Fighting Hunger Worldwide

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Food by Prescription

Standard Project Report 2017

World Food Programme in Swaziland, Kingdom of (SZ)

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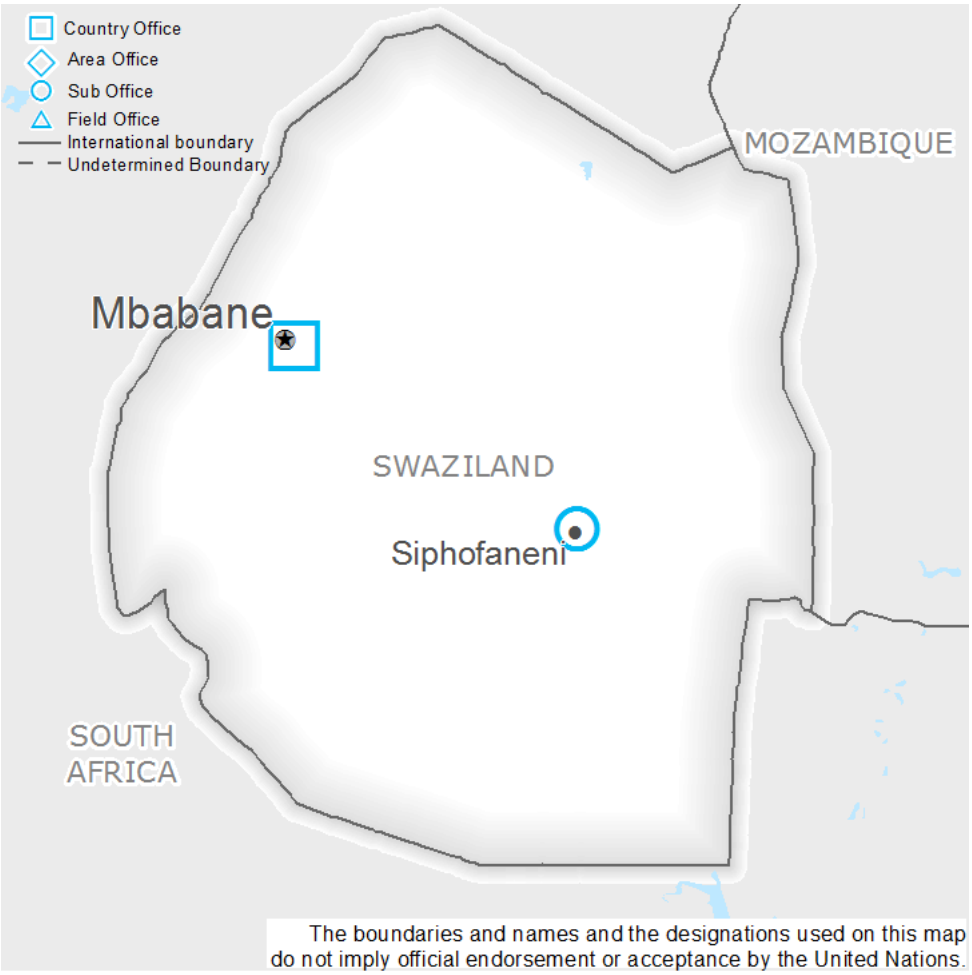


Achievements at Country Level

WFP in Swaziland focused on supporting the attainment of national development goals by strengthening food and nutrition security for the most vulnerable people, particularly those affected by food insecurity, chronic malnutrition, and HIV/AIDS. WFP's longer-term objective in Swaziland is to shift from supporting direct implementation to a strengthened advocacy and advisory role. In 2017, the widespread impact of the El Niño-induced drought prompted WFP to providing emergency assistance up to May, while maintaining ongoing development projects.

During the drought response, WFP, in collaboration with partners and donors, expanded its intervention to provide emergency assistance to 230,615 people affected by the drought, of whom 142,000 through cash-based transfers (CBT). Throughout 2017, WFP significantly scaled up CBT in its Emergency Operation (EMOP) from 31,000 in 2016. The expansion depended on strong partnerships forged with implementing partners and service providers, and a conducive context with some well-functioning local markets. During the EMOP, WFP promoted women's leadership in management committees and project implementation. By the end of the El Niño emergency drought response, WFP had considerably improved and stabilized household food consumption for drought-affected people, particularly among female-headed households. The diversity of consumed food items had also expanded.

