In Numbers

- **537.8 mt** food assistance distributed
- **US$ 2.6 million** cash-based transfers made between January and July 2020
- **US$ 8.3 million** six-month (August 2020–January 2021) net funding requirements

66,538 people assisted in JULY 2020

48.5% Women
51.5% Men

Operational Updates

- WFP provides social safety nets for 55,000 orphans and vulnerable children under 5 years at 1,700 Neighbourhood Care Points (NCPs) in Eswatini through access to food and basic social services.
- WFP works with the Government in implementing a sustainable, nutrition-sensitive, shock-responsive national school meals programme. The pilot for a Home-Grown School Feeding (HGSF) project started in September 2019, targeting 50 schools and 24,392 students. WFP works with the Ministry of Agriculture and the Food and Agriculture Organization (FAO) to empower local smallholder farmers to provide schoolchildren with food that is safe, diverse, nutritious and local.
- WFP, through the local purchase programme, is supporting the Government in linking smallholder production to the school feeding programme. Twenty smallholder farmer organizations have been identified to supply 878 mt of maize and 235 mt of beans for the HGSF pilot programme. Prior to the re-opening of schools (Form 5’s) on 03 July, WFP worked with the Ministry of Education and Training to re-stock food commodities in 22 HGSF pilot projects across the country.
- WFP collaborates with the Ministry of Health (MoH), the Joint United Nations Programme on HIV and AIDS (UNAIDS), the World Health Organization (WHO), the United Nations Populations Fund (UNFPA), the Ministry of Tinkhundla and Administration (MTAD), and the Swaziland Network of Young positives to conduct integrated treatment literacy activities to empower communities for better nutrition, uptake of and adherence to antiretroviral therapy (ART) and tuberculosis (TB) medication, and sexual and reproductive health services. WFP is also supporting networks of people living with HIV to strengthen livelihood activities for young people and women living with HIV.

Operational Context

Despite its status as a lower middle-income country, 69 percent of the rural population in Eswatini 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 and 49. Life expectancy is 49 years, and 45 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 the country, with over 70 percent of the country's total population (60 percent of whom are women) relying on subsistence farming.

WFP has been present in Eswatini since the late 1960s, providing emergency relief and implementing development projects to strengthen the education and health sectors. Today, WFP supports the Government of Eswatini in improving food and nutrition security, and creating safety nets for the most vulnerable people impacted by poverty, and HIV and AIDS.

Population: 1.1 million

2018 Human Development Index: 138 out of 189 countries

Income Level: Lower Middle

2019 Global Hunger Index: 74 out of 117 countries

Photo: WFP/Lindelwa Masilela

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

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WFP Eswatini
Country Brief
July 2020
WFP Country Strategy

Country Strategic Plan (2020–2024)

<table>
<thead>
<tr>
<th>Total Requirements (in USD)</th>
<th>Allocated Contributions (in USD)</th>
<th>Six-Month Net Funding Requirements (in USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.3 m</td>
<td>11.1 m</td>
<td>8.3 m</td>
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Strategic Result 01: Everyone has access to food

Strategic Outcome 01: Vulnerable populations in shock-affected areas are able to meet their basic food and nutrition needs during times of crisis

Focus Area: Crisis Response

Activity 1: Provide food and/or cash-based transfers to food insecure populations affected by shocks, including children.

Strategic Result 02: Smallholders have improved food security and nutrition through improved productivity and incomes

Strategic Outcome 02: Smallholder farmers, particularly women, have enhanced capacities to supply structured markets with nutritious foods by 2024

Focus Area: Resilience Building

Activity 2: Strengthen the capacities of smallholder farmers, particularly women, to supply nutritious foods to structured markets, including schools.

Strategic Result 03: Developing countries have strengthened capacity to implement the SDGs

Strategic Outcome 03: Vulnerable populations, particularly women, children, adolescent girls and people living with HIV, have access to integrated and shock-responsive social protection systems by 2030

Focus Area: Resilience Building

Activity 3: Provide evidence and strengthen national systems and capacities for designing and implementing nutrition-sensitive and shock-responsive social protection programmes, including school feeding.

Crisis Response

- In response to COVID-19 and to the impact of erratic drought conditions, WFP is implementing a crisis response through unconditional resource transfers (URT). The URT aims to provide humanitarian assistance to the COVID-19 and drought-affected populations for 11 months starting in June 2020 until March 2021 through food and cash transfers. A total of 45,000 (October 2020 – March 2021) will receive food assistance and 94,000 people (June 2020 – March 2021) will be supported with cash-based transfers (CBT). Of this, WFP will support 2,000 people living with chronic illness with CBT. Nutritional conditions will form the basis for targeting the beneficiaries under this activity.
- WFP has continued to support 411 refugees in the country. The assistance is done in partnership with the United Nations High Commissioner for Refugees and CARITAS.
- WFP is leading the logistics pillar to support the Ministry of Health-led COVID-19 response. WFP was requested to coordinate the logistics response of development partners and agencies by identifying logistical needs, bottlenecks and gaps of the international community in the response to the COVID-19 pandemic.

Monitoring

- WFP implemented a CBT programme to respond to food insecurity in 10 drought-affected constituencies/Tinkhundla in the Hhohho and Lubombo regions of Eswatini. The targeted Tinkhundla had been identified by the annual Vulnerability Assessment as drought prone and food insecure. A baseline assessment was conducted at the beginning of each phase before rolling out of assistance. Baseline results confirmed that the selected households had lower of food consumption scores than national averages as derived from the 2019 annual Vulnerability Assessment Report.

Economic Forecast

- According to the Central Bank of Eswatini, the economy has recorded a technical recession in the first quarter of 2020, mainly due to the impact of the COVID-19 pandemic. The economic activities are said to have fallen by 6.5 percent on a year-on-year basis in the first quarter of 2020, from a revised decline of 1.2 percent in the last quarter of 2019.

Challenges

- Results of the 2020 Eswatini Vulnerability Assessment and Analysis indicate that 366,000 people (32 percent) of the population will be faced with acute food insecurity challenges, particularly crisis and emergency levels based on the Integrated Food Security Phase Classification (IPC) scale. Of these, 60,000 people (5 percent) will face emergency level of food insecurity (IPC Phase 4).
- The impact of the COVID-19 pandemic poses long-term implication to the nutrition on children and vulnerable groups. Given the restricted movement, access to adequate medical care has affected pregnant mothers who are unable to access pre-natal services. Availability of medication has been a challenge due to government fiscal challenges that were exacerbated by COVID-19.
- The current situation, including the number of shocks that are impacting the food security status of households, has resulted in increased vulnerability in the country. As reported, more than a third of the population requires food and livelihood support over the consumption period. There is a need to focus more on resilient-building activities to ensure recovery of households from the shocks. Priority should be given to the most vulnerable groups such as children under 5, pregnant and lactating women, people living with disability, and those living with a chronic illness.

Donors

European Civil Protection and Humanitarian Aid Operations (ECHO), United Kingdom, Germany, Global Fund, Japan, Multilateral, and United Nations Development Programme (UNDP)