



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 – Jun 2017)	10.8 m	4.6 m (42%)	0.3 m (50%)

*April 2017 – September 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. WFP and the Government aim to improve treatment and recovery outcomes by mainstreaming nutrition into HIV and TB support services. WFP reduced the distribution of household rations between July–November 2016 due to limited funding. 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 the limited funding for this programme.

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	8 m (39%)	1.5 m (90%)

*April 2017 – September 2017

WFP provides a social safety net for young orphans and vulnerable children. WFP provides nutritious on-site meals to 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. NCPs provide a safe place for boys and girls to equally access early education and care services. WFP ceased distributions in May 2016 as a result of limited funding, however, WFP is expecting to resume its activities in early 2017 based on new resources.

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.

Highlights

- In March, WFP scaled up the cash based transfer component significantly reaching 114,056 people, while 88,580 are receiving in-kind rations in March/April.
- WFP's Food by Prescription project remains underfunded. While the distribution of household rations resumed in November 2016, pipeline breaks are expected in June 2017.

Emergency Assistance to Drought-affected Population in Swaziland	Total Requirements (in USD)	Total Received (in USD)	6 Months Net Funding Requirements (in USD)*
EMOP 200974 (Jun 2016 – Mar 2017)	16.1 m	11.7 m (73%)	0.9 m (39%)

*April 2017 – September 2017

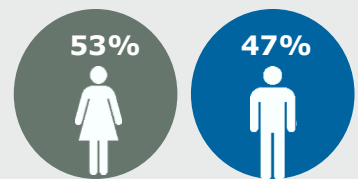
GENDER MARKER 2A EMOP 200974

The primary objective of the EMOP is to provide emergency food assistance targeting the most vulnerable households affected by the El Niño induced drought through in-kind food distributions and cash based transfers (CBT). The project supports the Government's response under the National Emergency Response Mitigation and Adaptation Plan (NERMAP), to improve and stabilize household food consumption for drought-affected groups. The EMOP targets 250,000 people and has an overall timeframe of eleven months ending in April 2017, coinciding with the next harvest. WFP will closely monitor the situation, and if further assessments show increased needs, the scale and length of the operation will be reviewed. Gaps in funding could prevent timely assistance throughout the peak of the lean season when the drought-affected people will be most in need.

In Numbers

350,000 people in need of food assistance

People Assisted
139,466 in March



March 2017

Operational Updates

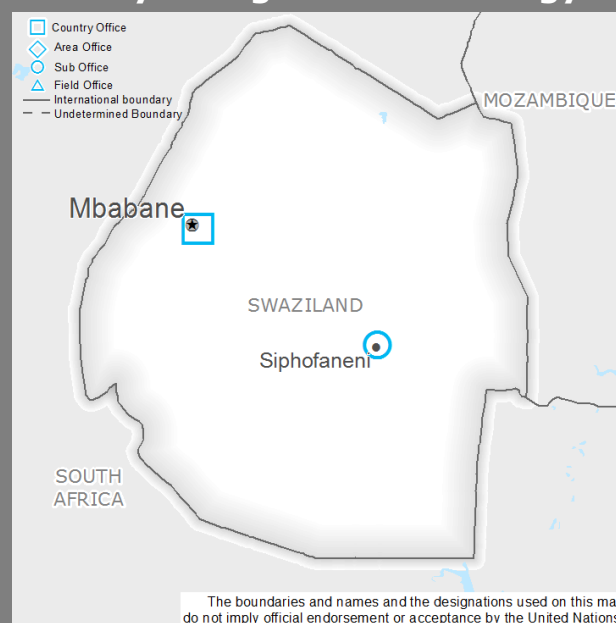
Drought and Food Security:

- WFP continues to scale up the CBT modality to additional locations in the Sishiselweni and Manzini regions to account for increasing needs during the lean season. WFP has also transitioned 33,500 people from in-kind to CBT assistance.
- The in-kind distribution started at the end of March and will continue in April. As the EMOP is coming to an end, the March/April in-kind distribution will be the last one, however CBT activities may continue one additional month.
- The Government is coordinating a multi-sectoral assessment to update information on impact of the drought at the peak of the lean season and the final report will be published in April/May. The country-wide assessment will support planning and implementation of intervention strategies and adaptation measures. WFP is providing technical and financial support.
- The Ministry of Agriculture has reported the presence of fall armyworm in the country, however the extent of impact is not yet known. A pre-harvest assessment took place in March and results will be released in the coming weeks.
- **HIV and Nutrition:** WFP is discussing with the Ministry of Health to advocate for government and donor contributions to support WFP's Food by Prescription programme. A comprehensive health and nutrition assessment comparing 2014 to 2015, reveals an increase in the number of patients defaulting from antiretroviral therapy (12 percent) and treatment for TB, and less adherence to HIV and TB treatment.
- **Social protection for Orphans and Vulnerable Children:** Due to the drought impact, the project has been extended throughout 2017, to allow for assistance to continue in a time of increased need. WFP continues to support the Government to strengthen social protection systems.

Challenges

- **Drought and Food Security:** Results from the Swaziland Vulnerability Analysis Committee and IPC analysis indicate that 350,000 people are in need of emergency food assistance, with 640,000 potentially affected by some degree of food insecurity at the peak of the lean season (November 2016 - April 2017).
- **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 development:** 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. The Government has endorsed the priorities of the draft strategy.

Country Background & Strategy



Despite its status as a lower middle income country, 63 percent of Swazis lives 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 years. Swaziland is vulnerable to drought in the south east. 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 the government's capacity to manage food and nutrition security interventions.

Following the declaration of a state of emergency in February 2016, WFP emergency response to the El Niño-induced drought complements government efforts in the most severely affected regions.

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

Population: **1.1 million**

2015 Human Development Index:
150 out of 188

Income Level: **Lower middle**

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