Through WFP's development projects, which support vulnerable groups such as people living with HIV (PLHIV), people with tuberculosis (TB), and their families; as well as orphans and vulnerable children (OVC), a combined 76,692 people were reached with nutritious foods. Caregivers, mostly women, working at neighbourhood care points (NCPs), received training on nutrition, food management, HIV/AIDS, sanitation and hygiene, psycho-social support and gender issues. In addition, WFP enhanced the Government's capacity to manage food and nutrition

activities, including food security assessments, monitoring and emergency preparedness and response. WFP also continued to strengthen the capacity of the Ministry of Health to integrate nutrition services into Swaziland's maternal and child health services by providing technical assistance, management, coordination and monitoring through the Food by Prescription (FBP) programme.

WFP also implemented the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)-funded drought relief support project, which targeted people living with HIV/AIDS and OVCs in the most food insecure areas of the country. The support was aimed at helping the Government address the needs of those on ART and TB treatment and OVCs resulting from the heightened food and nutrition insecurity during the 2016/17 lean season. In 2017, 25,315 OVCs and 2,223 PLWHIV were provided with specialized nutritious ready-to-eat foods.

WFP's achievements in 2017 showed a readiness to scale up for emergency response, especially with CBT, while simultaneously supporting the capacity strengthening of local partners with a view to ultimately handing over food and nutrition security interventions to the Government. Funding limitations, particularly for development projects, were addressed with a strong resource mobilization strategy that diversified overall funding for WFP's activities in Swaziland.

Country Context and Response of the Government

The Kingdom of Swaziland has a population of 1.1 million people, 52 percent of whom are under the age of 20. Swaziland ranked 148 out of 188 countries on the 2016 Human Development Index [1]. Despite its status as a lower middle-income country, 63 percent of Swazis live below the national poverty line.

Swaziland has a high prevalence of HIV: 26 percent of people between the ages of 15 and 49. Average life expectancy is just 49 years, and 45 percent of children are orphaned or vulnerable. Chronic malnutrition is a major concern, and stunting affects 26 percent of children under age 5, wasting 2 percent and underweight 6 percent. The Cost of Hunger in Swaziland Report from 2013 found that 3 percent of gross domestic product (GDP) is lost annually to child malnutrition. [2]

Swaziland is ranked 137 out of 188 countries on UNDP's Gender Inequality Index [3]. Factors contributing to increased vulnerability among women and girls include poor access to income-generating opportunities and social services, and gender-based violence (GBV). With a ranking on the 2016 Global Hunger Index (GHI) of 83 out of 118 countries, the food and nutrition situation in Swaziland is classified as “serious”. About 77 percent of Swazis (52 percent women and 48 percent men) rely on subsistence farming for their livelihoods.

High dependence on rain-fed maize production, very low income levels among rural smallholders and high priced food and agricultural inputs, together with high rates of HIV/AIDS among wage earners, are the main drivers of food insecurity in the country. The relationship between HIV and gender falls into various categories:

1. Behavioral: there is proven low condom use, likely due to limited negotiating power on the part of women, itself a product of pronounced gender inequality between men and women.
2. Socio-economic: men control more resources and finances, exacerbating inequality.
3. Cultural: men have a patriarchal attitude viewing women as possessions. This contributes to high rates of GBV and limited decision-making power for women. Also, many women who have children do not marry, and are likely to have more sexual partners.

Swaziland is vulnerable to drought. In 2015/16 Southern Africa experienced the driest agricultural season in 35 years as a result of the El Niño phenomenon, and Swaziland was hit particularly hard. The lean season and its impact continued up to May 2017, and the July 2017 annual vulnerability analysis assessment (VAA) showed maize production below in-country requirements and food prices significantly higher than before the drought. Many among the poor lost their crops and saw their incomes reduced due to chronic illness, the death of a breadwinner or loss of employment.

For the 2017/2018 lean season, pockets of food insecurity remain, particularly affecting the most vulnerable, such as the poor and very poor, including households with orphans and vulnerable children (OVC). The latest VAA results and the Integrated Phase Classification (IPC) survey conclude that about 159,000 people will be food insecure during the lean season, due to a combination of reduced income opportunities and poor agricultural performance, leading to a high reliance on purchases and relatively high food prices. About 15 percent of rural households had poor and borderline food consumption levels as of mid-2017.

