**UNDP Eswatini**

**Support to the National Response to Contain the Impact of COVID-19**

### SITUATIONAL ANALYSIS

In Eswatini, there are 5 confirmed cases so far and the risk of the disease spreading wider remains. As part of prevention efforts, the Government finalized COVID-19 preparedness and response plan with a budget of E100 Million (US$6.5 Million) that was approved by parliament on 10 March 2020. The government overall response is coordinated through a sub-committee of Cabinet led by the Deputy Prime Minister’s Office through the National Disaster Management Agency (NDMA) and an emergency task force supported by Regional and Sector Committees. A series of measures have been taken includes His Majesty King Mswati III invoked section 29 of the Disaster Management Act of 2006 and declared a State of Emergency in the country for a period not exceeding two (2) months with effect from 27th March and planned events in April, including King’s birthday celebrations, are cancelled. The cabinet set aside the King’s birthday celebration has been re-directed to fight against the Coronavirus pandemic, schools and Tertiary Institutions have been closed until further notice, foreign nationals coming from COVID-19 high risk countries are restricted from entering the country until further notice, visas to enter Eswatini already issued to citizens of high-risk countries were revoked from 20 March 2020. All public & private gatherings attracting 50 or more people are suspended until further notice.

The Republic of South Africa, a neighbor country that Eswatini economy highly depends on, confirmed the first case on March 5th and represents a very rapid increase relative to the African context. Eswatini has 13 Border crossings, 11 with South Africa and two with Mozambique. Rapid Response Teams are conducting follow ups with travelers that have been to affected countries in the past 14 days. Special messages for travelers exiting and arriving into the country are distributed in PoEs. However, there is high risk of un-screened border crossings due to the porous border points coming in and going out of South Africa and Mozambique. These points are used by the border resident communities that move between the countries for access to basic services.

UNDP’s response to this pandemic is part of the UN family response strategy to Government’s identified needs under the National Response Plan. It is also consistent with WHO’s ‘COVID-19 Strategic Preparedness and Response Plan’. UNDP’s support is about safeguarding the SDGs with focus on vulnerable population and those left farthest behind.

### AREAS OF INTERVENTION

#### Building Resilient Health Systems

Volunteer nurses and doctors: UNDP in partnership with relevant government and non-government institutions, will target student nurses, unemployed qualified nurses to provide surge capacity for basic health services. UNDP’s offer will include: 1) Training support 2) Protective clothing

Treatment tents (for isolation facilities at Ports of entry) – including beds and other equipment, Ambulance (*2/3) to transport patients from port of entry

Support to procurement: Procurement of Protective Clothing for Health Personnel – Centre in Istanbul has offered to work with the country on Reprogramming Global Fund and once achieved, UNDP will support procurement of goods from the Global Center.

#### Inclusive and Integrated Crisis Management and Multi-Sectoral Response

**Support to NDMA coordination mandate:** support the designated lead agency, NDMA, to coordinate response efforts. Provision of digital meeting solutions to continue business remotely. **Support safeguarding human rights and vulnerable groups:** Reducing the risk and vulnerability among prisons’ population. This will include providing training material, PPE, preparedness with contingency planning for health emergency. Support will be extended to address inmates’ basic rights and needs such as facilitating communication with relatives. **Support to security forces:** Mostly police and immigration personnel (This will include support for training and awareness programmes). **Digitalization support:** With possible lockdown many services will come to a complete halt. The following areas can be supported: Education – In partnership with UNICEF, the Accelerator Lab is exploring support to the National Curriculum Center for education content development to feed into existing MTN digital education platforms, supply of IT equipment for teachers.

#### Socio-Economic Impact and Recovery

Eswatini at this stage of preparedness requires a robust needs socio-economic needs assessment to inform response and recovery plans. UNDP in partnership with other agencies and national entities is advocating for and will support a comprehensive cross-sectoral needs assessment to complement the current government assessment efforts.

### BUDGET

Following a programme criticality exercise, UNDP Eswatini has re-prioritized and reprogrammed its unspent and uncommitted TRAC I and TRAC II resources from existing projects and set aside US$0.7million against total UNDP contribution in response to the National COVID-19 pandemic to US$1.2million. The UNDP COVID-19 programme will be implemented for a duration of 6 to 12 months pending unforeseen evolutions in the pandemic.

**OUTPUT**  | **BUDGET** | **AVAILABLE** | **GAP**
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Strengthening health systems (including health procurement, training etc.) | $500k | $320k | $180k
Promote inclusive and integrated crisis management and multi-sectoral responses | $500k | $230k | $270k
Support to address socio-economic impact and recovery | $1.5M | $300k | $1.2M
**Total** | **$2.5M** | **$850k** | **$1.65M**