

# **waziland**

**DROUGHT**

**2007**



**FLASH  
APPEAL**

**Consolidated Appeals Process (CAP)**





# Swaziland

DROUGHT

2007

# FAST APPEAL



FAO/WFP, May 2007, Swaziland

Consolidated Appeals Process (CAP)



## Consolidated Appeals Process (CAP)

The CAP is much more than an appeal for money. It is an inclusive and coordinated programme cycle of:

- strategic planning leading to a Common Humanitarian Action Plan (CHAP);
- resource mobilisation (leading to a Consolidated Appeal or a Flash Appeal);
- coordinated programme implementation;
- joint monitoring and evaluation;
- revision, if necessary; and
- reporting on results.

The CHAP is a strategic plan for humanitarian response in a given country or region and includes the following elements:

- a common analysis of the context in which humanitarian action takes place;
- an assessment of needs;
- best, worst, and most likely scenarios;
- stakeholder analysis, i.e. who does what and where;
- a clear statement of longer-term objectives and goals;
- prioritised response plans; and
- a framework for monitoring the strategy and revising it if necessary.

The CHAP is the foundation for developing a Consolidated Appeal or, when crises break or natural disasters strike, a Flash Appeal. Under the leadership of the Humanitarian Coordinator, the CHAP is developed at the field level by the Inter-Agency Standing Committee (IASC) Country Team. This team mirrors the IASC structure at headquarters and includes United Nations agencies and standing invitees, i.e. the International Organization for Migration, the International Red Cross and Red Crescent Movement, and NGOs that belong to ICVA, Interaction, or SCHR. Non-IASC members, such as national NGOs, can be included, and other key stakeholders in humanitarian action, in particular host governments and donors, should be consulted.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal *document*. The document is launched globally each November to enhance advocacy and resource mobilisation. An update, known as the *Mid-Year Review*, is to be presented to donors in July 2007.

Donors provide resources to appealing agencies directly in response to project proposals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of donor contributions and can be found on [www.reliefweb.int/fts](http://www.reliefweb.int/fts)

In sum, the **CAP works to provide people in need the best available protection and assistance, on time.**

### ORGANISATIONS PARTICIPATING IN CONSOLIDATED APPEALS DURING 2007:

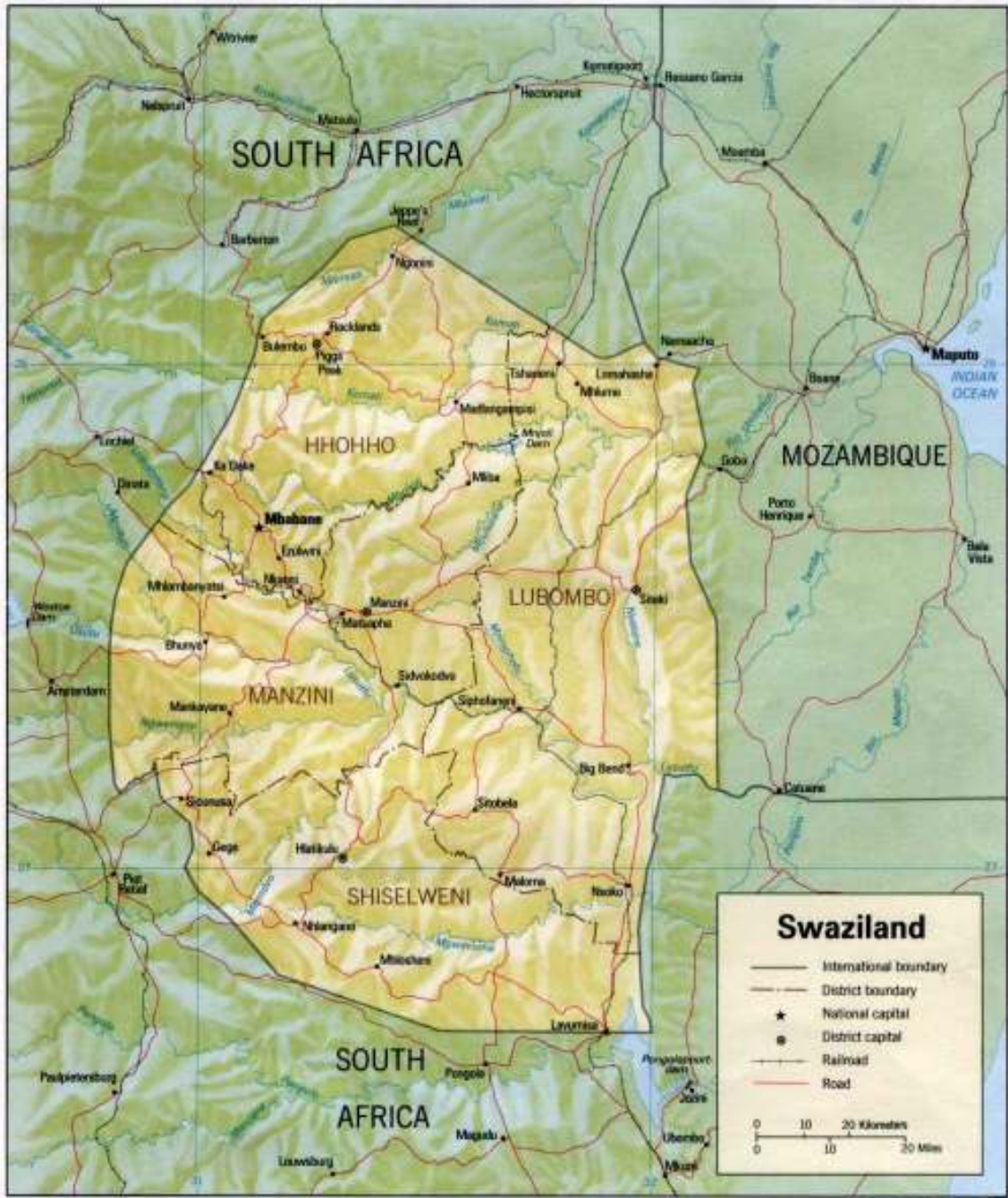
AARREC	CESVI	GSLG	OCHA	UNAIDS
AASAA	CHFI	HDO	OCPH	UNDP
ABS	CINS	HI	ODAG	UNDSS
Abt Associates	CIRID	HISAN - WEPA	OHCHR	UNESCO
ACF/ACH/AAH	CISV	Horn Relief	PARACOM	UNFPA
ACTED	CL	ILO	PARC	UN-HABITAT
ADRA	CONCERN	INTERSOS	PHG	UNHCR
Africare	COOPI	IOM	PMRS	UNICEF
AGROSPHERE	CORD	IRC	PRCS	UNIFEM
AHA	CPAR	IRD	PSI	UNMAS
ANERA	CRS	IRIN	PU	UNODC
ARCI	CUAMM	JVSF	RFEP	UNRWA
ARM	CW	MALAO	SADO	UPHB
AVSI	DCA	MCI	SC-UK	VETAID
CADI	DRC	MDA	SECADEV	VIA
CAM	EMSF	MDM	SFCG	VT
CARE	ERM	MENTOR	SNNC	WFP
CARITAS	EQUIP	MERLIN	SOCADIDO	WHO
CCF	FAO	NA	Solidarités	WVI
CCIJD	GAA (DWH)	NNA	SP	WR
CEMIR Int'l	GH	NRC	STF	ZOARC
CENAP		OA		

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Please note that appeals are revised regularly. The latest version of this document is available on <http://www.humanitarianappeal.net>, and updated projects and funding are on the Financial Tracking Service (<http://www.reliefweb.int/fts>).



Base W11401 (11/12/2001) 4-10

## 1. EXECUTIVE SUMMARY

A severe drought has affected all four regions of Swaziland, such that in early June 2007 the Government declared a national disaster. The outcome of several recent joint assessments indicates that the recent maize harvest is 61% less than that of 2006, and that about 410,000 people will require varying levels of humanitarian assistance including food, agricultural inputs, water and sanitation, health and nutrition services, and early livelihood recovery. The drought has been exacerbated by a lack of funding over previous years for long-term programmes aimed at increasing preparedness and strengthening the coping mechanisms of vulnerable populations. Poor and other vulnerable subsistence farmers will need assistance to produce an adequate amount of food for the next season, whilst prices of agricultural inputs have skyrocketed and are beyond the reach of those households most at risk.

