

UNICEF Eswatini

Consolidated Emergency Report



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Prepared by UNICEF Eswatini

March 2019



CRC30 YEARS
CONVENTION ON THE
RIGHTS OF THE CHILD

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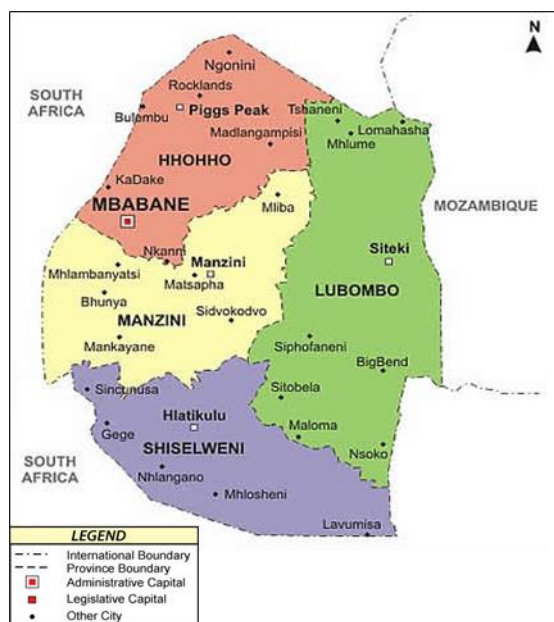
B. Abbreviations and Acronyms

CCC	Core Commitments for Children in Humanitarian Action
DPMO	Deputy Prime Minister's Office
IMAM	Integrated Management of Acute Malnutrition
IPC	Integrated Food Security Phase Classification
MAM	Moderate Acute Malnutrition
MNRE	Ministry of Natural Resources and Energy
MUAC	Mid-Upper Arm Circumference
NDMA	National Disaster Management Agency
MCHP	Multi-Hazard Contingency Plan
NERMAP	National Emergency Response, Mitigation and Adaptation Plan
OFDA	Office of Foreign Disaster Assistance
ORS	Oral Rehydration Salt
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SNNC	Swaziland National Nutrition Council
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAA	Vulnerability Assessment and Analysis
WASH	Water Sanitation and Hygiene
WHO	World Health Organisation

C. Executive Summary

In 2018, Eswatini continued to recover from the effects of the 2016/2017 El Niño induced drought and was one of the seven countries in Sub-Saharan Africa on high El Niño alert in the year. The 2018 Vulnerability Assessment and Analysis (VAA) report indicated that 122,657 people (including 55,254 children) were food insecure at the beginning of the year. Most (100,829) of these people were from households with significant food consumption gaps (with high levels of acute malnutrition). The Water, Sanitation and Hygiene (WASH) Sector predicted that an estimated 250,000 people (of which 112,620 were children) would experience water shortages which would also affect school attendance.

During the year, Normal-to-Below-Normal Rainfall was experienced which reduced the need for emergency response. The country kept El Niño watch based on weather forecasts on possibility of El Niño induced impacts throughout the year, up to beginning of year 2019. Focus in 2018 was therefore placed on country preparedness, recovery and resilience building led by the National Disaster and Management Agency.



In 2018, UNICEF Eswatini supported the recovery from the impact of the El Niño induced drought, through implementation of a mixed emergency, development and resilience agenda to uphold its Core Commitments for Children (CCCs) with special focus on two drought-prone regions of Shiselweni and Lubombo. UNICEF emergency preparedness and response plan (EPP) targeted to reach the most vulnerable children, adolescents and women in the two most-affected regions, with Water, Sanitation and Hygiene (WASH), Health, Nutrition and Education interventions.

During the reporting year, UNICEF Eswatini and its partners, provided 36,966 people with safe water, reached 18,371 people with hygiene and sanitation promotional messages, screened 13,856 children for malnutrition at community level, and treated 487 severely and moderately acute malnourished children. The timely partnership agreement with World Vision facilitated the achievement of the WASH results while the ongoing partnership with Eswatini Nutrition Council and Ministry of Health accelerated achievement of nutrition results. No major results were achieved on health, HIV, Child Protection and Education sectors as no major events occurred during the year and efforts went towards resilience building. This notwithstanding UNICEF Eswatini sustained high level advocacy for HIV and Child Protection programming in emergency and continued to provide technical leadership through the Education, WASH and Social Protection clusters to ensure that preparedness activities sufficiently include children.

