessons on the impact of the El Nino-induced drought and how the country has responded is planned for policy makers, cluster stakeholders as well as affected communities. The workshop recommendations will inform and further strengthen future humanitarian response actions.

Gaps and Constraints:

Effective coordination will require building, strengthening of national, regional and local level committees. In addition, such committees should be supported at the operational level with mapping of the resources required to mount an effective response drawing on national and international capabilities.

Whilst the various clusters have developed their cluster plans, there is still need to further strengthen such plans and link them to implementation at regional and local level. This will enhance ownership of all interventions aimed at building resilience and livelihoods stabilization.

For further information, please contact:

Mr. Israel Dessalegne: UN Resident Coordinator & UNDP Resident Representative
israel.dessalegne@one.un.org, Tel: +268 24042305, Cell +268 78023555

Ms. Lolo Mkhabela: UN Coordination Specialist
lolo.mkhabela@one.un.org Tel: +268 24042301 ext. 2508, Cell +268 76028846

For more information, please visit www.unocha.org & www.reliefweb.int
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