The drought is also likely to have an indirect impact on the already severe HIV/AIDS situation as patients on anti-retroviral drugs are expected to discontinue taking drugs in the absence of food. Poor households are reported to have engaged in negative coping strategies, including transactional sex leading to a higher incidence of sexually-transmitted infections and HIV. An increase in cases of gender-based violence, school drop-outs, skin diseases, diarrhoea, and child abuse particularly of orphans and vulnerable children has been specifically noted in some of the most affected areas.

The priority needs addressed by this appeal are food, agriculture, health (including reproductive health-related issues) and nutrition, water and sanitation, protection, and early recovery. The appeal has ensured the inclusion of cross-cutting issues such as gender and HIV/AIDS, which have been mainstreamed in the sector response strategies. Although the appeal considers emergency-related activities for the next six months from July to December 2007, some crucial aspects of early recovery are addressed as well and have been designed in such a way to become the building blocks for long-term, sustainable support to community resilience to withstand and cope with chronic vulnerabilities. The humanitarian community is relying on the international donor community to fund this Flash Appeal, to ensure that the humanitarian impact of this disaster is contained, and that the most vulnerable receive the assistance they require as soon as possible to restore their livelihoods.

The Government has appealed to the international humanitarian community to support its efforts, and has pledged US\$23.6 million<sup>1</sup> to respond to the most urgent needs for food and water in the affected regions. The Food and Agriculture Organization and the World Food Programme have received \$3.1 million from the Central Emergency Response Fund to start emergency relief programmes. To address the remaining grave humanitarian concerns of the drought-affected populations in Swaziland, the international humanitarian community is requesting additional support of **\$15.6 million** covering an initial period of response of six months. The financial needs are likely to increase as the impacts of the drought will become more pronounced during the upcoming dry season in August/September.

### Some basic facts about Swaziland

Population	1,000,000 people (UNFPA SWP 2007)
Under 5 mortality	160 p/1,000 (UNICEF 2005)
Life expectancy	31.3 years (UNDP HDR 2006)
Prevalence of undernourishment in total population	22% (FAO Statistical Division 2004 estimate)
Gross national income per capita	USD 2,280 (World Bank Key Development Data & Statistics 2005)
Percentage of population living on less than \$1 per day	69% (Government of Swaziland 2006)
➤ Proportion of population without sustainable access to an improved drinking water source	38% (UNDP HDR 2006)
➤ IDPs (number and percent of population)	N/A
➤ Refugees	1,016 (UNHCR 2005 Statistical Yearbook)
➤ In-country	N/A
➤ Abroad	N/A
➤ ECHO Vulnerability and Crisis Index score (V/C)	2/3 (moderately severe/severe rank)
➤ 2006 UNDP Human Development Index score	0.500: 146 <sup>th</sup> of 177 – medium
<b>Also</b>	
➤ UNFPA reports the maternal mortality rate to be 370 p/100,000	
➤ The prevalence of HIV is 20% (Demographic and Health Survey 2007)	
➤ Overall, 82% of children are considered fully immunized against major preventable childhood diseases, such as polio and measles (Demographic and Health Survey 2007)	

<sup>1</sup> All dollar figures in this document are United States dollars. Funding for this plan should be reported to the Financial Tracking Service (FTS, [fts@reliefweb.int](mailto:fts@reliefweb.int)), which will display its requirements and funding, continually updated, on the CAP 2007 page.

**SWAZILAND DROUGHT FLASH APPEAL 2007**

**SWAZILAND FLASH APPEAL**  
 Summary of Requirements - By Sector  
 as of 20 July 2007  
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

<b>Sector</b>	<b>Full Requirements (\$)</b>	<b>Approved CERF Funding (\$)</b>	<b>Unmet Requirements (\$)</b>
FOOD	5,315,442	1,594,453	3,720,989
AGRICULTURE	4,408,215	1,542,362	2,865,853
WATER, SANITATION & HYGIENE	905,000		905,000
PROTECTION	955,000		955,000
NUTRITION	612,800		612,800
HEALTH	1,240,000		1,240,000
EARLY RECOVERY	5,274,000		5,274,000
<b>TOTAL</b>	<b>18,710,457</b>	<b>3,136,815</b>	<b>15,573,642</b>

**SWAZILAND FLASH APPEAL**  
 Summary of Requirements - By Appealing Organisation  
 as of 20 July 2007  
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

<b>Organisation</b>	<b>Full Requirements (\$)</b>	<b>Approved CERF Funding (\$)</b>	<b>Unmet Requirements (\$)</b>
FAO	4,408,215	1,542,362	2,865,853
UNDP	1,274,000		1,274,000
UNFPA	800,000		800,000
UNICEF	2,472,800		2,472,800
WFP	5,315,442	1,594,453	3,720,989
WHO	440,000		440,000
SAVE THE CHILDREN	4,000,000		4,000,000
<b>TOTAL</b>	<b>18,710,457</b>	<b>3,136,815</b>	<b>15,573,642</b>



**2. CONTEXT AND HUMANITARIAN CONSEQUENCES**

**2.1. CONTEXT**

Swaziland, located in Southern Africa and with an estimated population of one million people<sup>2</sup>, is experiencing the worst drought in 15 years. Unlike past droughts which were confined to the Lowveld of the Lubombo and Shiselweni regions, the current drought has affected the Highveld as well, which is traditionally the breadbasket of the country. According to the National Meteorological Service of Swaziland, there was not enough moisture during the 2006/2007 cropping season to sustain the maize crop. Almost all regions had rainfall amounts that were well below the previous years' averages, as shown in the table below:

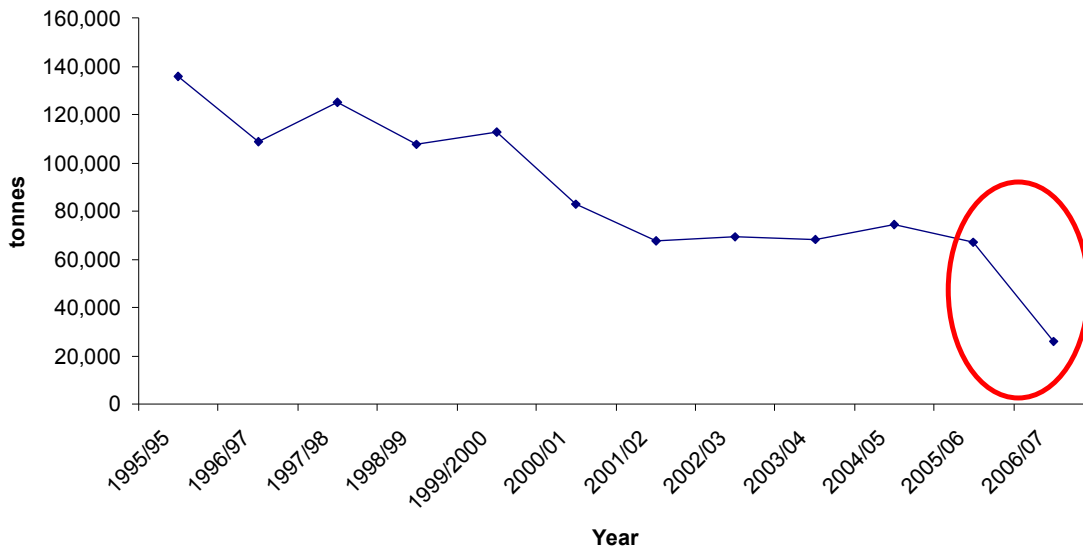
**Table A: Swaziland: total water requirement (TWR) for maize compared to seasonal rainfall (mm), 2003/04 – 2006/07**