According to the World Bank, Swaziland's economic growth has been slowing since 2013, with negative growth reported in 2016 and only 1.7 percent growth in 2017. The slowdown was due to persistent drought and a difficult external economic environment, especially related to South Africa, leading to a sharp decrease in revenues from the Southern African Customs Union (SACU).

WFP is cognizant of the priorities of the government as enshrined in its National Development Strategy (NDS) and Poverty Reduction Strategy and Action Programme (PRSAP). WFP's programmes are aligned with national development plans, the United Nations Development Assistance Framework (UNDAF) 2016-2020, and the Sustainable Development Goals (SDGs).

As a result of the high prevalence of HIV, the Government is committed to enrolling and retaining clients on ART and TB treatment as part of the county's development goal of improving life expectancy from 49 to 60 years. As a strategy to support access and adherence to HIV treatment, nutrition has been prioritized and extended through the Multi-Sectoral National Strategic Framework for HIV and AIDS (eNSF), under the strategic programme interventions for people living with HIV (PLHIV). It is also a key activity in the National Health Sector Strategic Plan II (2014-2018). WFP's nutrition interventions build on current assistance provided in the national HIV response, supporting nutrition services that strengthen adherence to ART and TB treatment.

The Government has also set up a number of social protection programmes. These include grants for the elderly, disabled and OVCs, and a school feeding programme.

Swaziland is part of the Scaling Up Nutrition (SUN) movement and has recognized chronic malnutrition as one of its primary development challenges. Under the Government Programme of Action (2013-2018) and the Swaziland Development Index, stunting reduction targets have been set. WFP is a leading partner in developing the capacity of the Government to address childhood undernutrition and is the country's SUN multilateral convener.

In the coordination of humanitarian action, the Government of Swaziland, through the National Disaster Management Authority (NDMA), has the primary role in the initiation, coordination, and implementation of humanitarian assistance in the country. The NDMA, in collaboration with the humanitarian community, has adopted a sectoral coordination structure for all emergencies, articulated in the National Multi-Hazards Contingency Plan.

Following the State of Drought Emergency declaration in February 2016 and the launch of government's National Emergency Response Mitigation and Adaptation Plan (NERMAP), inter-sectoral coordination meetings were convened fortnightly, chaired by the NDMA and co-chaired by the UN. In collaboration with other UN agencies, WFP provided support to the Health and Nutrition Cluster towards mitigating the impact of the drought.

Within the United Nations Country Team (UNCT), humanitarian action is coordinated by the Resident Coordinator, with the support of the Office for the Coordination of Humanitarian Affairs (OCHA), to ensure synergy among humanitarian actors. For the purposes of the drought response, a UN Technical Working Group on Drought, chaired by WFP, was established for joint planning and review purposes.

UN Agencies developed UNDAF 2016-2020 as the medium-term strategic plan of the United Nations in Swaziland. It represents an integrated response to supporting the people of Swaziland achieve their national priorities as set out in the National Development Strategy (NDS) and other documents, and the development aspirations reflected in the national post-2015 development agenda.

In 2017 Swaziland completed its first One UN Report, which seeks to demonstrate the translation of financial and technical investments into collective results towards responding to national development challenges and priorities. The report outlines progress made in the first year of implementing UNDAF 2016-2020, with special emphasis on the emergency response as a result of the prolonged El Niño-induced drought and its debilitating effects on vulnerable populations, agriculture output, access to water and sanitation, and livestock production.

[1] http://hdr.undp.org/en/2016-report

[2] https://www.wfp.org/content/cost-hunger-africa-swaziland

[3] http://hdr.undp.org/en/composite/GII

WFP Objectives and Strategic Coordination

WFP is shifting its role in Swaziland from an operational partner implementing food and nutrition assistance, to a provider of focused, systems-based technical support. Its aim is institutional strengthening of government capacity to achieve food and nutrition security, and attain the Sustainable Development Goals (SDGs).

During the El Niño-induced drought, WFP proved a reliable emergency response partner, whilst also facilitating the initiation of shock-responsive social protection systems. WFP supported the national response by leveraging its key strengths in conducting assessments and providing humanitarian assistance to affected vulnerable people.

Beyond the emergency response, WFP prioritized improving the food and livelihood security of the most vulnerable people, specifically those affected by HIV/AIDS and poverty. WFP assisted the Government in providing:

- Nutrition assessments.