UNICEF Eswatini's preparedness planning and monitoring was affected by a weak routine monitoring system for nutrition programmes which led to delayed reporting. In addition, the exclusion of funding for ready to use therapeutic feeds (RUTF) in domestic budget led to stock outs of RUTF for children with severe acute malnutrition affecting proper case management. To address this, UNICEF Eswatini placed emergency orders to fill the supply gap and advocated for inclusion of the supply in the 2019/2020 domestic budget.

In 2019, UNICEF Eswatini will support resilience building for Health, WASH, Nutrition and education sectors utilising regular/development programme funds especially thematic funds with special focus on interventions that benefit children. In addition, emphasis will be placed on ensuring access to basic health, HIV and nutrition services and strengthening monitoring and reporting system in the most at-risk regions. UNICEF will continue to assume a lead role in humanitarian coordination systems as the cluster co-lead agency for the education and WASH clusters, while also contributing technical leadership in the health and nutrition, education and protection clusters.

D. Humanitarian Context

Eswatini was one of seven countries in Africa predicted to be at high risk of El Niño (Dry conditions) between the fourth quarter of 2018 through early 2019 by the World Meteorological Organization (WMO). Seasonal rainfall forecast update for the 2018 showed an increased chance of Normal-to-Below-Normal Rainfall for the period of October 2018 to March 2019. The country remained on El Niño watch, with a possibility of El Niño induced drought beginning January 2019. However, normal rains were experienced during the year 2018 in most parts of the country, although it was not enough to recharge the water table in most drought prone areas due to elevated temperatures and excessive runoffs.

The 2018 Vulnerability Assessment and Analysis (VAA) report indicated that during the period June to September 2018, 122,657 people were food insecure (of which 55,254 were children). Most (100,829) of these people were from households with significant food consumption gaps (with high levels of acute malnutrition) while the rest 21,828 were in households that face extreme food consumption gaps (resulting in very high levels of acute malnutrition and excess mortality). The Integrated Food Security Phase Classification (IPC) further indicated that between October 2018 to February 2019, Lubombo and Shiselweni regions of the country (also the most vulnerable regions) were the most affected, with 44,632 and 70,081 people in households with significant food consumption gaps. It was projected that during the consumption period June 2019 to September 2019, an increased number of people (226,887) will be food insecure.

The WASH Sector predicted that in 2018, an estimated 250,000 people (of which 112,620 were children) would experience water shortages. This was due to depleted rainwater harvesting, dry river beds and receding ground water levels mostly in drought prone areas and urban centres. However, by end of 2018, due to the normal rainfall in most parts of the country, the need for emergency water response was reduced. In the Education sector, predictions indicated an effect on school attendance rates, especially that of girls due to water shortage, impacting their hygiene particularly during menstruation period. Water shortage would also affect the school feeding programme, hence affects school attendance.

To enhance preparedness efforts, The Deputy Prime Minister's Office (DPMO) called upon the trigger/alert agencies (Department of Meteorology, UNIEWA, and the Ministry of Agriculture), to provide frequent weather and climate updates through the Department of Meteorology website: www.swazimet.gov.sz. In addition, The Government activated the Multi-Hazard Contingency Plan (MHCP), coordinated by the National Disaster Management Agency (NDMA) with other Ministries and partners/entities. Furthermore, Cluster coordination mechanisms were activated and UNICEF co-led the WASH and Education clusters, with active participation in Health and Nutrition (UNICEF Co-leading Nutrition sub-cluster).

UNICEF Eswatini continued to work with government through NDMA, relevant line ministries/departments and partners to improve livelihoods and promote resilience of disaster affected communities by strengthening community-based disaster risk reduction systems, enhancing risk awareness, including awareness about disaster management and the importance of changing behaviours

in managing impacts of disaster. Additionally, UNICEF Eswatini made inclusion of drought-impact planning in its emergency preparedness and response plan and provided technical support to government, as needed, to facilitate development and updating of vulnerability and emergency preparedness and response plans. UNICEF utilised emergency funds from USAID-OFDA, Humanitarian 7% set aside funding and reprogrammed some of the development funds towards preparedness.

The Swaziland Meteorology Services (MET) seasonal rainfall forecast has indicated Normal-to-Below-Normal Rainfall for January to May 2019 period over most parts of the country. There is however, still need for enhanced preparedness especially targeting the parts of the country with below normal level rainfall.

