



WFP Swaziland Country Brief

WFP Assistance

Food by prescription	Total Requirements (in USD)	Total Received (in USD)	6 Months Net Funding Requirements (in USD)*
DEV 200353 (Jan 2012 – Dec 2017)	11.5 m	4.8 m (42%)	

*July 2017 – December 2017

WFP provides assistance to people living with HIV and TB through the Food by Prescription programme. The programme offers nutrition assessments, counselling and support services to malnourished clients receiving antiretroviral therapy (ART), treatment for TB, or the prevention of mother to child transmission (PMTCT) services, as well as support to their families through a monthly household ration.

WFP and the Government aim to improve treatment and recovery outcomes by mainstreaming nutrition into HIV and TB support services.

Concerns over the food security situation during the lean season and its impact on people under ART and TB/Drug Resistant-TB treatment is compounded by limited funding. WFP continues to closely monitor the project to improve performance. The project has been extended to December 2017.

Assistance to Orphaned and Vulnerable Children at NCPs and Schools	Total Requirements (in USD)	Total Received (in USD)	6 Month Net Funding Requirements (in USD)*
DEV 200422 (Jan 2013 – Dec 2017)	20.7 m	11.1 m	-

*July 2017 – December 2017

WFP provides a social safety net for young orphans and vulnerable children in the form of nutritious on-site meals reaching 52,000 orphans and vulnerable children under eight years of age who attend neighbourhood care points (NCPs), many of whom live with relatives or in child-headed households.

Highlights

- In August 2017, WFP assisted 8,088 people through the Food by Prescription programme.
- Due to funding shortfalls, a pipeline break is expected in September 2017 for WFP's Food by Prescription programme.
- Assistance to Orphaned and Vulnerable Children (OVC) resumed in August 2017, reaching 28,000 beneficiaries by the end of the month.
- The 2017 Vulnerability Analysis Assessment has recently been completed, with results showing that many are still recovering from the 2016/2017 drought.

NCPs provide a safe place for boys and girls to equally access food and basic social services, such as early childhood education, psycho-social support and basic health services. WFP supports 1,594 NCPs in all four regions of Swaziland.

WFP also trains caregivers at the NCPs on commodity management and good nutrition practices, as well as messaging on gender and protection issues.

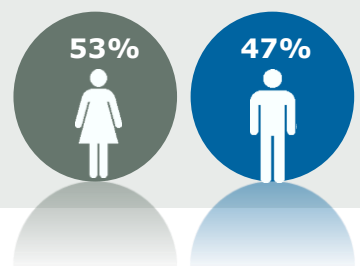
The project, which was halted during the drought due to insufficient resources, resumed in mid-August 2017, reaching two regions (Hhohho and Manzini). There was a greater number of OVC registered than compared to the initial plan.

WFP is currently conducting an inventory and verification exercise to determine location of and number of children enrolled in each NCP. WFP also continues to support the Government in strengthening their social protection systems.

In Numbers

159,000 will be food insecure during the lean season

People Assisted
36,088 in August



Main Photo

Credit: WFP/Theresa Piorr
Caption: A young woman and her children collect WFP emergency food at a distribution point in Sithobela, Lubombo region.



August 2017

Operational Updates

Drought Recovery and Food Security:

- The food security situation in Swaziland has not fully recovered following the 2016/2017 El Niño drought emergency.
- The 2017 Annual Vulnerability Analysis Assessment showed that maize production was below in-country requirements and food prices remained significantly higher than before the drought. The most affected population groups are the poor who have lost their crops and have seen their income reduced due to chronic illness or death of bread winner and loss of employment. For the 2017/2018 lean season, pockets of food insecurity remain, particularly affecting most vulnerable groups, such as the poor and very poor, including households with orphans and vulnerable children.
- About 159,000 people will be in need of food assistance during the lean season, due to a combination of reduced income opportunities and poor agricultural performance leading to high reliance on purchases and relatively high food prices.
- The overall proportion of rural households that had poor and borderline food consumption levels as of mid-2017 was 15 percent.

