

Swaziland

Consolidated Emergency Report 2016



Prepared by UNICEF Swaziland

March 2017

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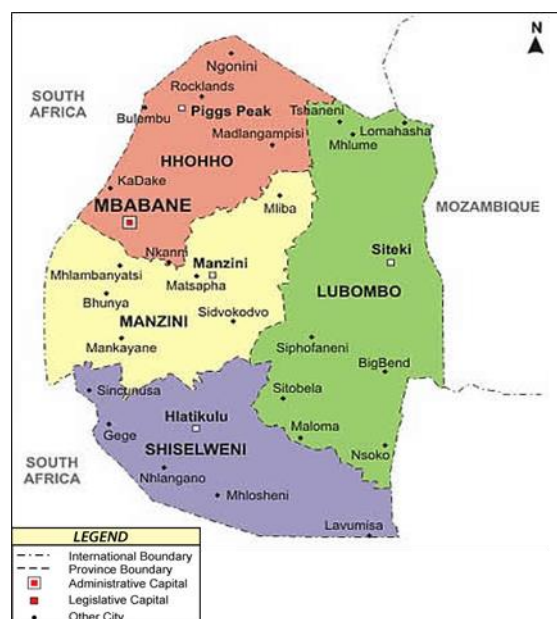
Acronyms

CCC	Core Commitments for Children in Humanitarian Action
CERF	Consolidated Emergency Relief Fund
IMAM	Integrated Management of Acute Malnutrition
MAM	Moderate Acute Malnutrition
MNRE	Ministry of Natural Resources and Energy
NDMA	National Disaster Management Agency
NERMAP	National Emergency Response, Mitigation and Adaptation Plan
OFDA	Office of Foreign Disaster Assistance
SAM	Severe Acute Malnutrition
SNNC	Swaziland National Nutrition Council
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water Sanitation and Hygiene

I. Executive Summary

In 2016, efforts to realise and protect child rights were impacted by the drought affecting Swaziland with disastrous consequences for children and families, already facing a difficult situation due to the impact of HIV and AIDS. Upholding its Core Commitments for Children (CCCs), UNICEF Swaziland mounted a multi-sectoral emergency response in a programme shift from a solely development approach to a mixed emergency, development and resilience agenda to ensure access to life saving measures and continuity of learning by children.

UNICEF Swaziland appealed for US\$2.98million through its 2016 Humanitarian Actions for Children Appeal to reach the most vulnerable children and women in Shiselweni and Lubombo, the two most-affected regions, with Water, Sanitation and Hygiene (WASH), Health, Nutrition, Education and Child Protection services.



In 2016, UNICEF Swaziland and its partners, succeeded in providing access to safe water (7.5-15L per person per day) to 45,933 people, reaching 26,966 people with hygiene and sanitation promotional messages, providing 104,015 children aged 6 to 59 months with Vitamin A supplementation, and treating (therapeutic food and care) 573 Severely Acute Malnourished (SAM) and 322 moderately acute malnourished (MAM) children. In addition 96,254 children aged 12 to 59 months were dewormed, 15,400 women and children were provided with access to health clinics stocked with essential supplies and drugs to treat common childhood illnesses. Results for HIV, Child Protection and Education sectors were not achieved with UNICEF support during the year as funding for the related interventions were only received in the last quarter of 2016. This notwithstanding UNICEF Swaziland sustained high level advocacy for HIV and Child Protection programming in emergency. Planned activities will scale up in 2017. Nevertheless, UNICEF continued to provide technical leadership through the Education, WASH and Social Protection clusters to ensure that education, protection, and WASH issues were addressed during the emergency using partner resources.

UNICEF Swaziland's emergency response faced three main challenges: the need to expand the regular programme to incorporate the humanitarian response, limited financial resources until the last quarter of the year and weak routine monitoring system for some programmes which led to delayed reporting. These challenges combined to constrain programme implementation and achievement of planned targets.

In 2017, UNICEF, in support of the national priorities, will strengthen evidence generation through support to multi-sectoral assessment to inform targeted emergency response. UNICEF will continue to focus on providing optimal access to water, sanitation and hygiene (WASH) health and nutrition services for women and children, as well as critical education and child protection services, in areas that continue to be impacted by the drought. In addition, focus on ensuring access to basic health, HIV and nutrition services to the population affected with strengthened monitoring and reporting system strengthening. 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 child protection clusters.