- Counseling and monthly household rations to people living with HIV/AIDS (PLHIV), people with tuberculosis (TB), pregnant and lactating women with moderate acute malnutrition, and their families.
- Safety nets for orphaned and vulnerable children (OVCs).

In collaboration with other UN agencies, WFP provided technical assistance in the development of a nutrition programme within the Ministry of Health; strengthened the coordinating role of the Swaziland National Nutrition Council (SNNC); and supported the revision of national infant and young child feeding guidelines. Under the Food by Prescription (FBP) programme, WFP provided technical and financial support to the revision of the FBP guidelines and training material, trained health care providers on nutrition issues, and mentored and supervised health facilities implementing nutrition programmes. WFP provided technical and financial support through the Health and Nutrition Cluster to conduct a comprehensive health and nutrition assessment. WFP also contributed, with technical inputs on nutrition, to the development of Swaziland's Global Fund Proposal 2017-2019. As all WFP projects aim to strengthen the Government's capacity to manage food and nutrition security interventions, it is envisioned that these projects will gradually be entrusted to Government.

WFP also assisted the Government in implementing a U.S. President's Emergency Plan for AIDS Relief (PEPFAR) project in response to the drought, which focused on nutrition interventions targeting PLHIV and OVCs. Project implementation began in March 2017 and continued throughout the year. It strengthened and complemented disaster response by focusing on the most affected groups.

Over the course of 2017, WFP developed a Transitional Interim Country Strategic Plan (T-ICSP). It outlines activities over 18 months between January 2018 and June 2019, and is based on:

- lessons learnt from operational experience;
- consultations with government, donors and partners; and
- an assessment of funding prospects.

During the reporting period, WFP implemented:

Emergency Operation (EMOP) 200974 (June 2016 – April 2017) provided emergency assistance to the most vulnerable households affected by the El Niño-induced drought with targeted general distributions (GD) of in-kind food and cash-based transfers (CBT). The project supported the Government's National Emergency Response Mitigation and Adaptation Plan (NERMAP) and aimed at improving and stabilizing household food consumption for drought-affected groups. Secondly, the EMOP supported the strengthening of the national early warning, disaster management and response and food security monitoring systems, as well as the capacities of the National Disaster Management Authority (NDMA).

Development Project (DEV) 200353 (January 2012 – December 2017), implemented in partnership with the Ministry of Health, assisted PLHIV, people with TB, pregnant and lactating women, and their families, by providing nutrition assessments coupled with care and support services. It contributed to quality of life by improving nutritional recovery, treatment success and survival rates.

In supporting families, WFP took into account the different needs and capacities of women, girls, boys and men. Families received a household ration consisting of maize, pulses and vegetable oil to help families cope with the costs of care.

The project also aimed at strengthening the capacities of the Ministry of Health and the SNNC, to whom the implementation of the work will eventually be entrusted. Those capacity strengthening efforts focused on project management, monitoring and reporting, and storage and inventory management.

DEV 200422 (November 2012 – December 2017) provided nutritious meals to OVCs of pre-school age attending community-led daycare centres (called neighbourhood care points (NCPs)) nationwide. The project aimed to increase OVC access to nutritious food and basic social services, such as early childhood education, psycho-social support and basic health services provided at the NCPs. It also aimed to strengthen the capacity of the Government to provide assistance to OVCs, with the prospect of it assuming responsibility for the project. The mostly women caregivers at NCPs provide the children with training on nutrition, food management, HIV and AIDS, sanitation and hygiene, and gender, and also provide psycho-social support.

The PEPFAR-funded Emergency Drought Relief project targeting PLWHIV and OVCs with nutrition interventions (assessment, counselling and the provision of specialized nutritious food to malnourished individuals) was implemented in selected health facilities and Tinkhundla (constituencies) in the most food insecure areas (as identified by the Swaziland Vulnerability Assessment Committee). The primary goals of this project were to increase access to specialised nutritious foods for PLHIV; prevent malnutrition among OVCs; strengthen the provision of nutrition support across the continuum of care in targeted health facilities in Swaziland; and improve health outcomes and the quality of HIV care and treatment by optimizing retention and adherence; and through the decentralization of nutrition services in facilities where WFP's FBP project is not currently being implemented.