E. Humanitarian Results

UNICEF Eswatini support to humanitarian action in the country was guided by the following approaches:

- Upholding its Core Commitments for Children in Humanitarian Action.
- Ensuring UNICEF EPP and humanitarian interventions contributed to the national priorities as identified in the NERMAP.
- Working in partnership with government ministries, NDMA, other UN agencies and civil society to maximise the number of children and women reached and ensure efficiency of the response.
- Working to integrate resilience building and systems strengthening within cluster response plans and ongoing regular UNICEF programmes.

The UNICEF Eswatini utilised US\$744,502.40 in 2018 in emergency preparedness and resilience activities and most of the funds supported WASH and Nutrition interventions. Other areas like education, HIV and child protection implemented resilient related activities as part of ongoing development programmes utilising resources for regular programmes.

UNICEF Eswatini remained active within the national humanitarian response framework as the co-lead of the Education and WASH clusters as well as technical leads for Nutrition and Child Protection within the Health and Nutrition and Social Protection clusters respectively. To strengthen early warning signs reporting, UNICEF Eswatini supported the strengthening of active surveillance systems in seven major health facilities which provided weekly status on children with moderate and acute malnutrition.

Key Results in WASH:

UNICEF Eswatini WASH response aimed to prevent outbreak of waterborne diseases and reduce the loss of life by ensuring the provision of clean and safe water, hygiene and sanitation facilities and supplies to the affected population. UNICEF Eswatini targeted 60,550 children and adults with the provision of adequate safe drinking water, alternative hygiene and sanitation facilities and supplies. It also planned to reach 20,000 children and adults with hygiene and sanitation promotion messages to the targeted community.

Indicators	Cluster/sector 2018 Target	Cluster/sector total results	UNICEF 2018 Target	UNICEF Total results
Number of people provided with access to safe water as per agreed standards	-	-	60,550	36, 966
Number of people reached with hygiene promotion messages			20,000	18,371

WASH interventions were implemented in six constituencies in Shiselweni and Lubombo regions. Prioritisation was given to water point rehabilitation, water harvesting and spring protection to ensure sustained availability of safe water and resilient communities. Water trucking to the targeted communities to ensure access to safe water was done to limited populations since the need reduced due to average rains that provided water. Through UNICEF Eswatini support, in partnership with World Vision Eswatini, access to safe water supply improved for 36, 966 (15,009 boys, 15,140 girls, 3,749 women and 3,068 men) people through construction of five new wells, rehabilitation of 34 water points, protection of three water springs, installation of water harvesting equipment in 40 schools and water trucking to 26 schools and two clinics.

Access to potable water was prioritized due to the interlinked lifesaving, health impacts it has for girls, boys, women and men. Due to 2016/2017 drought impact, the most affected communities reported having to walk up to two hours to access water. Within the communities the burden of water supply rests mainly with women and adolescent girls, with the long distances to collect water exposing them to risk of various forms of violence as well as missing school. Access to safe water also protects children from repeated diarrhoeal episodes and intestinal worm infestation which affect nutrient uptake, leading to malnutrition.



To strengthen community capacity for sustained water availability, 87 community WASH committees and 194 water point repair community artisans were trained on water systems management. The trained artisans rehabilitated six handpumps without external support. In addition, 299 community hygiene promoters were trained on key hygiene messages and water conservation measures. To enhance community-based water quality monitoring, 1,112 people (400 men, 712 women) were trained on basic water management and provided with residual chlorine water quality test kits.

Gender-responsive interventions were prioritized through the provision of menstrual hygiene packs to 6,282 adolescent girls in 80 schools in the two drought-affected regions and the school latrines were fitted with sanitary bins. Hygiene promotion was conducted in 50 communities and 37 schools reaching 18,371 people (900 male, 2,384 females, 7,672 boys, and 7,415 girls). To ensure equity in sanitation access, six latrines were constructed in six schools benefiting 1,363 pupils (909 girls 454 Boys). To facilitate

elimination of open defecation, 30 communities were triggered and supported to implement sanitation activities.

UNICEF Eswatini in its role as WASH cluster co-lead, worked closely with the cluster lead, Ministry of Natural Resources and Energy (MNRE), National Disaster Management Agency (NDMA) and civil society partners in updating the WASH related interventions in the Multi-Hazard Contingency Plan. UNICEF Eswatini provided leadership and guidance to WASH partners for emergency preparedness, partnering with the Red Cross, World Vision, NDMA and MNRE to strengthen disaster preparedness for seasonal severe weather events. As WASH sector co-lead, UNICEF Eswatini built on its long-standing relationship with MNRE to provide technical support during WASH sector coordination forum and the identification of WASH sector priorities in 2018.