Agro-ecological zones	TWR for Maize	2003/04	2003/04 minus TWR	2004/05	2004/05 minus TWR	2005/06	2005/06 minus TWR	2006/07	2006/07 minus TWR
Highveld	462	774	312	870	408	930	469	482	20
Middleveld	493	639	146	669	176	859	366	456	-37
Lowveld	536	530	-6	543	7	539	3	287	-249
Lubombo Plateau	489	632	143	595	106	589	100	414	-74

Crop and Food Supply Assessment Mission (CFSAM), 2007

Furthermore, the drought has affected neighbouring South Africa which, under normal circumstances, is the primary exporter of cereals to Swaziland. The impact of the drought throughout the Southern African region has resulted in steep increases in the price of cereals (maize in particular), which are now far beyond the reach of the most vulnerable Swazi families. The National Maize Corporation's (NMC) selling price of maize to millers rose from E<sup>3</sup>1500 (\$214) to E2000 (\$286) from January to July 2007, or an increase of 33% within 6 months. It goes without saying that the final consumer price will include processing, transportation and handling costs before a commercial mark up is added. The drought has mostly affected the production of maize, which decreased from a total of 67,000 metric tonnes (MT) last season (2005/2006) to a mere 26,000 MT for the 2006/2007 agricultural season – a startling 61% decline.<sup>4</sup>

**Figure 1. Swaziland: trend in maize production (1995/1996-2005/2006)**



Source: Central Statistics Office (CSO) for 1995-2006; World Food Programme (WFP)/Food and Agriculture Organization (FAO) CFSAM Report (May 2007) for 2006/07.

<sup>2</sup> United Nations Population Fund (UNFPA), State of World Population 2007

<sup>3</sup> E: Emalangeni, the Swazi currency

<sup>4</sup> World Food Programme (WFP) / Food and Agriculture Organization (FAO) CFSAM Report, May 2007

Water levels have greatly declined, and in regions such as Lubombo and Shiselweni people are sharing the limited remaining water with animals. Livestock have played an important role in the livelihoods of the majority of smallholder farmers as key sources of income, food and draught power, with cattle being the largest in number. Cattle numbers have, however, been declining due to a contraction of rangelands and inadequate pasture as a result of successive years of low rainfall. For instance, between 2000 and 2002, cattle fell from 588,288 head to 522,260, a decline of 11%. According to the July 2007 draft report of the Vulnerability Assessment Committee (VAC), the condition of cattle is reported to be generally poor due to scarcity of pasture and water. It is expected that the condition of livestock will continue to deteriorate before the advent of the rainy season, expected between September and October 2007.

Almost 80% of the Swazi population is rural-based with livelihoods predominantly dependent on subsistence farming and/or livestock herding.<sup>5</sup> Over the past years, multiple interrelated factors such as small fragmented landholdings and minimal access to agricultural inputs, reduced employment opportunities, market inefficiencies and high HIV/AIDS prevalence have contributed to chronic food insecurity and gradually weakening livelihoods. In addition, the agricultural system is dominated by a single crop, maize, moreover with extensive dependence on rain-fed agriculture which increases households' vulnerability to erratic weather. Minimal shocks to agriculture therefore have a profound impact on the ability of rural households, especially the chronically poor, to maintain their food security. Thus, the estimated 60% reduction of the 2006/2007 agricultural season's harvest will have a dual impact on these households: on the one hand reliance on their own production is compromised; on the other, increased market purchases are required at a time of rising prices and reduced labour opportunities.

Long-term programmes designed by the Government and the international aid community over the past few years to strengthen the resilience of the most vulnerable parts of the population and decrease their dependence on the climate were severely hampered by a lack of sufficient, reliable funding. The Government, through the Ministry of Agriculture and with financial and technical assistance from FAO, is engaged in long-term planning in the face of climate change and other challenges. Some of this planning includes the rehabilitation of irrigation infrastructure for improved crop production capacity, training of young farmers (12-17 years old) through Junior Farmer Field and Life Schools, and promoting more sustainable farming systems such as conservation agriculture. To date, funding needs identified amount to over \$20,000,000. However, only \$3,000,000 has been funded so far.

Faced with such rising social and economic consequences, in early June the Government declared the drought a national disaster and submitted a relief programme covering food aid and emergency water provision for a total of \$23.6 million to parliament for its approval. Simultaneously the Government requested the assistance of the international aid community to meet the remaining shortfall to cover the most urgent drought-related needs.

## **2.2. HUMANITARIAN CONSEQUENCES AND RESPONSE TO DATE**

### ***Is part of the Swaziland population in humanitarian crisis?***

Preliminary data from the March 2007 Vulnerability Assessment Committee (VAC) showed that nearly 40% of children under five years old were stunted, and 4.5% to 11% were underweight, with a low rate of wasting (1-2%).<sup>6</sup> By comparison with the previous year, stunting and underweight levels for under-fives in the 2006 VAC survey were 30% and 9.6%, respectively. On the Lubombo plateau, the acute malnutrition rate for children is three times higher than the rates of other ecological zones.

The results of the joint FAO/WFP CFSAM show that 410,000 people, or approximately 41% of the population, will require food assistance between July 2007 and the next harvest in April 2008, a large part of which is already covered through the regular programmes of the Swazi Government and WFP. The method used by the mission included:

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<sup>5</sup> Central Statistics Office, Housing and Population estimation projections

<sup>6</sup> Wasting figure is combined result from March 2007 VAC and the Demographic and Health Survey for Swaziland, cited by UNICEF in its External Situation Report Swaziland - 03 Jul 2007.

- Collection of primary data from interviews with farmers and extension workers in all four regions;
- Review of secondary data, including satellite-based estimated rainfall and normalised difference vegetation indices (NDVI);
- Discussions with relevant Government Ministries and departments, United Nations Country Team (UNCT), Vulnerability Assessment Committee, National Maize Corporation, National Marketing Board and NGOs;
- Field inspections.

The number of people requiring assistance includes the chronic food-insecure population, estimated at 21%<sup>7</sup> of the population, and poor households that in a normal year would have sufficient food and income sources to purchase food but now face the prospect of depleting their stocks without the means to meet the food needs from other sources. The Swaziland vulnerability assessment conducted in June confirmed the drastic decline in crop production and high levels of food insecurity throughout the four regions of the country. The most affected parts of the population are children under five, orphans and vulnerable children (OVC), schoolchildren, pregnant and lactating mothers, and HIV/AIDS patients who require more nutritious food than those not infected. As a result of the drought an additional 8,760 MT of food will be needed to meet the most urgent food requirements of 145,000 beneficiaries.

More than 20,000 vulnerable farmers will experience a reduced harvest for 2007/2008 due to lack of agricultural inputs and draught power for tillage. Pastoral farmers have progressively lost livestock through years of successive drought, notably during the severe drought of 1991/1992. This year's continued drought has also led to farmers selling their animals to meet food and other needs, such as school fees and rising costs of health care.<sup>8</sup> Subsistence farmers in Swaziland tend to rely on retained seeds from previous harvest for planting, but due to the current drought that affected last season's harvest, farmers do not have any retained seeds to plant, which directly compromises overall food security.

Other vital parts of society have not been spared by the drought. The 2007 VAC results additionally show that 64% of rural households do not have access to safe drinking water and adequate sanitation. The situation is likely to worsen with the onset of the dry season since the drought has made replenishment levels of water storage extremely low. This is expected to lead to increased disease outbreaks, particularly of cholera and diarrhoea. High numbers of cases of acute malnutrition have been recorded in Lubombo, which was most affected by the drought. It is likely that acute malnutrition prevalence will increase due to the combined effects of reduced food security, worsening water quality, and increased morbidities such as diarrhoea superimposed on a background of high levels of HIV/AIDS.

The increased vulnerability of large parts of the population is further exacerbated by the country's high prevalence of HIV/AIDS. With a prevalence rate of 26.7% for women and 40% for men in the age group of 15-49 years<sup>9</sup>, Swaziland has one of the highest HIV/AIDS rates in the world. About 220,000 people<sup>10</sup> are living with HIV/AIDS. A direct consequence of the high prevalence of HIV and AIDS is the 130,000 OVC, most of who are taken care of in neighbourhood care points (NCPs).<sup>11</sup>

As the impact of the drought worsens, Swaziland is experiencing increasing reports of sexual exploitation and abuse, in particular rape. Conflicts over scarce resources increase during droughts putting women and girls at higher risks of experiencing sexual violence. Sexual intercourse in most cases is used as a commodity for food exchange, which can lead to physical injury, transmission of HIV and other sexually-transmitted infections (STIs), and unwanted pregnancy.

