

WFP SAYS NO to GENDER BASED VIOLENCE

WFP Swaziland Country Brief

WFP Assistance

Food by prescription	Total Requirements (in USD)	Total Received (in USD)	6 Month Net Funding Requirements (in USD)*
DEV 200353 (Jan. 2012 – Jun. 2017)	10.7 m	4.3 m (41%)	100,000 (19%)

*December 2016 – May 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. Due to limited funding, WFP had to reduce the distribution of household rations from July-November. Concerns over the food security situation in the country during the lean season and the impact for people on ART and TB/Drug Resistant-TB treatment is compounded by the fact that the current Food by Prescription programme is resource constrained.

Assistance to Orphaned and Vulnerable Children at NCPs and Schools	Total Requirements (in USD)	Total Received (in USD)	Net Funding Requirements (in USD)*
DEV 200422 (Jan. 2013 – Dec. 2016)	17 m	7.8 m (46%)	2 m (100%)

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. Up until June 2015, WFP also provided assistance to volunteer caregivers at NCPs. Limited funding forced WFP to halt distributions in May as new contributions could not be secured, which has had negative effects on the functioning of the programme.

Highlights

- In November, WFP provided emergency assistance to 130,000 drought-affected people, of which 30,000 received Cash Based Transfer (CBT).
- Based on a request by the Government, WFP is scaling up to assist 250,000 people until March 2017. Substantial gaps in the funding situation remain and WFP urgently requires USD 7 million to accommodate the increased requirements during the lean season.
- The majority of subsistence farmers are behind this season due to delayed rains in October 2016 and concerns have been raised regarding farmers' ability to access agricultural inputs in drought-affected areas.

Emergency Assistance to Drought-affected Population in Swaziland	Total Requirements (in USD)	Total Received (in USD)	4 Month Net Funding Requirements (in USD)*
EMOP 200974 (June 2016 – Mar. 2017)	13 m	9 m (70%)	6.6 m (60%)

*December 2016 – March 2017

GENDER MARKER 2A EMOP 200974

The Emergency Operation follows WFP's immediate response to the drought caused by El Niño. WFP will provide emergency food and cash-based assistance to 150,000 drought affected people through this operation. However, based on a request by the Government, WFP plans to increase the requirements with an additional 100,000 people to assist 250,000 during the lean season. The Emergency Operation has an overall timeframe of ten months until March 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.

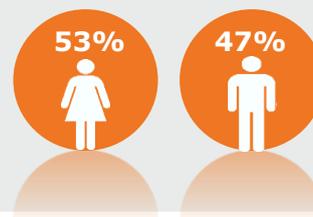
In Numbers

640,000 people affected

350,000 people in need of food assistance

134,000 People Assisted

November 2016



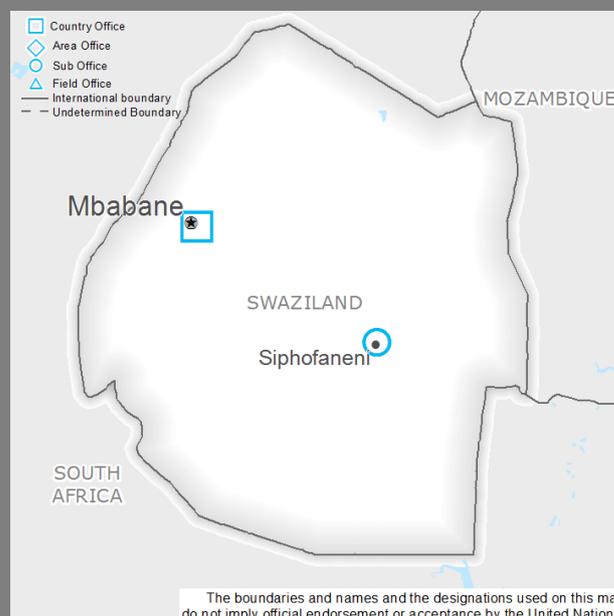
Operational Updates

- **Drought and Food Security:** Two years of consecutive droughts have led to failed harvests, high food prices, agricultural livelihood degradation, livestock losses, reduced water availability, and an overall increase in food insecurity. Water sources declined by more than 50 percent during 2016 causing widespread crop failure. This has contributed to an increasingly vulnerable situation and the 2016/2017 agricultural season will need close monitoring.
- The majority of subsistence farmers are behind this season due to delayed rains in October 2016 and a lack of farming inputs including limited commercial maize seed availability. Although the water situation is slowly improving with good rains in the past weeks, major dams are far from reaching their optimal level and some boreholes and streams are still dry.
- In November, WFP assisted 130,000 drought affected people through emergency food assistance, of which 30,000 people received cash-based transfers. With the recent request from the Government of Swaziland to increase WFP's emergency assistance, WFP plans to reach an overall 250,000 drought affected people during the lean season. Substantial gaps in the funding situation remain and WFP urgently requires USD 7 million to accommodate the increase.
- **HIV and Nutrition:** A comprehensive health and nutrition assessment reveals an increase in patients defaulting from antiretroviral therapy (12 percent) and treatment for TB from 2014 to 2015, and less adherence to HIV and TB treatment.
- **Social protection for Orphans and Vulnerable Children:** In light of the continued needs related to drought conditions, WFP is looking for funding to continue assistance. Moving forward, WFP will shift its engagement from providing food assistance through NCPs 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 - March 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 draft Country Strategy (2016 – 2020), which aims to work towards full national ownership, financial and operational, of food and nutrition security initiatives by 2020. The Government has endorsed the priorities of the draft strategy. Its implementation will depend on internal approval and prioritize the drought response in the short-term over long-term capacity development initiatives.

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 years. Swaziland is vulnerable to drought in the south east. Nearly 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's 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: **31% of children between 6-59 months**

Donors

CERF, USA, ECHO, African Dev. Bank, Sweden, Australia, Japan, Luxemburg, Swaziland

Contact info: Margherita Coco (margherita.coco@wfp.org)

Country Director: Alberto Correia Mendes

Further information: www.wfp.org/countries/swaziland