Key Results in Health, HIV and Nutrition:

In 2018, UNICEF Eswatini aimed to provide lifesaving nutrition and health care assistance to the affected and at-risk population, and to reduce mortality and morbidity by timely identification and appropriate management of acutely malnourished children and pregnant and lactating women. UNICEF Eswatini targeted its health and nutrition support through the Swaziland National Nutrition Council (SNNC), World Vision and the Ministry of Health.

In Health, UNICEF Eswatini in collaboration with WHO supported the management of diarrhoeal outbreak among children below five years of age. As part of the response to the diarrheal outbreak, a technical team comprising UNICEF, WHO and Ministry of Health (MoH) conducted a rapid assessment in several health facilities country-wide to ascertain the situation and level of response. Linkages between the health facilities and the community were found to be strong as Rural Health Motivators (RHM) were reported to be collecting Oral Rehydration Salt (ORS) sachets from health facilities and distributing them to households with children in the communities. Additionally, the Health sector conducted a quick stock inventory for ORS and Zinc to ascertain adequacy of quantities to cater for the outbreak and for future response in case to El Niño and it was noted that adequate stocks were available.

In addition, to ensure continuous access to immunisation services, UNICEF Eswatini and World Health Organization (WHO) supported MoH and Eswatini Nazarene Health Institutions (ENHI) to conduct integrated outreach health service provision, to hard-to-reach areas and reached 13,702 children. Community dialogues were conducted to address immunization refusals and promote male involvement in child health care reaching, 1,812 people (58 per cent men). This led to increased immunization coverage in the two drought prone regions from less than 80% in 2017 to 90% in 2018.

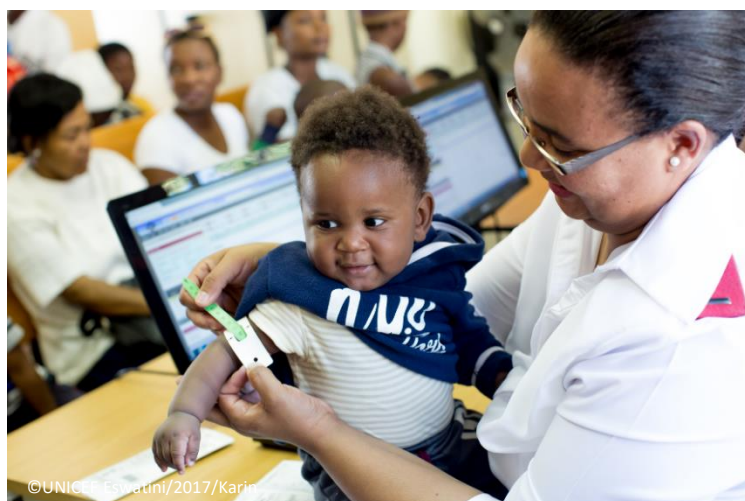
In HIV, UNICEF Eswatini procured paediatric antiretroviral drugs as emergency to cover the gap in treatment for 2,000 children for a period of two months. The stock out of medicines would have affected children especially those with malnutrition due to their vulnerability to infections. With UNICEF financial support to Baylor College of Medicine, 81 doctors and nurses were trained on second and third line HIV treatment reducing the number of aids related mortality. In addition, psychosocial support systems for ALHIV were enhanced leading to less than 1% loss to follow up and viral load suppression of 90 per cent

among female and 89 per cent among male adolescents in UNICEF Eswatini-supported interventions, compared to the national viral suppression of 81 per cent in females and 79 per cent in males in 2017. Furthermore, 83,730 adolescents were reached with HIV information through schools in Lubombo region. UNICEF Eswatini continues to build systems to manage children and adolescents living with HIV as part of regular programme and resilience building for appropriate management during emergencies.

UNICEF Eswatini participated in the Health and Nutrition cluster meetings and ensured that issues of children were prioritised. However, the challenge remained weak focus on HIV in emergency and weak participation of the SNNC to lead the nutrition sector inputs. UNICEF took up the role to provide information on HIV and nutrition gaps to ensure that the sectors were addressed.

NUTRITION	Cluster Target	Cluster Result	UNICEF Target	UNICEF Result
# of children 6-59 months with acute malnutrition receiving treatment	No target	487	1,058	487
Health				
# children in humanitarian situations vaccinated against measles			25,911	13,702
HIV/AIDS				
# of people reached with information on prevention, care and treatment of HIV/AIDS			50,000	83,730

In Nutrition, 13,856 children were screened for malnutrition by the Rural Health Motivators (RHMs) and 487 (of the targeted 1,000) children who were identified with severe acute malnutrition (SAM) were referred and treated in health facilities with 80% cure rate. The target of children treated for SAM was not reached due to improved food situation in the households and continuous nutrition information provision



at household level by RHMs. This was achieved through the training of 218 nurses and doctors on integrated management of acute malnutrition, training of 547 RHMs on community nutrition and provision of job aides including weighing scales and Mid-Upper Arm Circumference (MUAC) tapes to the RHMs.