The rates of under-weight children, combined with the alarmingly reduced maize harvest and the other vulnerabilities described above, constitute an imminent threat to a significant part of the population. The actions planned in this appeal can be understood as partly preventative, in that the full effects of

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<sup>7</sup> Vulnerability Assessment Committee (VAC) 2006

<sup>8</sup> Regional experience shows that cattle herds, once depleted, can be re-stocked only extremely slowly: for example cattle holdings in Mozambique are still below pre-1975 levels. Research also suggests that loss of cattle in southern African maize-growing areas severely affects small-scale maize production.

<sup>9</sup> UNFPA, State of World Population 2007

<sup>10</sup> The Joint United Nations Programme on HIV/AIDS (UNAIDS) 2006 report on the Global AIDS Epidemic

<sup>11</sup> NCPs are community run centres where orphans are taught basic life skills, receive food rations and health services

the maize crop failure are yet to happen, and indeed must be averted. But it should be stressed that some key indicators and their steeply downward trend evince an imminent humanitarian crisis.

In early July the United Nations country team applied to the rapid response window of the Central Emergency Response Fund (CERF) and managed to secure \$3.1 million to implement urgent life-saving action in the food and agricultural sectors. Despite the efforts of the Government and humanitarian community to address immediate life-saving needs, there still remains a large gap in unmet needs for the various sectors that include health and nutrition, protection, water and sanitation, food and early recovery.

***How will a humanitarian response link to long-term solutions to structural problems?***

It is important in the current context to consider activities that meet immediate relief needs, but at the same time address early recovery to enable communities to become more resilient to future droughts. The current relief activities should be bridged with long-term sustainable development to put a halt to the aggravating vulnerability to small shocks and hazards. The activities to be undertaken include:

- Assisting the Government to manage the tractor scheme so as to help farmers revive production activities;
- Providing input trade fairs for areas previously unaffected by the drought so as to ensure that farmers produce enough so that they can sell produce and seed to the low lying, more drought-prone areas;
- Promotion of small-scale vegetable production will also improve food availability in households and will enable continuous vegetable production in a cost-effective manner for resource-poor households.

### 3. RESPONSE PLANS

#### 3.1 FOOD

(Lead: WFP; Partners: World Vision International (WVI), Lutheran Development Services [LDS], Save the Children, Swaziland Red Cross, Africa Cooperative Action Trust [ACAT], FAO, United Nations Children's Fund [UNICEF], Ministry of Rural Development and Youth Affairs [MRDYA] and the Alliance of Mayors' Initiative to Combat AIDS at the Local Level [AMICAALL]).

##### Situation Analysis

WFP's original plan this year was to provide food assistance to an average of 220,000 chronically food-insecure people under its on-going Protracted Relief and Recovery Operation, which includes primary school feeding, support to OVC, and support to vulnerable households, focusing on Lubombo and Shiselweni regions. Through its own means, the Government has been providing assistance to about 100,000 people. WFP is in urgent need of an additional 8,760 MT of food to meet the needs of 145,000 people affected by the recent drought.

PRRO Activity	Projected beneficiaries before drought	Additional beneficiaries after drought	Total projected beneficiaries	Food requirements before drought (MT)	Additional food requirements after drought
Chronic VGF*	45,000		45,000	6,547	
Acute VGF		120,000	120,000		7,682
Support to ART**	15,000		15,000	810	
MCHN***	20,000		20,000	1,200	
School Feeding	75,000		75,000	4,620	
Emergency SFP****		25,000	25,000		1,078
OVC in NCPs	45,000		45,000	3,528	
FFA*****	10,000		10,000	854	
Caregivers	10,000		10,000	1,455	
<b>Totals</b>	<b>220,000</b>	<b>145,000</b>	<b>365,000</b>	<b>19,014</b>	<b>8,760</b>

\* Vulnerable group feeding (VGF)

\*\* Antiretroviral treatment (ART)

\*\*\* Mother and child health and nutrition (MCHN)

\*\*\*\* School Feeding Programme (SFP)

\*\*\*\*\* Food-for-assets (FFA)

##### Objectives

The overall objective is to avert acute malnutrition and death by ensuring timely and adequate provision of nutritious food to 145,000 vulnerable people affected by drought over a period of six months.

##### Strategy

WFP will continue to focus its assistance in chronically food-insecure areas of the Lowveld and dry Middleveld regions. The assistance under this operation will, however, be directed to the seasonally food-insecure population impacted by the recent drought. Discussions with other partners are also underway to extend food assistance to other ecological zones that have been affected by the drought. Specifically, WFP intends to partner with FAO, the Ministry of Agriculture and Cooperatives (MOAC) and NGOs on a strategy, which will enable peasant farmers to receive life-saving food as well as agricultural inputs at the same time.

##### Expected Outputs

145,000 beneficiaries receive 8,760 MT of assorted food commodities over a period of six months.

**SWAZILAND DROUGHT FLASH APPEAL 2007**

Organisation	Food	\$
WFP  SWA-07/F01	<b>Project title:</b> Provision of food assistance to vulnerable people affected by drought. <b>Objective:</b> Provide life-saving food assistance to populations in Swaziland affected by drought <b>Beneficiaries:</b> 145,000 (15,200 men, 26,400 women and 103,400 children) <b>Partners:</b> WVI, LDS, UNICEF, ACAT, Lilima Swaziland.	<b>5,315,442</b>  <i>Less CERF commitment</i> <b>1,594,453</b>
		<b>Net requirements</b> <b>3,720,989</b>

### 3.2 AGRICULTURE

(Lead: FAO; Partners: MOAC, Swaziland Red Cross, Swaziland Farmers Development Foundation, WVI, Caritas, and Alliance of Mayors and Municipal leaders on HIV and AIDS in Africa).

#### Objectives

- To promote agriculture production and food security of the most vulnerable farmers;
- To strengthen livelihoods and support mechanisms of families residing in drought-affected areas.

#### Strategy

FAO and cooperating partners will assist up to 20,000 households in 20 *Tinkhundla* (administrative constituencies) affected by the January/February 2007 drought, working through the MOAC rural development areas (RDAs) where extension staff and cultivation equipment are centralised. Emphasis will also be placed on the development of activities focused on youth and women including: support to junior farmers through field and life schools (vulnerable children between the ages of 12 and 17). Backyard and communal gardens and other crop production projects that involve women shall be given top priority.

Training will be provided to beneficiaries, MOAC extension staff, and NGO project officers on establishment of drought tolerant crops. Other activities will include promotion and management of small-scale irrigation facilities that include backyard and community gardening, nutrition awareness training and multiple water use and management in households.

#### Expected outputs

- Improved food availability and security at household level through promotion of household and community gardens;
- Improved farmers' awareness of, and access to, communal and formal markets;
- Rural and urban youth groups trained on agriculture and practical skills;
- Stimulation of local markets and increased purchasing power by vulnerable households;
- Improved nutrition status, food security and access to basic services.

