



World Food Programme

SAVING LIVES
CHANGING LIVES

WFP Eswatini Country Brief August 2019

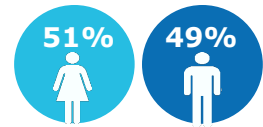


In Numbers

230.8 mt of food assistance distributed

US\$ 9.6 m six months (Sep 2019 - Feb 2020) net funding requirements, representing 33% of total

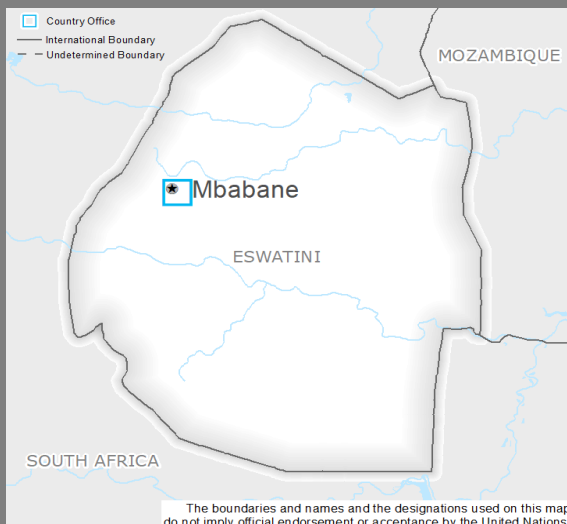
52,757 people assisted
In July 2019



Operational Context

Despite its status as a lower middle-income country, 70 percent of the rural population live below the national poverty line and 25 percent are extremely poor. Eswatini has a very high HIV prevalence, affecting 26 percent of the population between the ages of 15-49. Life expectancy is 49 years, and 58 percent of children are orphaned or vulnerable. Chronic malnutrition is a main concern in Eswatini: stunting affects 26 percent of children under the age of five. Eswatini is vulnerable to drought in the south east. Smallholder agriculture remains the backbone of rural livelihoods in Eswatini with over 70 percent of the country's total population, 60 percent of whom are women, relying on subsistence farming.

WFP presence in Eswatini dates back to the late 1960s, providing emergency relief and introducing development projects aiming to strengthen the education and health sector. Today, WFP supports the Government of Eswatini in improving the food and nutrition security and creating safety nets for the most vulnerable people impacted by poverty and HIV/AIDS.



The boundaries and names and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Population: 1.1 million

2017 Human Development Index: 144 out of 189

Income Level: Lower middle

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

Operational Updates

Social protection:

WFP targets the most food insecure and nutritionally vulnerable populations throughout the year, including in response to shocks. Orphans and vulnerable children (OVC): WFP provides social safety nets for 53,000 OVC of pre-primary school age across Eswatini at 1700 Neighbourhood Care Points (NCPs) through access to food and basic social services.

Home-Grown School Feeding (HGSF): WFP works with government to implement a sustainable, nutrition-sensitive, shock-responsive national school meals programme. The pilot for a HGSF project starts in September 2019 targeting 50 schools and 24,392 students. WFP works with Ministry of Agriculture and FAO to empower local smallholder farmers to provide schoolchildren with food that is safe, diverse, nutritious and local.

Crisis Response:

The 2019 Eswatini Vulnerability Assessment and Analysis (VAA) indicate that 25% (232,000) (IPC Phase 3+4) of the rural population will face acute food insecurity challenges for the 2019/2020 consumption period. Funding from the German Federal Foreign Office (GFFO) and internal WFP resources enable WFP Eswatini to reach 61,000 beneficiaries for 6 months with cash-based transfers, starting in October. A funding gap of about 79% remains.

HIV and Nutrition:

Unified Budget Results and Accountability Framework (UBRAF) country envelope: WFP supported the Ministry of Health (MoH) to improve treatment and recovery outcomes of PLHIV and tuberculosis (TB) through evidence generation. A study was finalized in June, which demonstrated nutritional support having a great positive effect on nutritional status and treatment outcomes of malnourished clients. WFP further collaborates with MoH, UNAIDS, WHO, UNFPA, MTAD and the Swaziland Network of Young PLHIV to conduct integrated treatment literacy activities to empower communities for better nutrition, uptake of and adherence to ART & TB medication, and sexual & reproductive health services.

heightening the need for urgent food support. Current support programmes are not adequate to meet the current demand.