In addition, 1,163 pregnant and lactating women were trained on diet diversification for improved feeding practices. Ready to Use Therapeutic Food sufficient to treat 500 children with SAM for six months was procured with UNICEF funds and distributed to 41 integrated management of malnutrition sites to ensure consistent availability of treatment for children with Severed Acute Malnutrition.

To improve quality monitoring and timely reporting of malnutrition at health facility, key nutrition indicators were incorporated in Client Management Information System (CMIS), a routine information system for the Ministry of Health. In addition, active surveillance and reporting for nutrition was scaled up from four to seven health facilities, providing an opportunity for identifying early warning signs of malnutrition. To enhance community level reporting, 54 lead RHMs were trained on supervision and reporting and these ensured timely submission of reports by RHMs.

UNICEF as a nutrition sub-cluster co lead, provided financial support to SNNC to conduct a health facility data review to all sites managing children with severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) to establish the status and trends in number of children with MAM and SAM and nutrition supplies stock status. The information guided the preparedness planning and response for the sector. Coordination and quality of nutrition programmes was enhanced through two meetings and two supportive supervision sessions held in o the two affected regions by the Nutrition Council.

Key Results in Education

As education cluster co-lead, UNICEF focused on strengthening Education sector's capacity in emergency preparedness, response and resilience. UNICEF Eswatini in collaboration with Baphalali Red Cross, supported the Ministry of Education and Training and NDMA to train 1,525 teachers from all regions on Education in Emergency (EiE), disaster risk reduction and impact mitigation in schools. The training modules included early warning indicators, the role of teachers in continuing education in emergencies, and information in ensuring learner safety. This resulted in the establishment of an emergency focal points in 762 (87 per cent) of the total 875 primary and secondary schools to coordinate respective EiE school plans. This further enhanced the decentralization of the education cluster at sub-national level and promoted adherence to the standard operating procedures in emergencies, such as having data on affected people within 72 hours of emergency onset and would save costs and time for collecting data in schools.

EDUCATION	Cluster Target	Cluster Result	UNICEF Target	UNICEF Result
# of students and teachers/support staff reached with information on climate change, water conservation and disaster management.	No target students 1750 teachers	n/a 1525	8,000 students 300 teachers	14,859 students 286 teachers

UNICEF Eswatini further registered regional coordination teams on U-Report to use the platform for provision of real time information on the status of education related emergency alerts. UNICEF will continue to use U-Report to monitor warning impact of emergency in schools.

Key Results in Protection

To strengthen humanitarian preparedness and to improve service delivery for children affected by violence, UNICEF Eswatini partnered with the Ministry of Justice and Constitutional Affairs, to deliver a tailored training package, focusing on key child protection laws and child friendly management of child victims and child offenders, to key justice professionals. Seventy-seven (77) prosecutors; 78 police officers; 20 magistrates and 30 court clerks received the training, accounting for about 42 per cent of justice professionals in Eswatini.

Further, the capacity of 29 key multi-sector violence against children service providers (including social workers, health care workers and civil society actors) was strengthened through a targeted training on cross-sectoral linkages required for a comprehensive response to violence against children. UNICEF Eswatini provided technical expertise in the development and delivery of the training package, as well as financial support to facilitate group trainings. It is expected that the training will result in improved and more child friendly response to child victims and offenders across the spectrum of child protection service providers including during emergencies.

To contribute to improved reporting and response to violence against children, including in emergencies, UNICEF Eswatini provided technical and financial support to the Swaziland Action Group Against Abuse (SWAGAA), a local NGO, to use the SMS-based U-Report platform for real-time child case reporting and response. Through the partnership with SWAGAA, 468 children and adolescents were enrolled on the online platform and SWAGAA provided 1,040 on-line responses to child violence reports and queries.

Cluster / Sector Leadership

Humanitarian coordination structures (Agriculture and Food Security, WASH, Education, Health and Nutrition and Protection clusters) were activated in response to the El Nino alert, with NDMA responsible for coordinating the emergency response on behalf of the Government of Eswatini. UNICEF Co-led the WASH cluster with MNRE and education cluster with Ministry of Education (MoE) and participated in Health and Nutrition cluster co-led by MoH and WHO (Co-Led Nutrition sub sector with SNNC). In addition, UNICEF participated in the protection cluster led by the Department of Social Welfare and co-led by UNFPA.