In education response, UNICEF will focus on capacity building for emergency response and coordination, resilience building, Communication for Development and ensuring that school is not disrupted during any emergency. For Child protection, UNICEF will focus on strengthening coordination, capacity building for social workers for improved case management and social mobilization to address violence against children including gender based violence. In these roles, UNICEF will enhance emergency-preparedness planning across the clusters, to ensure adequate technical and resource capacity to respond to sudden onset emergencies.

II. Humanitarian Context

UNICEF's focus in 2017 will be supporting systems strengthening and resilience-building to reduce the impact of and enhance recovery from the cyclical drought that effect Swaziland. UNICEF Swaziland's Emergency Response Plan incorporated resilience building and systems strengthening as important components to support the national efforts to reduce Swaziland's vulnerability to cyclical droughts. UNICEF is working with government through National Disaster Management Agency (NDMA), relevant line ministries/departments and partners to improve livelihoods and promote resilience of disaster affected communities by establishing and strengthening community-based disaster risk reduction systems, enhancing risk awareness and mapping, including awareness about disaster management and the importance of changing behaviours in managing impacts of disaster. Additionally, UNICEF Swaziland has made inclusion of drought-impact planning in its emergency-response plan and will provide technical support to government, as needed, to facilitate development and updating of vulnerability plans and emergency preparedness and response plans, and to ensure that plans include procedures for monitoring and reporting in order to evaluate conditions and rapidly conduct vulnerability assessments.

The impacts of El Niño were felt throughout 2016, with Swaziland experiencing its worst drought in 35 years and the Government of Swaziland declaring a national state of emergency in mid-February 2016. Following initially lower assessments, the Swaziland Annual Vulnerability Assessment and Analysis Report in July, raised the number of people in need of food support to 350,000, of which approximately 200,000 people were estimated to be in need of access to potable water.

The hardest hit regions in the country were Lubombo and Shiselweni, where an estimated 189,000 children and a total population of 320,000 people were affected. Pockets of severe need were also identified in Hhohho and Manzini regions. Water shortages and deteriorating sanitation left children and women exposed to water-borne diseases, including diarrhoea, and threatened children's education as schools faced critical water and sanitation shortages. Children were also at serious risk of malnutrition, as the drought impacted families' ability to access food. The drought further exacerbated pre-existing vulnerabilities among a population already coping with high levels of rural poverty, 26 per cent HIV prevalence, and chronic protection concerns, including gender based violence.

The Government of Swaziland issued a comprehensive National Emergency Response, Mitigation and Adaptation Plan (NERMAP), requesting \$96 million to address the immediate and medium term needs of the affected population through to December 2017.

The NERMAP was designed as an integrated strategy with priority actions to meet immediate needs linked to medium terms strategies to build resilience and strengthen systems. Unfortunately, the NERMAP was only 25 per cent funded in 2016 and resilience-building strategies remain critically underfunded. In early 2017, NDMA is coordinating a number of processes to enable a comprehensive

and data- informed revision of humanitarian plans for 2017. These processes include a mid-term review of the NERMAP, a Lessons Learnt Workshop and comprehensive multi-sectoral assessment.

UNICEF Swaziland appealed for US\$2.98million through its 2016 Humanitarian Actions for Children Appeal to reach the most vulnerable children and women in Shiselweni and Lubombo with WASH, Health, Nutrition, Education and Child Protection services. The appeal activities had direct links to these same strategic focus areas within UNICEF's Country Programme ensuring synergies with regular programming and leveraging partnerships with government, civil society and donors, to uphold UNICEF's Core Commitments for Children in Humanitarian Action.

The effects of the drought were increasingly felt through the course of 2016, impacting upon urban as well as rural areas. Escalating shortages led to four-day water rationing in a number of urban areas including the capital city, Mbabane and the necessity of water trucking, to supplement the piped water supply. Although a feared sanitation and hygiene crisis was averted, helped by the onset of the rainy season in October, 2016, the situation highlighted the lack of urban water and sanitation options and the need to fast track systems strengthening initiatives in both rural and urban areas to reduce future risks and vulnerability to the cyclical droughts that impact the region.

The Swaziland Meteorology Services (MET) current seasonal rainfall forecast 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. This alleviated the need for large-scale water trucking in rural areas as the rains increased stream flow and enabled rainwater harvesting in communities. However, the impact on ground water recharge has yet to be assessed. If this worst-case scenario plays out, then the water sources will not be sufficiently recharged to meet needs through the next dry season. Impacts on harvests, livestock and livelihoods will also continue to be felt.