Country Resources and Results

Resources for Results

For the first half of 2017, WFP operated at an augmented level due to the emergency response necessitated by the El Niño-induced drought. While WFP maintained its ongoing development projects (DEVs), resources were prioritized for the drought response, resulting in DEV 200422 being put on hold for the first half of 2017, and reduced rations under DEV 200353.

The classification of Swaziland as a lower middle-income country and the limited presence of donors pose resource mobilization challenges. However, WFP ensured sufficient resources to support the drought-affected population during the Emergency Operation (EMOP) by strengthening its resource mobilization strategy. This included unlocking funding from an array of donors, some non-traditional. The flexibility of donors and a conducive local context (functioning markets) allowed for the implementation of both in-kind food distributions and cash-based transfers (CBT) during the emergency.

WFP was able to expand CBT programmes, introduced in 2016, under the EMOP, in addition to in-kind food distributions, which enabled WFP to tailor its response to more efficiently meet the needs of the people it served in targeted locations. The number of beneficiaries reached through CBT increased from 31,000 to 142,000 by the end of the project (360 percent). To address growing needs during the lean season, WFP also increased the number of beneficiaries reached by in-kind food distributions to a peak of 123,800 in January 2017. WFP was able to use the advance financing facility as soon as funds were confirmed, which helped accelerate procurement and implementation.

As noted, resources were not available in the first half of 2017 for DEV 200422, and assistance to OVCs had to be halted. However, taking into consideration the increased needs of this vulnerable group as a consequence of the drought, the Government requested WFP to continue the project. Its support in resource mobilization for the purpose enabled WFP to access funding and resume assistance to OVCs in August 2017. DEV 200353 also received multilateral funding from WFP, further facilitating continuation.

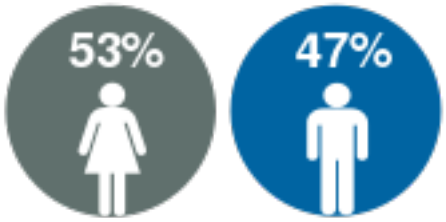
WFP has refocused its strategic direction for resource mobilization by developing a Partnership Action Plan, which will come into use under the 2018 Transitional Interim Country Strategic Plan.

WFP, with the rest of the United Nations Country Team (UNCT) and Delivering as One, started rolling out a Business Operational Strategy (BOS). The BOS is a framework guiding UN business operations at the country level by eliminating the duplication of processes. It facilitates the strategic planning, management, monitoring and reporting of the UNCT's joint support to programme delivery through common business operations to support delivery of the United Nations Development Assistance Framework (UNDAF). In 2017, the UN Resident Coordinator's Office examined the establishment of a local service desk to facilitate BOS implementation. Initiatives that made progress in 2017 include common telecommunications infrastructure, a common telephone system, a common data center and server room, and a common WiFi system.

In 2017, the first draft of the Solar and Green Power Generation Concept Note for the UN House was completed. It proposes installing solar panels as shade roofing over the parking area and roof. The excess power will be fed back into the national grid for either income generation, cost recovery or electricity utility credit.

Annual Country Beneficiaries

Beneficiaries	Male	Female	Total
Children (under 5 years)	28,477	29,790	58,267
Children (5-18 years)	42,938	48,663	91,601
Adults (18 years plus)	74,426	83,013	157,439
Total number of beneficiaries in 2017	**145,841**	**161,466**	**307,307**



Annual Food Distribution in Country (mt)

Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Development Project	1,277	75	256	129	-	1,737
Single Country EMOP	3,379	303	808	-	-	4,490
Total Food Distributed in 2017	**4,656**	**378**	**1,063**	**129**	**-**	**6,226**

Cash Based Transfer and Commodity Voucher Distribution (USD)

Project Type	Cash	Value Voucher	Commodity Voucher
Single Country EMOP	3,689,402	-	-
Total Distributed in 2017	**3,689,402**	**-**	**-**

Supply Chain

Swaziland is a net importer of food commodities and produces less than its cereal requirements, even though cereal production has improved significantly since the 2015/2016 season, which was severely affected by the El Niño-induced drought. Maize production for the consumption period of 2017/18 (from October to March until the harvest in April) increased by 152 percent to 84,344 mt, 10 percent above the five-year average, but still well below the national consumption requirement of 120,000 mt.