Organisation	Agriculture	\$
FAO  SWA-07/A01	<b>Project title:</b> Emergency provision of drought tolerant seed varieties <b>Objective:</b> To increase access to seeds for farmers in drought affected areas. <b>Beneficiaries:</b> 20,000 vulnerable farming households affected by severe drought conditions in Swaziland. <b>Partners:</b> Government through the MOAC, Swaziland Red Cross Society, Swaziland Farmers' Development Foundation, WVI, Caritas and the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa.	<b>2,104,532</b>
FAO  SWA-07/A02	<b>Project title:</b> Promotion of backyard and community gardens <b>Objective:</b> To increase food availability before harvest of field crops for 20,000 households in drought affected areas. <b>Beneficiaries:</b> 20,000 vulnerable households affected by drought. <b>Partners:</b> Government of Swaziland through the MOAC, Swaziland Red Cross Society, Swaziland Farmers' Development Foundation, World Vision International, Caritas and the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa.	<b>2,303,683</b>  <i>Less CERF commitment</i> <b>1,542,362</b>
		<b>Net requirements</b> <b>761,321</b>

### 3.3 WATER, SANITATION AND HYGIENE

(Lead: UNICEF; Partners: Ministry of Natural resources, Ministry of Health and Social Welfare [MoHSW], Ministry of Regional Development and Youth Affairs [MoRDYA], Water Crisis Committee, WVI, LDS, and Community Water Developers)

#### Situation Analysis

Acute shortage of water and food are the two most visible signs of the current drought. Access to safe drinking water varies by region, from 35% in Shiselweni to 56% in Hhohho according to the 2007 survey by the Vulnerability Assessment Committee. This situation will worsen as water sources run dry and people and livestock share dwindling supplies. With some boreholes having dried up, families have had to resort to alternates, mainly open water sources such as dams, streams and rivers.

The drought is also increasing the workload of women and children, possibly leading to an increased school drop out rate of orphan children. Hygiene practices are also a major concern in the regions with hand washing before eating ranging from 7% to 52%, and hand washing after cleaning a child ranging from 8 to 27% even though the two week prevalence rate of diarrhoea among children 0-4 years old is 20-25% (the two-week prevalence rate of diarrhoea for children under-five was the same in 2006.) The VAC survey also confirmed that the prevalence of diarrhoea among children under-five is consistently higher in households without safe drinking water and sanitation facilities.

#### Objectives

- To reduce morbidity and mortality due to water-borne diseases in general, and to alleviate the burden of people living with HIV/AIDS (PLWHA), OVC, women and children in particular, by improving access to safe domestic water and adequate sanitation systems in 100 selected NCPs, 30 selected schools, and in 20 therapeutic feeding centres (TFCs), and health facilities in the affected areas;
- To strengthen institutional and community monitoring and response capacity with regard to water and sanitation related disease outbreaks.

#### Strategy

UNICEF and partners will focus support in water and sanitation provision in the Shiselweni and Lubombo regions. Institutions that will have direct benefits from improved WASH facilities include those in NCPs, in schools and in 20 TFCs as well as other health facilities. The strategy will centre on the following:

- Service delivery: supporting the provision of water and sanitation facilities for the most vulnerable populations, including procurement of water containers, water purification tablets, and water disinfection and desalination equipment;
- Community capacity development: developing skills amongst vulnerable populations for the construction of water and sanitation facilities, and management and monitoring of response activities at community level;
- Monitoring and evaluation of the effectiveness and impact of programme response.

#### Expected outputs

- Safe water and sanitation facilities provided to targeted education and health facilities;
- High level of hygiene practice for targeted communities;
- Reduced mortality caused by water-related diseases.

Organisation	Water, Sanitation and Hygiene	\$
UNICEF SWA-07/WS01	<p><b>Project title:</b> Reducing morbidity and mortality among young children, including OVC, through provision of WASH facilities and hygiene education</p> <p><b>Objective:</b> To reduce morbidity and mortality due to water-borne diseases and to alleviate the burden of care of PLWHA on women and children by improving access to safe and sufficient water and adequate sanitation</p> <p><b>Beneficiaries:</b> 1,200 severely malnourished children under-five years of age receiving treatment in therapeutic feeding centres; 5,000 OVC in 100 NCPs; and 20,000 students in 30 primary and secondary schools and 20 health facilities provided with safe water.</p> <p><b>Partners:</b> Ministry of Natural Resources, MoHSW, Ministry of Education, MoRDYA, Water Crisis Committee and WVI, LDS and Community Water Developers.</p>	905,000

### 3.4 CHILD PROTECTION

(Lead: UNICEF; Partners: MoRDYA, MoHSW, WFP, UNFPA, FAO, Save the Children Swaziland, AMICAALL, Royal Swaziland Police, Women and Law in Southern Africa [WILSA], Swaziland Action Group Against Abuse [SWAAGA], WVI, Church Forum and Council of Swaziland Churches).

The drought is increasing the workload of women and children, and in particular increasing the danger to girls and young women as they travel longer distances to fetch water, and thus run greater risks of suffering physical and sexual abuse. There is also evidence of a higher school drop out rate among orphans (39%) than non-orphans (3%). In July, one Government official approached UNICEF for help, not for the 45 orphans for whom she pays school fees, but rather for the increasing number of needy children who show up at a day care centre she established in Lubombo region. At the last count, there were 115 children between 2-14 years old and one volunteer care-giver at this particular centre. Coming from households impoverished by the drought, these children are looking for a meal and a safe place to play. Community initiatives like these need support, at least in the initial phase.

#### Objectives

- To mobilise communities, families, civil society organisations and Government on the prevention of sexual abuse and exploitation of children and women during the emergency;
- To provide support for the care and protection of orphans and vulnerable children, including shelter;
- To provide psychosocial support for Lubombo and Shiselweni as the two regions facing the greatest level of food insecurity, as well as to five similarly affected constituencies in Manzini and Hhohho.

#### Strategy

As a response to the various challenges facing the children of Swaziland, a variety of community-driven approaches have been adopted, building on local values and culture, to enhance the protective environment for OVC within the National Plan of Action (NPA). The main strategy will involve focusing on specifically vulnerable groups among children residing in food-insecure households such as orphans, children in child-headed households, and elderly-headed households working through community-owned NCPs. The efforts will complement other basic material needs, such as food and education by providing community based care and support services, including:

- Access to psychosocial support;
- Protection from abuse, stigma and discrimination;
- Access to HIV/AIDS awareness raising activities.

As the sector lead UNICEF will also improve monitoring and assessment of the vulnerability and needs of OVC.

#### Expected outputs

- Psychosocial services (PSS), including provision of PSS kits to 250 NCPs and 35 urban social centres;
- Improved awareness and coordination on prevention of child abuse and sexual exploitation, HIV/AIDS awareness, and stigma and discrimination;
- Improved mechanisms to monitor the situation of children, including support to MoRDYA to analyse already existing data from 90% of Swaziland's Chiefdoms;
- 30 new NCPs are established and supported, including training of 30 new Child Rights Committees in food deficit areas identified by the VAC.;
- Coordinating emergency responses in relation to child protection through Child Protection Network (CPN) meetings.



<b>Organisation</b>	<b>Protection</b>	<b>\$</b>
<b>UNICEF</b>  <b>SWA-07/P/HR/RL01</b>	<b>Project title:</b> Strengthening community capacity to provide care and support for OVC. <b>Objective:</b> To mobilise communities/families and civil organisations on the prevention of sexual abuse and exploitation, enhancing access to psycho-social support services <b>Beneficiaries:</b> 16,500 OVC in 250 NCPs and 35 urban social centres <b>Partners:</b> MoRDYA, MoHSW, WFP, UNFPA, FAO, Save Children Swaziland, AMICAALL, Royal Swaziland Police, WILSA, SWAGAA, WVI, Church Forum and Council of Swaziland Churches	<b>955,000</b>

### **3.5 HEALTH**

**(Lead: World Health Organization [WHO]; Partners: UNFPA, MoHSW, MoRDYA, SWAAGA, Family Life Association of Swaziland [FLAS] and Ministry of Home Affairs)**

#### **Situation analysis**

The Swazi authorities indicated that, since the start of 2007, rural clinics and communities reported an increase in the number of cases of diarrhoea, scabies, abortions, and low birth weight cases. Diarrhoea with blood, for instance, recorded a total increase of about 48.3% in the first three months of 2007 compared to the same period in 2006. Skin diseases rose 14% in the first three months of 2007 compared to the first three months of 2005. The drought situation has rendered vulnerable populations even more susceptible to sexual abuse and exploitation, thus further exacerbating STI and HIV transmission.