III. Humanitarian Results

UNICEF Swaziland's work in 2016 contributed to the Country Programme's cross-cutting output(s) on WASH, gender, evidence generation and communication for development. UNICEF Swaziland, working with government and civil society partners, succeeded in mounting a multi-sectoral emergency response in a country programme shifting from a solely development approach to a mixed emergency, development and resilience agenda to ensure access to life saving measures and continuity of learning by children.

UNICEF Swaziland's support to humanitarian action in the country was guided by the following approaches:

- Upholding its Core Commitments for Children in Humanitarian Action.
- Ensuring UNICEF Swaziland Humanitarian Action for Children (HAC) Appeal 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 within one UN framework of support to the NERMAP, incorporating UNICEF's response within the larger UN Humanitarian Response Plan for Swaziland.
- Working to integrate resilience building and systems strengthening within cluster response plans.

The UNICEF Swaziland 2016 HAC Appeal for US\$2.98 million was only 53 per cent funded as of the end of December 2016, with 80 per cent of funds awarded for nutrition and WASH responses. In this regard critical areas of child protection, education and HIV remained unfunded. Both the level and the receipt of funding, with over 50 per cent of the funds received in the final third of 2016, impacted upon the timeliness and the scale of the response that UNICEF Swaziland was able to mount. In order to respond to critical needs, UNICEF Swaziland reprogrammed resources from regular programmes where possible.

UNICEF Swaziland 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. To enable real-time monitoring and reporting, UNICEF Swaziland supported the strengthening of emergency surveillance systems in the nutrition and education sectors through the introduction of Rapid-Pro.¹

Key Results - WASH

UNICEF Swaziland's WASH response aimed to prevent the loss of life by ensuring the provision of potable water supply and hygiene and sanitation facilities and supplies for the affected population, in order to prevent the outbreak of water borne diseases, including cholera. UNICEF Swaziland targeted 64,000 children and adults with the provision of adequate safe drinking water, alternative hygiene and sanitation facilities and supplies. It also planned to reach 320,000 children and adults with hygiene and sanitation promotion messages in support of the targeted community components.

WATER, SANITATION & HYGIENE	Cluster Target	Cluster Result	UNICEF Target	UNICEF Result
# of people provided with access to water (7.5-15L per person per day)	200,000	Not consolidated	64,000	45,933
# of people reached with hygiene and sanitation promotion messages***			320,000	26,966
# of children in schools provided with access to appropriate sanitation facilities			74,000	0
# of children provided with hygiene kits in schools			37,000	0

Source: UNICEF Sitrep December 2016

Although the bulk of humanitarian funding received in 2016 was earmarked for WASH interventions, this funding was only 46 per cent of what was needed to achieve the targets planned under the UNICEF WASH response. To maximise efficient utilisation and impact of the available funding, WASH interventions were targeted in 10 constituencies in Shiselweni and Lubombo. Prioritisation was given to potable water provision through water trucking to the targeted communities to ensure access to safe water and to schools, to ensure that children had continued access to education. In addition to water trucking to 68 schools, UNICEF Swaziland, through World Vision, supported the provision of hand-washing facilities to 53,083 children (26,216 girls and 26,867 boys). To support recovery efforts, UNICEF Swaziland also supported the rehabilitation of 24 non-functional rural water systems to restore water access for 1,027 households (including an estimated 2,724 children).

Access to potable water was prioritized due to the interlinked life saving, health and protection impacts it has for girls, boys, women and men. At the height of the drought, the most affected

¹ RapidPro is an Open Source platform that allows anyone to build interactive messaging systems using an easy visual interface.

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 and boys, with the long distances to collect water exposing them to various forms of violence. Children under age 5 years account for 15 per cent of the affected and targeted population who through repeated diarrhoeal episodes and intestinal worm infestation have their nutrient uptake affected, leading to malnutrition even when food is available.

Several planned activities, many of which were designed to support recovery and strengthen resilience had to be critically reduced or postponed as result of the funding shortfall. These included the provision of alternative sanitation facilities in schools, the supply of hygiene kits to children, large scale hygiene and sanitation promotion, rehabilitation of non-functional bore holes and Ground Water Exploration to help mitigate the effects of future droughts on the population.