Common challenges across the response and clusters related to weak emergency-responsive information management systems that affected planning and sector target setting. Moving forward, there is need to strengthen cluster coordination for effective planning and reporting including strengthening the various information systems to provide timely data to inform emergency response.

F. Assessment, Monitoring and Evaluation

During the year, UNICEF through its participation in the national coordination forum led by NDMA provided technical support to the 2018 Vulnerability Assessment and Analysis and ensured that data for children was included. UNICEF also provided financial and technical assistance in collaboration with World

Food Programme to SNNC to conduct the rapid data review to 59 health facilities managing child with MAM and SAM. The information provided trends in MAM and SAM and nutrition supplies stock status and facilitated nutrition planning and response.

The 2018 UNICEF Emergency Preparedness Plan (EPP) was monitored biannually and updated accordingly, and emergency related activities monitored through UNICEF Eswatini regular systems. These systems were applied from the assessment level onwards with both civil society and government partners. Partnership monitoring activities included regular partner meetings, joint field monitoring visits, spot checks and end-user monitoring.

G. Financial Analysis

In 2018, UNICEF Eswatini EPP was planned at US\$2.4 Million and US\$744,502.40 was funded. No HAC appeal was done in 2018 since there was no emergency, hence there were no planned budget specific to sectors and the funds utilised for emergency were a carry-over from 2017. Funding for the response went mostly towards recovery and resilience building and the major source of funding was USAID/OFDA. Additional resourcing was received through 7% set aside humanitarian funding, Humanitarian thematic funds and the reprogramming of regular programme funds, where possible and appropriate. Critical areas like Nutrition had funding gaps to respond to the needs especially on supplies for management of children with SAM and MAM. UNICEF Eswatini is prioritising this area for resource mobilization to mitigate and address the impact of future drought on children and families.

Table 1: Funding Utilised by December 2018 by Donor and Funding type (in USD)

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount* USD
I. Humanitarian funds received in 2018		
a) Thematic Humanitarian Funds (Paste Programmable Amount from Table 3)		
See details in Table 3	SM/14/9910	127,692.50
b) Non-Thematic Humanitarian Funds		
USAID/OFDA	SM/17/0409	536,391.90
Total humanitarian funds received/utilised in 2018		664,084.40
II. Carry-over of humanitarian funds available in 2018		536,391.90
e) Carry over Thematic Humanitarian Funds		
-	-	127,692.50-
f) Carry-over of non-thematic humanitarian funds (List by donor, grant and programmable amount being carried forward from prior year(s) if applicable)		
-	-	-
Total carry-over non-thematic humanitarian funds		
Total carry-over humanitarian funds (e + f)		-
III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)		
Regular resources diverted to emergency		
Regular resources set-aside or RR for unfunded OR used for emergency	GS170032	80,418
EPF if not reimbursed		
Total other resources		\$744,502.40

Table 2: Thematic Humanitarian contributions received/utilised in 2018

Thematic Humanitarian Contributions Received in 2018 (in USD): Donor	Grant Number ¹	Programmable Amount (in USD)	Total Contribution Amount (in USD)
Allocation from global thematic humanitarian*	SM149910	127,692.50	127,692.50
Total		127,692.50	127,692.50

¹ International Aid Transparency Initiative (IATI) requires all grants to be listed in reporting. <http://iatistandard.org/>

H. Future Work Plan

In 2019, UNICEF Eswatini will continue to work with the Government of Eswatini, NDMA and civil society partners to build on progress made and lessons learnt to further strengthen disaster preparedness for drought-related and other emergencies, and resilience building interventions, including strengthening community coping mechanisms in drought-prone areas. UNICEF Eswatini will continue to support the cluster coordination mechanisms, with a focus on strengthening cluster information management systems and cluster preparedness, response implementation and monitoring.

UNICEF Eswatini will update its EPP accordingly and ensure that children, adolescents and women in the most affected areas continue to have access to safe water, sanitation and hygiene facilities, nutrition and education. Protection interventions will focus on strengthening community systems as well as integration of appropriate actions within other sectors preparedness and response plans. The support will focus on all key areas including WASH, HIV, Nutrition, Health, Child Protection and Education as outlined in the 2019 EPP.