Health indicators reveal that maternal health and rural health services in Swaziland are below acceptable standards and hospitals lack basic delivery kits. The challenges experienced by health facilities in the country are now further aggravated by the persistent water shortages and malnutrition levels, especially amongst pregnant women. These indicators are likely to deteriorate even further given the effect of malnutrition and high level of HIV prevalence among this segment of the population.

The high incidence of malnutrition as well as other communicable diseases will certainly overwhelm healthcare facilities dealing mainly with HIV related illnesses, meaning that a large population of PLWHA will have limited access to the treatment and support services. The HIV figures for Swaziland are extremely serious:

- One fifth (20%) of the population is infected with HIV;
- A total of 220,000 are HIV positive, of whom about 20,000 children (9%) under 15 years;
- The prevalence of HIV among the Swazi adult population is 33.4%;
- The antenatal care sentinel surveillance of 2006 confirmed again that HIV prevalence levels remain the highest among pregnant mothers in the age group 25-29 years (48%)<sup>12</sup>.

The supply of ARV drugs as well as other services is covered by the Global Fund and other sources; however, additional resources and funds might be required to tackle the increasing needs of programme management.

#### **Objectives**

To prevent excess mortality and morbidity, the health sector aims to:

- Strengthen existing health facilities and community-based health centres to deliver appropriate health services;
- Increase the delivery of essential drugs and supplies to health facilities;
- Maintain delivery of services to HIV infected and affected populations.

#### **Strategy**

Under the overall lead of WHO, the humanitarian agencies active in the health sector will coordinate their activities with the MoHSW and other local partners in order to:

- Strengthen existing health facilities and community-based health centres, and increase essential drugs and supplies to health facilities including outreach sites;

<sup>12</sup> Centre for disease control and prevention (CDC) office Mbabane

- Strengthen outreach services;
- Sensitise, educate, and support communities to prevent epidemics, sexual exploitation and spread of communicable diseases;
- Orientate Epidemic Task Forces on epidemic preparedness and response;
- Support distribution channels for the extended programme of immunisation (EPI) vaccines to communities affected by the drought; provide reproductive health services to prevent excess neonatal and maternal morbidity and mortality.

**Expected Outputs**

- Reduced incidence of communicable and diarrhoeal diseases, unplanned pregnancies, and gender-based violence;
- Improved health sector coordination in epidemic response and EPI vaccination activities, and better coverage in hard-to-reach areas;
- Strengthened early detection, management, treatment, reporting and orientation of health workers on epidemic prone diseases;
- Communities sensitised, educated and supported to prevent epidemics and the spread of communicable diseases;
- Health facilities, newly established and existing outreach sites, and community-based health centres provided with essential drugs and basic supplies, home based care kits, delivery packs, and condoms;
- Capacity of health facilities to provide maternal and neonatal care strengthened.

<b>Organisation</b>	<b>Health</b>	<b>\$</b>
<b>WHO SWA-07/H01</b>	<b>Project title:</b> Provision of essential drugs and supplies to health facilities serving the most vulnerable people in drought-affected areas. <b>Objective:</b> To increase essential drugs and basic supplies in existing health facilities and outreach sites, and establish and support new outreach sites and community-based health centres in drought-affected areas. <b>Beneficiaries:</b> population affected by the drought. <b>Partners:</b> Swaziland Government, MoHSW.	<b>260,000</b>
<b>WHO SWA-07/H02</b>	<b>Project title:</b> Community mobilisation and sensitisation <b>Objective:</b> To educate and support communities to prevent the spread of communicable diseases, emerging epidemics, and prevent sexual exploitation; strengthen community-based health centres. <b>Beneficiaries:</b> 407,000 people affected by the drought. <b>Partners:</b> Swaziland Government, MoHSW.	<b>110,000</b>
<b>WHO SWA-07/H03</b>	<b>Project title:</b> Disease notification and coordination. <b>Objective:</b> To support disease surveillance and coordination of health services, orientate health workers on early detection, management and reporting of drought-related health problems. <b>Beneficiaries:</b> 407,000 people affected by the drought. <b>Partners:</b> Swaziland Government, MoHSW.	<b>70,000</b>
<b>UNFPA SWA-07/H04</b>	<b>Project title:</b> Support prevention of HIV/STI/unwanted pregnancies <b>Beneficiaries:</b> people affected by the drought. <b>Partners:</b> MoRDYA, MoHSW, FLAS and Schools Health And Population Education (SHAPE).	<b>240,000</b>
<b>UNFPA SWA-07/H05</b>	<b>Project title:</b> Support prevention of gender-based violence (GBV) <b>Beneficiaries:</b> Survivors of GBV. <b>Partners:</b> Ministry of Home Affairs, MoHSW and SWAAGA.	<b>260,000</b>
<b>UNFPA SWA-07/H06</b>	<b>Project title:</b> Safe delivery <b>Beneficiaries:</b> Pregnant women delivering in health facilities, mothers and their newborn babies. <b>Partners:</b> MoHSW	<b>300,000</b>

### 3.6 NUTRITION

(Lead: UNICEF; Partners: WFP, WHO, UNFPA, FAO, International Baby Food Action Network [IBFAN]-Africa, Clinton Foundation, Baylor Children's clinic, MoHSW and Save the Children).

#### Situation Analysis

Due to the current drought, 180,000 children, including 36% of children below the age of five, are in need of food assistance in Swaziland. Preliminary data from the March 2007 VAC showed that nearly 40% of children under five years old were stunted, and 4.5% to 11% were underweight. By comparison, stunting and underweight levels for under-fives in the 2006 VAC survey were 30% and 9.6%, respectively. On the Lubombo plateau, the acute malnutrition rate for children is three times higher than the rates of other ecological zones.

Among the desperate measures which people have adopted, eating small portions of food, eating fewer meals a day, or skipping meals are not uncommon. The combined effects of high malnutrition rates, the drought, and the underlying health problems (HIV, and a high prevalence rate of diarrhoea and respiratory infections) are a major threat to children. As a result:

- 1,200 orphans and vulnerable children are at risk of severe acute malnutrition because they face acute shortages of food;
- 16,000 children under-five years of age in the areas affected by water shortage are at risk from water-borne diseases such as diarrhoea and dysentery.

#### Objectives

- To develop a sentinel surveillance system for tracking the nutritional status of children and provide therapeutic feeding to 1,200 children with severe acute malnutrition;
- To provide low-osmolarity oral rehydration salts (ORS) (specifically, rehydration solution for malnutrition or 'ReSoMal') and zinc to 16,000 children suffering from diarrhoea, and micronutrient supplements to eligible children and pregnant and lactating women.

#### Strategy

- Service delivery: 20 therapeutic feeding centres (TFCs) will be established in existing health facilities located in areas with high severe acute malnutrition rates. In addition, children discharged from these centres will be referred to existing supplementary feeding programmes;
- Infant and young child feeding: Provide technical assistance to ensure that supplementary rations are provided for pregnant and lactating women (WFP); provide support for breastfeeding and re-lactation; and support the promotion of appropriate infant and young child feeding practices, as well as hygiene practices such as hand washing;
- Capacity development: Health workers will be trained in therapeutic and supplementary feeding; the skills of volunteers working in NCPs in screening for malnutrition, early detection of common childhood diseases and growth monitoring and promotion will be developed;
- Surveillance, monitoring and evaluation: Nutrition sentinel sites will be established and the impact of the response will be assessed through field monitoring;
- Advocacy and coordination: UNICEF and partners will advocate with policy makers and provide support to the Government to lead the coordination of nutrition activities for timely, equitable, coordinated, and integrated responses to the emergency.

#### Expected outputs

- 50 functional sentinel sites established in NCPs, schools and health facilities to monitor the nutritional status of children;
- 20 therapeutic centres established to care for 1,200 or more severely malnourished children;
- Infant and young child feeding practices are improved;
- Health workers and auxiliary staff trained in how to run nutrition sentinel sites and to provide monthly reports on the nutritional status of children under five;
- Supplies and equipment for up to 20 TFCs and 50 sentinel sites, including therapeutic food, micronutrients, ORS, anthropometric equipment, and supplementary food for young children provided.