UNICEF Swaziland 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 the development of the cluster response plan and the NERMAP. UNICEF Swaziland provided leadership and guidance to WASH partners for emergency preparedness, partnering with the Red Cross, NDMA and MNRE to strengthen disaster preparedness for seasonal severe weather events. This was achieved through awareness campaigns, training in disaster preparedness and response for 53 regional and district level volunteers, procurement and prepositioning with NDMA emergency WASH supplies for 5,000 girls, boys, women and men and Diarrheal disease sets to treat 1,000 girls, boys, women and men. These supplies shall be utilized by partners to respond to flood related disaster in worse hit regions of Swaziland.

Key Results - Education

In 2016, the education and WASH clusters worked in close collaboration to minimize the impacts of the drought on the school system. In addition to planning water trucking, sanitation and hygiene interventions through the WASH cluster, UNICEF Swaziland targeted 74,000 students and 2,000 teachers and support staff, as part of a broader cluster intervention, to be reached with awareness campaigns and messaging on the drought and how to respond. The focus of UNICEF's response was to minimize the disruption the children's learning and to continue to contribute towards the delivery of quality education.

EDUCATION	Cluster Target	Cluster Result	UNICEF Target	UNICEF Result
# of students and teachers/support staff reached by awareness campaigns on how to mitigate the effects of the drought	332,084 students 11,117 teachers	31,150	74,000 students 2,000 teachers	0

Source: UNICEF Sitrep December 2016

Resources to support this intervention were not received until December 2016, when the schools were closed, consequently postponing the intervention until the reopening of schools in 2017. The intervention will be reviewed and revised as necessary based on the findings of the multi-sectoral needs assessment.

At the outset of the crisis, UNICEF Swaziland assumed the education cluster co-lead role in line with its global mandate, in partnership with the Ministry of Education and Training, which had the lead role. In its co-lead role, UNICEF supported a number of important cluster interventions to enable schools to continue functioning during the height of the drought. This included technical and financial support, through reprogrammed funds, to an NDMA-led assessment on the impact of the drought on

schools (principally in terms of water, sanitation and hygiene). This was used to inform the humanitarian response planning and targeting. UNICEF also led the orientation of 851 head teachers on Rapid-Pro, an SMS-based system, to enable real-time monitoring and accelerate reporting of water-shortages and other drought-related issues.

Key Results - Health and Nutrition

Health and nutrition responses were integrated into the national response in Swaziland. In 2016, UNICEF Swaziland aimed to provide lifesaving nutrition and health care assistance to the affected population, and to reduce mortality and morbidity by timely identification and appropriate management of acutely malnourished children and pregnant and lactating women.

UNICEF Swaziland targeted its health and nutrition support through the Swaziland National Nutrition Council (SNNC) and the Ministry of Health. As of December 2016, UNICEF Swaziland had procured and distributed sufficient stocks of Ready to Use Therapeutic Foods to treat 6,346 cases of acute malnutrition.

Through technical and financial support to SNNC, community malnutrition screening was expanded in the two worst affected regions of Shiselweni and Lubombo. This was achieved through the retraining and equipping of 923 community health volunteers to conduct community-level growth monitoring and referral to integrated management of acute malnutrition (IMAM) as well as promotion of good infant and young children feeding practices. All children identified with acute malnutrition and referred to IMAM health facilities received treatment. However, numbers were lower than expected and in 2017, community surveillance and referral systems will be further strengthened and expanded to ensure all cases are documented, referred and treated.



Photo: RHM conducting monthly routine growth monitoring session, Lumbombo)
©UNICEF/Swaziland 2017/Percy Chipepera

HEALTH	Cluster Target	Cluster Result	UNICEF Target	UNICEF Result
# of children under 5 reached with measles and routine EPI immunization			35,000	47,223 [^]
# of women and children provided with access to health clinics stocked with essential supplies and drugs to treat common childhood illnesses			47,000	15,400 [^]
NUTRITION				
# of children 6-59 months with acute malnutrition receiving treatment	1,410 SAM 7,050 MAM	Data not consolidated	1,058 SAM 5,288 MAM	573 SAM 322 MAM
# of children 6-59 months provided with Vitamin A supplementation			108,765	104,015 [^]
# of children 12-59 months provided with deworming treatment			86,988	96,264 [^]
HIV/AIDS				
# of people retained on HIV treatment and provided with HIV-related information and access to services			13,700	0

[^] Undertaken using reprogrammed funds.