In 2017, WFP procured 3,382 mt of food commodities. In addition to direct procurement processes, WFP's Global Commodity Management Facility (GCMF) was utilized to access pre-positioned reserves in the Southern Africa region. WFP reduced the lead time for procurement and receipt of food commodities as well as supported procurement at competitive prices, maximizing available resources. In 2017, WFP procured 39 percent of food through the GCMF. To guarantee food safety and quality, independent food inspection companies were appointed to conduct inspections in the country of origin. To ensure prompt arrival, some commodities were procured using a Delivered at Place (DAP) contract rather than the usual Free Carrier (FCA) contract.

As Swaziland is landlocked, regionally and internationally procured commodities enter through neighboring countries. Good road networks facilitated efficient transport of food to storage facilities and WFP used external contractors for transportation of food commodities. WFP has one main warehouse, located in Siphofaneni, Lubombo Region.

Due to the expansion of its emergency operations in 2016/2017, WFP Swaziland procured triple the usual amount of commodities. WFP handled the rapid expansion of operations by introducing improvements to its storage management system and infrastructure. Under a warehouse improvement project completed in 2017, storage capacity was increased from 2,400 mt to 3,000 mt. WFP improved storage facilities by installing rub hall tents and increasing the number of tents by two. Storage unit accessibility was improved and handling capacity increased by doubling the number of trucks, from two to four, that could be loaded/offloaded at one time. WFP also procured additional plastic pallets, which reduced damage to food and warehouse losses.

Under DEV 200353, WFP delivered food commodities to health facilities with secure storage space.

Through DEV 200422, assistance to orphans and vulnerable children (OVCs) was provided nationwide through neighborhood care points (NCPs). This mode of operation posed transportation challenges, as some NCPs are remote and have limited on-site storage capacity, requiring WFP to deliver no more than two months' requirements at once.

In 2017, WFP minimized delays in deliveries by strengthening coordination between transporters, WFP warehouse staff and field monitoring staff to identify and maintain solutions for timely food deliveries. Efforts to increase supply chain efficiency and reducing costs included:

- The introduction of a new contract system which allowed WFP to use more transporters per location, thus mitigating the risk of relying on the availability of a single transporter.
- The engagement of a new handling company at the warehouse, which introduced an automated conveyor system for loading and off-loading consignments in boxes, significantly reducing handling time and potential damage.
- The regular review of expenditure and availability of resources for transport, storage and handling.

Good working relations with contracted transporters as well as good food handling practices by WFP ensured that food reached beneficiaries in a timely and safe manner. In 2017, WFP Swaziland recorded insignificant post-delivery losses (less than 0.01 percent). To maintain the proper handling of commodities, the Country Office conducted training with cooperating partners and staff managing food at health facilities and NCPs. Training included information sessions on standard operating procedures for first in, first out (FIFO) storage practices and offered technical support to improve logistics planning for food commodities during the provision of assistance.

In 2017, WFP scaled up cash-based transfers (CBT). The selected service provider facilitated distribution of cash to beneficiaries through mobile money accounts, allowing people to receive money from nearby mobile money agents rather than more distant banks. This delivery mechanism also mitigated against risks involved with the physical handling of cash. During the substantial scale-up in the first quarter of 2017, WFP continued to engage with the service provider to ensure that mobile money agents had the capacity to meet increased demands.

Annual Food Purchases for the Country (mt)

Commodity	Local	Regional/International	Total
Beans	-	398	398
Maize	-	1,695	1,695
Maize Meal	-	1,141	1,141
Peas	-	34	34
Vegetable Oil	-	113	113
Total	**-**	**3,382**	**3,382**
Percentage	**-**	**100.0%**	

Annual Global Commodity Management Facility Purchases Received in Country (mt)

Commodity	Total
Beans	28
Corn Soya Blend	70
Maize	684
Peas	434
Vegetable Oil	112
Total	**1,327**

Implementation of Evaluation Recommendations and Lessons Learned

In 2017, WFP continued to implement the recommendations of a centralized operation evaluation, led by WFP Headquarters, of Development Project (DEV) 200353, Food by Prescription (FBP), commissioned in 2016. The evaluation strengthened accountability and learning for the future design and implementation of the project. Completed by an external firm at the end of 2016, the evaluation provided an independent overview of the impact of the operation, and made the following key recommendations:

1. Promote full integration of FBP services into HIV/AIDS care. Shift the role of FBP assistants to expert clients, adherence counselors and other clinic staff (nurses, data clerks, etc). Expand FBP training to all clinical staff. Advocate with the Ministry of Health to co-locate food and drug provision. Ensure follow-up of prevention of mother-to-child transmission (PMTCT) clients referred to FBP. Provide anthropometric equipment in satellite clinics. Designate spaces in the clinics to store and dispense food.
2. Link graduating HIV/TB clients and their households to livelihoods. Link FBP clients with FAO and NGO livelihood activities, and use community engagement to address gender-based violence (GBV) and stigma. Complete activity mapping and identify long-term needs based on regional lessons. Advocate for expanded livelihoods programming and connect with those of the emergency drought response.
3. Seek strategies to reduce high default rates and re-admissions. Link clients with NGOs that work with community support groups for people living with HIV/AIDS (PLHIV) to identify and promote a treatment supporter role. Institute client tracking tools and fund client follow-up, and revise FBP protocols for following up with relapse and re-admission clients.
4. Advocate to leverage other HIV technical partners. Conduct a cohort impact analysis, and develop a business case to guide advocacy and resourcing. Request University Research Council to provide technical support to the Ministry of Health to better integrate FBP into the public health system.
5. Strengthen the monitoring and evaluation system. Develop a FBP performance indicator reference sheet. Include data elements for FBP in tools for HIV and AIDS services. Include antiretroviral treatment (ART)/TB outcome indicators in the FBP register. Engage the Ministry of Health to incorporate FBP indicators into the national health management information system (HMIS) and data collection. Support periodic, systematic data quality reviews.
6. Pilot alternative modalities prior to handover. Update 2012 cash/voucher analysis and mapping. Work with the Ministry of Health to design and assess a pilot distribution model. Use lessons from the pilot to inform a government-supported FBP. If cash-based transfers (CBT) do not prove feasible, re-assess the feasibility of the household food ration.
7. Move forward with planned handover strategy. Advocate funding for staffing, capacity building, piloting and costing alternative modalities, as well as systems strengthening and monitoring integrated with client clinical care. Continue to emphasise nutrition's role in the country's overall development, with links to livelihoods and safety nets. Consider a more efficient organisation of drug and food distribution within clinics. Facilitate planning and MoH capacity-building to scale up FBP long-term, with potential to incorporate it into a national social protection plan.

The Country Office (CO) has implemented recommendations 1, 3 and 5. Both recommendations 4 and 6 are planned for implementation in the 2018 Country Strategic Plan. As at December 2017, the CO had implemented 57 percent of the recommendations, with 28 percent yet to be implemented. The CO has proposed not proceeding with 15 percent of the recommendations.

Following the evaluation, WFP has strengthened stakeholder engagement in a series of ongoing technical assistance projects and consultations to prepare for eventual handover and to ensure informed decision-making about programme design. WFP continued to engage the Ministry of Health in discussions for the gradual inclusion of FBP in the Government's budget.

WFP together with other stakeholders supported the Ministry of Health (MoU) to develop an integrated training package on nutrition assessment, counselling and support (NACS). Using the integrated package, WFP supported a refresher training for doctors and nurses to strengthen their knowledge and skills in nutrition assessment, counselling and the prescription of specialized nutritious food to malnourished people living with HIV and AIDS. WFP, together with other partners, also supported trainings by clinical mentors from the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), the International Center for AIDS Care and Treatment Programs (ICAP) and University Research Co. (URC) on nutrition assessment counselling and support. The clinical mentors provided regular mentoring and support to FBP sites on nutrition.

WFP supported the Swaziland National Nutrition Council (SNNC) to revise the FBP register in accordance with the updated guidelines.

Discussions are ongoing with the Ministry of Health's Health Management Information System Department to integrate nutrition output and outcome indicators into the Ministry's client management information system.

WFP conducted a feasibility analysis of the use of different transfer modalities. The results indicated that the use of CBT was feasible and viable in Swaziland. Therefore, it will be adopted on a needs basis. WFP will continue to implement the evaluation recommendations in 2018 and has included relevant activities in the Transitional Interim Country Strategic Plan (T-ICSP).

In 2017, WFP also continued to implement recommendations of the 2014 external operation evaluation of DEV 200422 (supporting orphans and vulnerable children (OVCs)). The evaluation found that WFP should strengthen its advocacy for continued provision of social safety nets targeting OVCs and for a multi-sectoral approach to social protection. WFP extended DEV 200422 through 2017 following an agreement with the government on the importance of maintaining this assistance, particularly in consideration of wide-ranging humanitarian impacts of the drought. OVC support has been included in the T-ICSP (2018-2019), together with a broader approach to assisting the Government in the area of social protection.