Organisation	Nutrition	\$
<p style="text-align: center;"><b>UNICEF</b> <b>SWA-07/H07</b></p>	<p><b>Project title:</b> Preventing malnutrition and improving the management of severely malnourished children  <b>Objective:</b> To track nutritional status of children and provide therapeutic feeding to severely malnourished children. To mitigate malnutrition in children and lactating women  <b>Beneficiaries:</b> Severely and moderately malnourished children, pregnant and lactating women, in addition to children in need of micronutrient supplementation and children with diarrhoea  <b>Partners:</b> MoHSW, WFP, WHO, UNFPA, FAO, Clinton Foundation and IBFAN-Africa, Baylo Children's Clinic, Good Shephard and Nazarene Hospital, and Save the Children</p>	<p><b>612,800</b></p>

### 3.7 EARLY RECOVERY

(Lead: UNDP; Partners: WFP, MoRDYA, NGOs and National Disaster Management)

#### Situation Analysis

“Early Recovery” is defined as recovery that begins in the humanitarian setting. As such, it is not intended as a separate phase within the relief-development continuum but rather as an effort to strengthen the effectiveness of the linkage. Early recovery is the first step in the process of transition from relief to development, and includes projects from all sectors. As such, the projects must display most of the following criteria:

- Phasing-out of relief or addressing the next step after saving lives;
- The immediate or basic capacities of communities to cope with crises are strengthened, and programmes are planned with sustainability in mind;
- The potential or existing capacities of national or local Governments to plan, manage, and coordinate crises, as well as for subsequent recovery phases, are strengthened;
- Mainstreaming of cross-cutting issues such as gender, HIV/AIDS, and environment.

With drought a perennial problem in Swaziland, agencies are taking into serious consideration response strategies that should facilitate early recovery of affected communities and at the same time build their resilience to withstand the impact of future disasters. Early recovery programmes aim to strengthen the sustainability of community based activities, as well as rebuild livelihood support mechanisms that have been adversely affected by drought. The low levels of development in the critical sectors of health, agriculture and general economic growth have increased vulnerability to emergencies. There is a need to consider activities that promote sustainable livelihoods and enhance long-term coping strategies to drought.

#### Objectives

- To facilitate early recovery and improve livelihoods of vulnerable people affected by drought;
- Develop the capacity of rural communities to implement and maintain governance structures for sustainability of recovery activities.

#### Strategy

- Establish the foundations for longer-term recovery;
- Augment emergency assistance operations in areas affected by the drought through measures that both foster the self-reliance of affected populations, and meet critical needs to save their livelihoods;
- Ensure that spontaneous initiatives at recovery by affected populations are sustainable;
- Reduce future risk.

#### Expected Outputs

- Assessment reports for the identified priority groups on the basis of an accepted vulnerability assessment methodology;
- Improved coordination and facilitation of efforts pertaining to humanitarian issues;
- Swaziland UNCT long-term emergency response strategy;
- Policy dialogue on emergency relief and recovery;
- Improved livelihoods and early recovery of drought affected people.

**SWAZILAND DROUGHT FLASH APPEAL 2007**

Organisation	Early Recovery and Livelihood	\$
<p align="center"><b>UNDP</b> <b>SWA-07/ER/101</b></p>	<p><b>Project title:</b> Rural livelihood recovery: strengthening of water governance structures in Swaziland  <b>Objective:</b> To improve the maintenance and sustainability of water infrastructure (boreholes/pumps, water catchments systems, dams, etc.) through strengthening the managerial capacity of community water governance committees  <b>Beneficiaries:</b> 10,000 households with PLWHA and OVC.  <b>Partners:</b> NGOs, community-based organisations (CBOs) and communities.</p>	<p align="center"><b>1,024,000</b></p>
<p align="center"><b>UNDP</b> <b>SWA-07/ER/102</b></p>	<p><b>Project title:</b> Coordination of Emergency Relief and Early and Recovery Activities  <b>Objective:</b> To promote effective humanitarian assistance and early recovery programmes within the United Nations system and within the broader humanitarian community  <b>Beneficiaries:</b> humanitarian community at large  <b>Partners:</b> UNCT, donors, national food consortium, national and international NGOs, Government Ministries, National Emergency and the Swaziland Red Cross Society.</p>	<p align="center"><b>250,000</b></p>
<p align="center"><b>Save the Children UK</b> <b>SWA-07/ER/103</b></p>	<p><b>Project title:</b> Cash transfer for sustainable livelihoods and early recovery  <b>Objective:</b> To improve nutritional status, food security, access to basic services and livelihood recovery strategies of disaster affected people by increasing their purchasing power through emergency cash and possibly food transfers to vulnerable households in drought-affected areas  <b>Beneficiaries:</b> 45,000 people in two areas of Swaziland (Timber Highlands in the Highveld and Sithobela/Siphofaneni in the Lowveld)  <b>Partners:</b> WFP, MoRDYA, chiefdoms, other NGOs, National Disaster Task Force (NDF).</p>	<p align="center"><b>4,000,000</b></p>

#### **4. ROLES AND RESPONSIBILITIES**

Under the overall leadership of the Resident Coordinator, the implementation of the various response plans will be the responsibility of the sector leads in close cooperation with the appealing agencies, implementing partners, and Government authorities. Sectoral coordination will be the responsibility of the respective sector leads. Overall coordination of response and dissemination of information to the various stakeholders including donors, Government agencies, NGOs and United Nations agencies will be facilitated by the Resident Coordinator's Office.

The tasks will involve the compilation and issuance of inter-agency situation reports, facilitation of resource mobilisation, and planning activities. United Nations agencies and NGOs will provide timely information to the Resident Coordinator (RC) on assessments carried out, as well as response activities for compilation of situation reports.

WFP will lead food assistance projects working through cooperating partners who are mostly NGOs that work in defined regions. It will be proposed that Government food assistance will be in areas that are not covered by WFP, such as the Highveld region.

As the lead agency in the agricultural sector, FAO will implement the proposed projects in close partnership with the MOAC, WFP, Swaziland Red Cross Society and NGOs.

UNICEF will lead coordinated emergency responses in the sectors of Child Protection, Nutrition, and Water and Sanitation, working through the community-owned Neighbourhood Care Points, schools, and therapeutic feeding centres. The projects will be implemented through cooperating partner NGOs and FBOs in collaboration with relevant line Ministries and particular emphasis will be put on developing joint programmes with WFP and WHO/UNFPA. UNICEF will also coordinate the strengthening of systems to monitor and assess the vulnerabilities and needs of children during the drought.

WHO and UNFPA will work with the MoHSW in the implementation of Health projects. The projects will be coordinated within the Ministry's emergency unit.

UNFPA will work in collaboration with other relevant partners to better address gender concerns in planning and implementation of the response.

Finally, the United Nations Development Programme (UNDP) will take the lead in defining recovery and development strategies that should be closely linked to the short term response strategies so as to facilitate continuity.

**Table II: Swaziland Drought Flash Appeal 2007**

List of Projects - By Appealing Organisation  
as of 20 July 2007  
<http://www.reliefweb.int/fts>

Compiled by OCHA on the basis of information provided by the respective appealing organisation.