Key areas of support will include evidence generation through support to multisectoral comprehensive assessment (when required) which will provide updated situation information to inform timely response, capacity strengthening and resilience building for enhanced emergency response. RapidPro will continue to be used support adolescents on ART to adhere to their treatment in the face of the impact of the drought. UNICEF Eswatini will enhance its resource mobilization to support nutrition preparedness including pre-positioning of nutrition supplies in readiness for the anticipated El Nino in 2019.

I. Expression of Thanks

UNICEF Eswatini would like to take this opportunity to express its sincere appreciation to all the donors that have provided support in the form of contributions and partnerships for children in Eswatini. The support from all donors has made it possible to enhance the timeliness, relevance and effectiveness of UNICEF interventions. The support has further been invaluable in addressing programme gaps and meeting critical needs of children, adolescents and women affected by drought in Eswatini.

Annex A: Eswatini SM170409 2018 Two-pager

Grant Summary

Donor name: USAID-OFDA
Assisted country: Eswatini
Grant reference: SM170409 (internal reference)
AID-OFDA-IO-17-00079

Total contribution: USD 579,312.00
Programmable amount: USD 536,391.90

Cumulative Expenditure*: USD 577,030.02
Commitments*: USD 2,104.13

Period covered by the report: October 2017– 31 December 2018

a) **Purpose of the Contribution**

The purpose of the USAID-OFDA contribution was to support UNICEF Eswatini's Integrated WASH and Nutrition Drought Response Project, as part of the UNICEF Eswatini's 2018 Emergency Preparedness and Response Plan (EPP).

The rainfall season 2017/2018 was better than previous season however it was not sufficient to recharge the water table in most drought prone areas due to elevated temperatures and excessive runoffs. The 2018 Vulnerability Assessment Committee Report indicated that people in need of food support were 122,657 during the lean/dry season with Shiselweni and Lubombo recording the highest numbers at 20% and 29% of the regional population respectively. UNICEF implemented a mixed emergency, development and resilience agenda while supporting the recovery from El Niño drought.

USAID-OFDA funding supported achievement of the following objectives:

1. To improve access to sustainable potable water supply and increase positive hygiene and sanitation practices among targeted populations; and
2. To increased prevention and treatment of Severe Acute Malnutrition (SAM) in infants and young children.

b) **Results**

The time line for the grant was 1 October 2017 to 30 September 2018. However, extension to December 2018 was granted to ensure completion of all planned activities. The following results were achieved during the implementation period:

In WASH, working in partnership with World Vision Eswatini, access to safe water supply improve for 36,966 (61% of target; 15,009 boys, 15,140 girls, 3,749 women and 3,068 men) through construction of five new wells and rehabilitation of 34 (87% target), protection of three of the planned five water springs, installation of water harvesting equipment in 40 schools (100% target) and water trucking. The target population was not reached since the majority were planned to be reached by water trucking and due to limited need during the year for trucking, water trucking was done in few places hence reducing the number reached. The target to rehabilitate and protect five springs was not achieved no other water springs were identified as suitable for rehabilitation in the targeted constituencies. In addition, one site

had potential to reach more beneficiaries hence more investments were made to install extended pipe line, standpipe and reservoir for a broader reach.

To strengthen community capacity for sustained water availability, 87 (96% of target) community WASH committees and 194 (213% of target) water point repair community artisans were trained on water systems management. The target on training of artisans was over achieved due to the demand by the communities to have more than one person trained for sustainability. In addition, 299 out of the 211 planned community hygiene promoters were trained on key hygiene messages and water conservation measures. To enhance community-based water quality monitoring, communities were trained on basic water management and provided with residual chlorine water quality test kits.

Gender-responsive interventions were prioritized through the provision of menstrual hygiene packs to 6,282 adolescent girls in 80 schools in the two drought-affected regions and the school latrines were fitted with sanitary bins. Hygiene promotion was conducted in 50 communities and 37 schools reaching 18,371 (92% target) of which 900 were male, 2,384 females, 7,672 boys, and 7,415 girls. To ensure equity in sanitation access, six latrines were constructed in six schools benefiting 1,363 pupils (909 girls 454 Boys). To facilitate elimination of open defecation, 30 communities were triggered and supported to implement sanitation activities.