Source: UNICEF Sitrep December 2016

UNICEF Swaziland's support to the vaccination, Vitamin A supplementation and deworming of children was through financial contributions to Ministry of Health and World Health Organisation-led vaccination and deworming campaigns. Regular programme resources were reprogrammed to support these activities. Funding for HIV/AIDS interventions was only received in December 2016. Activities will commence in 2017.

Innovation: In 2016, UNICEF Swaziland extended the use of RapidPro to the emergency response. SNNC implemented the SMS-based system to better track cases of malnutrition in children, using near real-time reporting to monitor increases in cases and identify potential hotspots, particularly in hard to reach areas. Previously, the national IMAM reporting system had been paper-based, with facilities completing and submitting reports to the SNNC on a monthly basis where possible. IMAM reporting was not integrated in the National Health Management System.

UNICEF provided technical assistance and financial support to train health care providers on the application of RapidPro at the therapeutic feeding sites. As of December 2016, 25 out of the 41 sites had health care workers trained to report through RapidPro. The first IMAM RapidPro reports were received in June 2016 and have continued to be used to receive site reports. Although some challenges were identified in the use of U-Report, relating mainly to data entry and system interruptions, RapidPro greatly alleviated the challenges of paper-based reporting and enhanced decision making processes. The overall challenges in the national nutrition surveillance systems and limited previous data, made it difficult to track the level of improvement in case identification and follow up as result of RapidPro. This will be an area of analysis in 2017.

Key Results - Protection

UNICEF Swaziland aimed to provide protection and psychosocial support to all affected vulnerable groups, especially children, orphans and vulnerable children and women from exploitation, violence, abuse and neglect resulting from the drought situation

As a preliminary step, UNICEF Swaziland identified the need to monitor community coping mechanisms to the drought to identify any negative impact on children and respond appropriately. Although funding for Child Protection interventions was only received in December 2016, UNICEF Swaziland used reprogrammed regular funds to support an assessment of the impacts of the drought on communities with a particular focus on adolescents and women. Results of the study will guide future programming on violence against children during emergencies and advocacy for resource leverage and mobilization.

In addition, UNICEF scaled-up its technical engagement in the protection cluster by closely working with UNFPA (cluster co-lead) and providing technical support to the finalization of the cluster assessment initiated in the third quarter of 2016. The findings of the cluster-led assessment will be made available in early 2017 and together with findings from the assessment of impact of drought on communities, will inform the 2017 protection cluster work plan.

With UNICEF technical leadership, terms of reference for the protection cluster were developed and agreed. In addition, a cluster specific reporting template was developed to facilitate intra-cluster reporting by protection intervention implementers and reporting by the cluster to the national disaster management agency.

While UNICEF laid the foundation for key partnerships to implement priority interventions to provide protection and psychosocial support to affected vulnerable groups, results for Child Protection sector

were not achieved with UNICEF support during the year because funding for the related interventions was received in December 2016 and activities will commence in 2017

Cluster / Sector Leadership

Humanitarian coordination structures (Agriculture and Food Security, WASH, Education, Health and Nutrition and Protection clusters) were activated at the outset of the drought, with NDMA responsible for coordinating the emergency response on behalf of the Government of Swaziland. Although the humanitarian architecture was successfully established, the lack of institutionalized humanitarian structures meant that the response was partly constrained by limited humanitarian experience and coordination capacity at the inter-cluster levels and across clusters. Common challenges across the response and clusters relate to the lack of emergency-responsive information management systems and response monitoring. A number of clusters did not set specific targets due to limited data for the prioritized intervention areas, making it difficult to monitor progress.

UNICEF will continue to play 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 and social protection clusters. In these roles, UNICEF will enhance emergency-preparedness planning across the clusters, to ensure adequate technical and resource capacity to respond to sudden onset emergencies.

WASH

As WASH sector co-lead, UNICEF Swaziland built on its long-standing relationship with MNRE to provide support in the establishment of the WASH sector coordination forum and the identification of WASH sector priorities in 2016. During the year, the WASH sector, through its members implemented a range of life-saving interventions including water trucking in urban and rural settings, distribution of water tanks and hygiene and sanitation promotion.

Education

In its capacity as cluster co-lead, UNICEF Swaziland played an important role in the activation of the education cluster, through facilitating the development of cluster specific terms of reference, supporting regular meetings and engaging civil society partners and ensuring participation of regional education authorities. UNICEF Swaziland provided leadership and guidance to education partners for emergency preparedness, response and resilience building programmes.