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<b>Project Code</b>	<b>Sector Name</b>	<b>Project Title</b>	<b>Original Requirements (\$)</b>
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<b>FAO</b>			
SWA-07/A01	AGRICULTURE	Emergency provision of drought tolerant seed varieties	2,104,532
SWA-07/A02	AGRICULTURE	Promotion of backyard and community gardens	2,303,683
<b>Sub total for FAO</b>			<b>4,408,215</b>

<b>SC - UK</b>			
SWA-07/ER/I03	ECONOMIC RECOVERY AND INFRASTRUCTURE	Cash transfer for sustainable livelihoods and early recovery	4,000,000
<b>Sub total for SC - UK</b>			<b>4,000,000</b>

<b>UNDP</b>			
SWA-07/ER/I01	ECONOMIC RECOVERY AND INFRASTRUCTURE	Rural livelihood recovery: strengthening of water governance structures in Swaziland	1,024,000
SWA-07/ER/I02	ECONOMIC RECOVERY AND INFRASTRUCTURE	Coordination of Emergency Relief and Early and Recovery Activities	250,000
<b>Sub total for UNDP</b>			<b>1,274,000</b>

<b>UNFPA</b>			
SWA-07/H04	HEALTH	Support prevention of HIV / STI / unwanted pregnancies	240,000
SWA-07/H05	HEALTH	Support prevention of gender-based violence	260,000
SWA-07/H06	HEALTH	Safe delivery	300,000
<b>Sub total for UNFPA</b>			<b>800,000</b>

<b>UNICEF</b>			
SWA-07/H07	HEALTH	Preventing malnutrition and improving the management of severely malnourished children	612,800
SWA-07/P/HR/RL01	PROTECTION/HUMAN RIGHTS/RULE OF LAW	Strengthening community capacity to provide care and support for Orphans and other Vulnerable Children (OVC)	955,000
SWA-07/WS01	WATER AND SANITATION	Reducing morbidity and mortality among young children, including OVCs, through provision of WASH facilities and hygiene education	905,000
<b>Sub total for UNICEF</b>			<b>2,472,800</b>

The list of projects and the figures for their funding requirements in this document are a snapshot as of 20 July 2007. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).

**Table II: Swaziland Drought Flash Appeal 2007**

List of Projects - By Appealing Organisation  
as of 20 July 2007  
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Project Code	Sector Name	Project Title	Original Requirements (\$)
<b>WFP</b>			
SWA-07/F01	FOOD	Provision of food assistance to vulnerable people affected by drought	5,315,442
<b>Sub total for WFP</b>			<b>5,315,442</b>
<b>WHO</b>			
SWA-07/H01	HEALTH	Provision of essential drugs and supplies to health facilities serving the most vulnerable people in drought-affected areas	260,000
SWA-07/H02	HEALTH	Community mobilisation and sensitisation	110,000
SWA-07/H03	HEALTH	Disease notification and coordination	70,000
<b>Sub total for WHO</b>			<b>440,000</b>
<b>Grand Total:</b>			<b>18,710,457</b>

The list of projects and the figures for their funding requirements in this document are a snapshot as of 20 July 2007. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([www.reliefweb.int/fts](http://www.reliefweb.int/fts)).



**ANNEX I.**

**ACRONYMS AND ABBREVIATIONS**

ACAT	Africa Cooperative Action Trust
AMICAALL	Alliance of Mayors' Initiative to Combat AIDS at the Local Level
CAP	Consolidated Appeals Process
CBO	Community-Based Organisation
CDC	Centre for Disease Control and Prevention
CERF	Central Emergency Response Fund
CFSAM	Crop and Food Supply Assessment Mission
CHAP	Common Humanitarian Action Plan
CPN	Child Protection Network
CSO	Central Statistics Office
E	Emalangi (Swazi currency)
EPI	Extended Programme of Immunisation
FAO	Food and Agriculture Organization
FFA	Food for Assets
FLAS	Family Life Association of Swaziland
FTS	Financial Tracking Service
GBv	Gender-Based Violence
IASC	Inter-Agency Standing Committee
IBFAN	International Baby Food Action Network
ICVA	International Council of Voluntary Agencies
IDP	Internally Displaced Person
LDS	Lutheran Development Services
MCHN	Mother and Child Health and Nutrition
MOAC	Ministry of Agriculture and Cooperatives
MoHSW	Ministry of Health and Social Welfare
MoRDYA	Ministry of Regional Development and Youth Affairs
MRDYA	Ministry of Rural Development and Youth Affairs
NCP	Neighbourhood Care Point
NDTF	National Disaster Task Force
NDVI	Normalised Difference Vegetation Indices
NGO	Non-Governmental Organisation
NMC	National Maize Corporation
NPA	National Plan of Action
OCHA	Office for the Coordination of Humanitarian Affairs
ORS	Oral Rehydration Salt
OVC	Orphans and Vulnerable Children
PLWHA	People Living With HIV/AIDS
PSS	Psycho-Social Services
RC	Resident Coordinator
RDA	Rural Development Area
ReSoMal	Rehydration Solution for Malnutrition
SCHR	Steering Committee for Humanitarian Response
SFP	School Feeding Programme
SHAPE	Schools Health And Population Education
STI	Sexually-Transmitted Infection
SWAGAA	Swaziland Action Group Against Abuse
TFC	Therapeutic Feeding Centre
TWR	Total Water Requirement
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team

UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAC	Vulnerability Assessment Committee
VGF	Vulnerable Group Feeding
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WILSA	Women and Law in Southern Africa
WVI	World Vision International



## Consolidated Appeal Feedback Sheet

If you would like to comment on this document please do so below and fax this sheet to + 41-22-917-0368 (Attn: CAP Section) or scan it and email us: [CAP@ReliefWeb.int](mailto:CAP@ReliefWeb.int) Comments reaching us before 1 September 2007 will help us improve the CAP in time for 2008. Thank you very much for your time.

Consolidated Appeals Process (CAP) Section, OCHA

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Please write the name of the Consolidated Appeal on which you are commenting:

1. How could it be improved?
  
2. Is the context and prioritised humanitarian need clearly presented?  
How could it be improved?
  
3. To what extent do response plans address humanitarian needs?  
How could it be improved?
  
4. To what extent are roles and coordination mechanisms clearly presented?  
How could it be improved?
  
5. To what extent are budgets realistic and in line with the proposed actions?  
How could it be improved?
  
6. Is the presentation of the document lay-out and format clear and well written?  
How could it be improved?

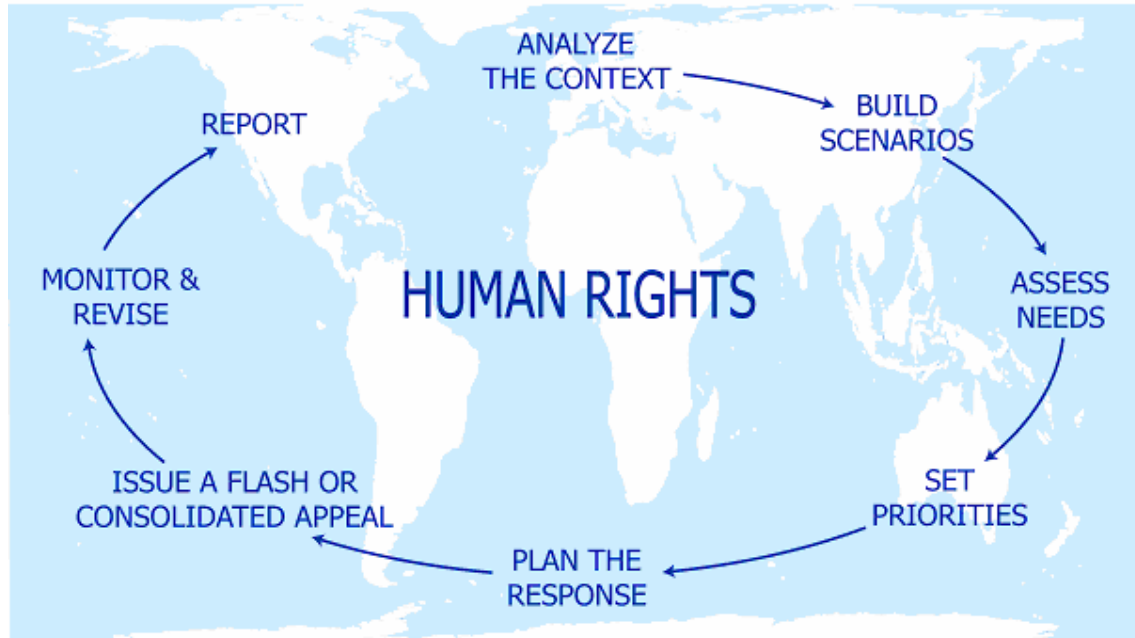
Please make any additional comments on another sheet or by email.

Name:

Title and Organisation:

Email Address:

## CAP - Aid agencies working together to:



<http://www.humanitarianappeal.net>

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