HIV and Nutrition:

- WFP is the implementing partner for a USAID's PEPFAR project which focuses on nutrition intervention targeting people living with HIV/AIDS and orphans and vulnerable children. Project implementation started in March for selected health facilities in the most food insecure areas.
- WFP's Food by Prescription project has been extended to December 2017. However, it remains underfunded, with a pipeline break expected in September 2017.

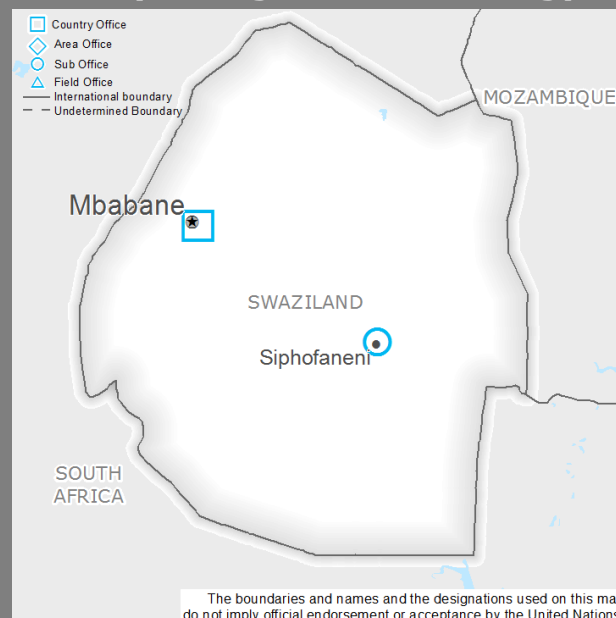
Social protection for Orphans and Vulnerable Children (OVC):

- Thanks to recent funding, assistance to OVC through DEV 200422 resumed in August 2017. The project had been halted since May 2016 due to lack of resources.

Challenges

- **Negative Economic Forecast:** Swaziland faces fiscal and economic challenges, with poor predictions for Southern Africa Customs Union revenue, continued slow economic growth and the devaluation of the South Africa Rand, to which the local currency is pegged.
- **WFP Swaziland Country Strategy:** Swaziland's economic situation may also hamper advances in WFP's country strategy approach, which aims towards full national ownership, financial and operational, of food and nutrition security initiatives. An interim Country Strategic Plan has been devised to align with Government priorities. The Government is in the planning stages for a Zero Hunger Strategic Review in Swaziland, to develop a roadmap to achieve SDG2: end hunger, achieve food security and improved nutrition, and promote sustainable agriculture.

Country Background & Strategy



Despite its status as a lower middle income country, 63 percent of Swazis live below the national poverty line. Swaziland has a very high HIV prevalence, affecting 26 percent of the population between the ages of 15-49. Life expectancy is 49 years, and 45 percent of children are orphaned or vulnerable. Chronic malnutrition is a main concern in Swaziland: stunting affects 26 percent of children under five. Swaziland is vulnerable to drought in the south east. An estimated 77 percent of Swazis rely on subsistence farming for their livelihoods.

WFP's strategic priorities in Swaziland are to improve food security and livelihoods of the most vulnerable people affected by HIV/AIDS and poverty. WFP assists the Government in providing nutrition assessment, counselling, and support to people living with HIV/AIDS, TB, and pregnant and nursing women, while also supporting their families.

Additionally, WFP supports the Government in providing safety nets for young orphans and vulnerable children. WFP's technical assistance contributes to developing comprehensive strategies to address child undernutrition, particularly to prevent stunting. All WFP projects aim to support Government capacity to manage food and nutrition security interventions.

WFP has been present in Swaziland since the 1960s. After closing the country office in 1997, it re-opened in 2002 to alleviate the impact of HIV/AIDS, drought, and poverty.

Population: **1.3 million**

2016 Human Development Index:
148 out of 188

Income Level: **Lower middle**

Chronic malnutrition: **26% of children between 6-59 months**