Challenges, in common with all the clusters, include information management systems, particularly in terms of interagency and reporting of cluster level results. These are areas that have been identified for strengthening in 2017.

Health and Nutrition

In Swaziland, the Health and Nutrition clusters were combined into one. The Ministry of Health leads the cluster with the World Health Organisation as co-lead. UNICEF Swaziland and other humanitarian partners support the cluster with technical guidance and financial support.

Protection

In Swaziland, the protection cluster is led by the Department of Social Welfare and co-led by UNFPA. In 2016, UNICEF Swaziland and other humanitarian partners, supported the cluster with technical guidance and financial support. There were no sub-clusters or areas of responsibility and as such UNICEF Swaziland ensured focus within the overall cluster on child protection.

IV. Monitoring and Evaluation

Humanitarian response activities in 2016 were monitored through UNICEF Swaziland's 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.

In addition to regular partner meetings, in which progress was reviewed, UNICEF Swaziland ensured regular updates to partners through monthly situation reports and reporting in the cluster and inter-cluster meetings. The humanitarian situation reports tracked progress of the humanitarian response against targets across each sector and cluster and highlighted any significant changes in the context.

V. Financial Analysis

In 2016, UNICEF Swaziland received US\$1,572,971 for humanitarian interventions. The HAC Appeal for US\$2.98million was therefore only 53 per cent funded as of the end of December 2016, with 80 per cent of funds awarded for nutrition and WASH responses. Sources of funding included UNOCHA-CERF, USAID/OFDA and Global Affairs Canada. Additional resourcing was received through humanitarian thematic funding and the reprogramming of regular programme funds, where possible and appropriate. Critical areas of Protection, Education and HIV remained unfunded during the reporting period. UNICEF Swaziland is prioritising these areas for resource mobilization to mitigate and address the impact of the drought on children and families.

Both the level and the receipt of funding, with over 50 per cent of the funds received towards the end of 2016, impacted upon the timeliness and the scale of the response that UNICEF Swaziland was able to mount. These funds were carried over to 2017 to continue the humanitarian response in the drought-affected regions.

Table 1: Funding status against the appeal by sector

2016 Funding Status against the Appeal by Sector (in USD):			
Sector	Requirements	Funds Available Against Appeal as of 31 December 2016	% Funded
Nutrition	324,000	360,786	111%*
Health	324,000	0	0%
WASH	1,944,000	897,185	46%
Child Protection	151,200	150,000	99%
Education	21,600	70,000	226%*
HIV/AIDS	216,000	95,000	44%
Total	\$2,980,800	\$1,572,971	53%

*Nb. * Following a review of emergency response plans in preparation for 2017, emerging priorities in education and nutrition, which were not included in the initial budget requirements, have been identified and prioritized for funding through the new funding streams received in December 2016. As a result, the sector areas appear over funded. Funding requirements for 2017 will be revised in January 2017 to capture the outcomes of the review and re-planning process. Results for the newly funded sectors will be reported in 2017.*

Table 2: Funding received and available by donor and funding type

Table 2 - Funding Received and Available by 31 December 2016 by Donor and Funding type (in USD)

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount* USD
I. Humanitarian funds received in 2016		
a) Thematic Humanitarian Funds (Paste Programmable Amount from Table 3)		
See details in Table 3	SM/14/9910	250,000
b) Non-Thematic Humanitarian Funds		
USAID/OFDA	SM/16/0426	720,571
Global Affairs Canada	SM/16/0573	260,416
Total Non-Thematic Humanitarian Funds		
c) Pooled Funding		
CERF	SM/16/0184	340,040
d) Other types of humanitarian funds		
-	-	-
Total humanitarian funds received in 2016 (a+b+c+d)		1,571,027
II. Carry-over of humanitarian funds available in 2016		
e) Carry over Thematic Humanitarian Funds		
-	-	-
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	GC/xx/6xxx-	428,007
Regular resources set-aside or RR for unfunded OR used for emergency	GP/16/xxxx or GS/16/xxxx	
EPF if not reimbursed by 31 Dec 2016**	GE/16/0017	500,00
Total other resources		\$2,499,034

* Programmable amounts of donor contributions, excluding recovery cost.