In Nutrition, working in collaboration with Eswatini Nutrition Councils and World Vision Eswatini, 13,856 children were screened for malnutrition by the Rural Health Motivators (RHMs) and 487 identified with SAM were referred and treated in health facilities with 80% cure rate. This was achieved through the training of 218 nurses and doctors on integrated management of acute malnutrition (IMAM), and training of 547 500 RHMs on community nutrition. In addition, 1,163 pregnant and lactating women were trained on diet diversification. Ready to Use Therapeutic Food was procured with UNICEF funds and supplied to 41 IMAM sites to ensure consistent availability of treatment for children with SAM.

To improve quality monitoring and timely reporting of malnutrition data at health facility, key nutrition indicators were incorporated in Client Management Information System, a routine information system for Ministry of Health. In addition, active surveillance for nutrition scaled up from four to seven health facilities, providing an opportunity for early warning signs of malnutrition. To enhance community reporting, 54 lead RHMs were trained on supervision and reporting. Coordination and quality of nutrition programmes was enhanced through two meetings and two supportive supervision.

Future plans for utilization of grant balance

UNICEF Eswatini utilised all the funds from the grant.

Visibility

UNICEF Eswatini ensured that the USAID/OFDA logo was placed in all supplies, printed materials and equipment procured by the project funds as part of acknowledgement of the support. In addition, communities were informed that the support was from OFDA and this was visible during joint OFDA/UNICEF monitoring visits where OFDA was acknowledge by the communities.

Expression of Thanks

UNICEF Eswatini would like to take this opportunity to express its sincere appreciation to USAID-OFDA for their generous financial contribution in support of children in Eswatini. On behalf of the entire UNICEF Eswatini team, we thank you for helping to advance our shared commitments to protecting the rights and improving the well-being of children impacted by the El Niño induced drought in Eswatini.

Annex B: Eswatini CER 2018 Human Interest Story

Sustainable and safe water supply for Ngudzeni community

Ngudzeni community is in Shiselweni region, one of the worst affected regions during the El Nino drought in 2017 and continued to experience impact of the drought in 2018. Prior to the intervention by UNICEF and World Vision, the community used to walk for at least two hours to collect water.

“The two hours walk to the water source exposed our children especially the girls to sexual abuse”, lamented Rachel Shongwe (70 years) who is a member of the water committee.

The Ngudzeni community is one of the 42 communities that benefited from the USAID-OFDA funded project implemented by UNICEF Eswatini in collaboration with World Vision in 2018. The project aimed at improving access to sustainable potable water supply and increase positive hygiene and sanitation practices in areas affected by drought.

“As a community we identified a dilapidated spring protection system which had a damaged spring protection box. Each person coming to collect water climbed on the box to access water which compromised safety particularly for children. The water was not clean as everyone coming to collect water from the spring protection box would dip unclean hands and dirty containers to draw water. Consequently, the community had many incidences of diarrhoea” said Mr Dumsani Mamba, vice chairperson of the water committee in the community.

The financial resources provided by USAID -OFDA supported the rehabilitation of the spring protection box including providing a lockable system to protect the water source and fencing around the source. The funding also supported the installation of water tanks connected to the protected spring for water storage linked to a water point/tap for collection (See figure 1).

Figure 1: Protected spring box, water tank and tap



Picture shows Spring protection Box, Water tank and stand pipe
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Figure 1: Ngudzeni water committee appreciating the rehabilitated spring protection box

“We are now a very healthy community, no more diarrhoea and skin problems. Our children are also safe and go to school on time” exclaimed Mr Dumisani Mamba.

The Ngudzeni community protects the water source from being vandalized and has stipulated hours for collecting water, 7 am to 10 am and 4pm to 6 pm daily for effective water supply management. The rehabilitated water source benefits 306 people (157 females and 149 males) in the community.

The water committee of Ngudzeni is highly motivated and supports all community members to construct toilets in an effort to make their community open defecation free and further reduce diarrhoea cases.

“The water committee makes my work as a Water and Sanitation facilitator very easy, after getting the water they go around assisting families to construct toilets”, remarked Menzi Dlamini World Vision WASH facilitator.

There is no doubt that this initiative has gone beyond just providing access to safe clean water but has also contributed to the protection of all community members including children and has also mobilized the community to improve sanitation. Sustainability of the water source is guaranteed since the water committee has been trained on maintenance and community members contribute resources monthly towards maintenance of the water facilities.

Figure 2 Rachel Shongwe collecting clean water to drink



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Annex C: Donor Feedback Forms

See the link below

<https://forms.office.com/Pages/ResponsePage.aspx?id=IQFBd-EUuE-QS6sYkgI2Z1EJsLcYAJBHh2bCnwnlhtZUOEY3NTBQVUIFMU9TTzVCQ1A4MDNNTERHSy4u>