Economic Forecast:

- Macro-economic challenges: The rate of growth of the country's economy has been very weak over the last 3-5 years, affecting a number of productive and social sectors.
- Medium-term prospects of speedy recovery remain bleak owing to the persistent fiscal challenges experienced by Government, thus resulting in reduced economic activity. Growth in the country has remained constrained since the 2015/2016 drought.
- The impact of the combination of various factors has resulted in the gradual reduction in the revenue from the Southern African Customs Union (SACU) and further increased public debt.
- To stimulate economic growth and recovery, the Government has launched The Kingdom of Eswatini Strategic Road Map 2019 – 2023 and identified key strategic sectors: Agriculture; Energy; ICT & Education; Manufacturing & Agro-processing and Tourism.

Shortfalls and Operational Impact:

- Nutrition assessments, counselling and support (NACS) services to PLHIV and TB were halted due to lack of funds in April 2018 leaving 24,000 people without vital support, including 4,000 malnourished ART/TB clients who were receiving specialized nutritious food support. (Activity 1)
- Due to increasing food insecurity and poverty nationwide, beneficiary numbers at NCPs gradually increase. (Activity 4)
- A funding gap of about 79% remains for Crisis Response. (Activity 6)
- WFP continues to engage in extensive resource mobilization efforts through government, traditional and non-traditional donors (e.g. private sector).

Donors

Japan, Germany, Multilateral Funds

Transitional Interim Country Strategic Plan (2018-19)

Total Requirement (in USD)	Allocated Contributions (in USD)	Six Month Net Funding Requirements (in USD)
29.2 m	9.9 m	9.6 m

Strategic Result 2: No one suffers from malnutrition

Strategic Outcome 1: Children under five, ART, TB and PMTCT clients in Eswatini have improved nutritional status in line with national targets by 2022

Activities:

- Provide nutrition treatment services to malnourished clients on ART, TB, and/or PMTCT treatment and provide cash transfers to households of malnourished clients on ART, TB and/or PMTCT treatment
- Provide capacity strengthening and technical assistance to government entities responsible for the coordination and provision of nutrition services

Strategic Result 5: Countries have strengthened capacities to implement the SDGs

Strategic Outcome 2: The National Social Protection System in Eswatini is able to target and assist the most food insecure and nutritionally vulnerable populations throughout the year including in response to shocks

Activities:

- Provide capacity strengthening and technical assistance to government entities involved in social protection
- Provide nutritious meals to orphans and vulnerable children in pre-primary Neighbourhood Care Points (NCPs), primary and secondary schools, including through a Home-Grown School Feeding programme
- Provide capacity strengthening and technical assistance to government entities that manage and use food security monitoring and analysis

Strategic Result 1: Access to food

Strategic Outcome 3: Targeted food insecure households in Eswatini are able to meet their basic food requirements in times of shock

Activities:

- Provide food and cash-based transfers to targeted food insecure populations affected by shocks

Monitoring and Evaluation

- 137 out of 137 (100%) planned NCP sites were monitored.
- Baseline monitoring for HGSF and CBT response in preparation.
- The National School Feeding Programme Evaluation has been finalised and will be sent for approval by Evaluation Chairs in early September. Dissemination plan to be discussed with MoET.

Challenges

Food Insecurity:

- Results of the 2019 Eswatini Vulnerability Assessment and Analysis (VAA) indicate that 25% (232,000) of the rural population will be faced with acute food insecurity challenges (IPC Phase 3 + 4) by the peak of the lean season (Oct 2019 – Mar 2020).
- Of these 5% (47,000) are found in IPC Phase 4 and will likely be in an emergency situation. Chronic food insecurity challenges are projected.
- Vulnerability Drivers include dry spells during the start of the previous season coupled with early warning messages on the possibility of an El Nino drought, that led to a high proportion of farmers choosing not to plant fields. This resulted in significantly reduced area planted, agricultural casual labour opportunities were limited and food production drastically compromised.
- Food insecurity situation is likely to deteriorate rapidly in areas where there is limited or no humanitarian assistance and limited social safety nets. Many households are still failing to meet their food needs