** 2016 loans have not been waived; COs are liable to reimburse in 2017 as donor funds become available.

Table 3: Thematic Humanitarian Contributions Received in 2016

Thematic Humanitarian Contributions Received in 2016 (in USD): Donor	Grant Number²	Programmable Amount (in USD)	Total Contribution Amount (in USD)
Allocation from global thematic humanitarian*	SM149910	250,000	250,000
Total		250,000	250,000

**Global thematic humanitarian funding contributions are pooled and then allocated to country and regional offices. For a detailed list of grants, please see the 2016 Annual Results Reports.*

VI. Future Work Plan

In 2017, UNICEF Swaziland will continue to work with the Government of Swaziland and civil society partners to build on progress made and lessons learnt to further strengthen disaster preparedness for drought-related and other emergencies, and transition to resilience building interventions, such as the development of alternative water sources and the strengthening of community coping mechanisms in drought-prone areas.

UNICEF Swaziland will work with NDMA and other humanitarian partners to respond to continuing needs of affected populations as a result of the on-going impacts of the El Niño induced drought. These needs and any revisions to targets will be confirmed, through a comprehensive multi-sectoral needs assessment planned for February – March 2017. UNICEF Swaziland will revise its plans accordingly but will ensure that children 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 all the responses.

UNICEF Swaziland will continue to support the cluster coordination mechanisms, with a particular focus on strengthening cluster information management systems and cluster response implementation and monitoring. A technical lead role in WASH and Education cluster coordination will be continued to ensure efficient operations for these clusters.

UNICEF Swaziland will continue to support the emergency response focusing on all key areas including WASH, HIV, Nutrition, Health, Child Protection and Education according to the 2017 Emergency Response Plan and HAC. Key areas of support will include evidence generation through support to multisectoral comprehensive assessment which will provide updated situation information to inform the response, capacity strengthening and resilience building for enhanced emergency response. The findings from the assessment will inform targeted UNICEF response to affected populations and areas.

As a cross-sectoral initiative, and in support of response monitoring, UNICEF Swaziland will scale up the application of RapidPro. Under nutrition, this will mean an expansion to all IMAM sites and to the community level, to support community level malnutrition surveillance and to track referrals between communities and the health facilities. RapidPro will also be used support people on ART to adhere to their treatment in the face of the impact of the drought. It will be applied nationwide in the education sector, following the initial orientation of 851 head teachers to the system. Discussions are also

² International Aid Transparency Initiative (IATI) requires all grants to be listed in reporting.
<http://iatistandard.org/>

underway with UN agencies regarding how RapidPro can be used to strengthen accountability to affected populations

Finally, through Southern Africa El Niño/La Niña HAC appeal, UNICEF Swaziland is requesting \$2.74 million in 2017 in support of the continued humanitarian needs of children and women in Swaziland.

VII. Expression of Thanks

UNICEF Swaziland would like to extend its gratitude to all the donors that have provided support in the form of contributions and partnerships. Support from UNOCHA-CERF, USAID/OFDA and Global Affairs Canada has made it possible to enhance the timeliness, relevance and effectiveness of UNICEF interventions. These and the flexibility of thematic funding have been invaluable in addressing programme gaps and meeting critical needs of children and women affected by drought in Swaziland.

VIII. Annexes to the CER

Annex A: Case Study – OFDA

Annex B: OFDA

Annex C: Donor Feedback Form

Annex C: Donor Feedback Form

DONOR FEEDBACK FORM

Name of Report:

Grant Reference number:

Completed by:

Name: _____

Designation: _____

Organization: _____

Date Completed: _____

Please return to UNICEF (email): rodede@unicef.org or tradosavljevic@unicef.org

SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”

1. To what extent did the narrative content of the report conform to your reporting expectations?

5

4

3

2

1

0

If you have not been fully satisfied, please tell us what we missed or could do better next time?

2. To what extent did the funds utilization part of the report conform to your reporting expectations?

5

4

3

2

1

0

If you have not been fully satisfied, please tell us what we missed or could do better next time?

1. To what extent does the report meet your expectations with regards to the analysis provided, including identification of difficulties and shortcomings and remedies to these

5	4	3	2	1	0

If you have not been fully satisfied, please tell us what we missed or could do better next time?

2. To what extent does the report meet your expectations with regards to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, please tell us what we missed or could do better next time?

3. Please provide us with your suggestions on how this report could be improved to meet your expectations.

4. Are there any other comments that you would like to share with us?