WFP has ensured that dietary diversity and meals with high nutritional value are highlighted in the T-ICSP. WFP is engaging with other partners such as the ministries of education and agriculture and the Deputy Prime Minister's Office to ensure that nutrition and dietary diversity are promoted among school-going children.

Within the Joint Work Plan on Social Protection, as part of the UN Development Assistance Framework (UNDAF) 2016-2020, WFP is supporting the government with the development of a national social protection policy. WFP works closely with other UN partners and government ministries, including the Deputy Prime Minister's Office and the ministries of education and agriculture. Specific activities include technical assistance to the Ministry of Education in food procurement and the preparation of nutritious school meals; and support to the Ministry of Agriculture and Deputy Prime Minister's Office in the monitoring and analysis of food security information.

Lessons learned from nutrition technical assistance initiatives include the added value of partnering with UN agencies with complementary strengths, and the continued need to advocate for high-level engagement to ensure nutrition coordination mechanisms, policy frameworks, and action plans function optimally. In 2017, in collaboration with other UN agencies, WFP provided technical assistance in the development of a nutrition programme within the Ministry of Health and in strengthening the coordinating role of the SNNC, including through the revision of its infant and young child feeding guidelines. Under the FBP programme, WFP provided technical and financial support to the revision of its guidelines and training materials, trained healthcare providers on nutrition, and mentored and supervised health facilities implementing nutrition programmes. WFP also provided technical and financial support through the Health and Nutrition Cluster to conduct a comprehensive health and nutrition assessment.

A further lesson learnt is that development can be hindered by weak government capacity, specifically in this case the lack of a functioning nutrition unit, delays in approving new FBP guidelines, bureaucratic inefficiencies in the Ministry of Health, and a lack of a functional, dedicated ministry to administer neighbourhood care points (NCPs).

With the finalization of the drought response EMOP, WFP conducted a lessons learned exercise to assess the impact and effectiveness of the project activities, outputs and outcomes, This included a collection of quantitative data through a post-distribution monitoring survey conducted in May 2017, as well as through focus group discussions and a stakeholder lessons learnt workshop. An external consultant was engaged to conduct a review of

the project through analysis and interpretation of the data and produce an end of project report.

Overall, the review found that WFP's emergency response operation largely met its objective of providing emergency relief assistance to the most vulnerable households through targeted general food distributions and CBT. The project was able to improve food consumption, dietary diversity and beneficiary household coping strategies. The project also improved gender equality and empowerment.

With the implementation of the Gender Action Plan, WFP made strides in integrating gender in its humanitarian and development activities (gender was key in monitoring and assessments). This helped reduce gender disparities in our developmental work, increasing awareness of key gender issues, mostly with regards to protection. This also provided opportunities to create strategic partnerships with other organizations working on gender issues, especially in the provision of holistic support to beneficiaries. A key lesson learned during the EMOP was to better integrate the potential impact of gender dynamics into broader analysis of humanitarian action aimed at ending hunger in the country.

Story Worth Telling

Bongekile Nkhonyane, a mother of 9 children and a beneficiary of cash-based transfers (CBT), collects her household's monthly benefit of SZL110 (USD 9) per person from a local mobile money agent. “The money I receive has helped me and my family so much. I used to work on the farms to try to provide food for my family, but because of the drought I could only afford one meal a day. The money I get helps me buy enough food to feed my family three meals a day,” she said.

Upon receiving her monthly benefit, Bongekile goes to a local supermarket in Nkilongo, a small community in the Lubombo Region. The drought has contributed significantly to a situation in which almost half of Lubombo's residents (46 percent) are experiencing food insecurity. Bongekile selects the food items she needs the most, including a bag of maize meal, beans, cooking oil and salt, as well as soap.

WFP's cash assistance increases accountability to the people it helps, and reduces the costs of delivering humanitarian aid. It also increases financial inclusion by linking people with payment systems, as well as affording entire families, like Bongekile's, with greater choice and control over their own lives.

Project Results

Activities and Operational Partnerships

Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger.

Outcome 1: Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, school-aged children and pregnant and lactating women (PLW).

Outcome 2: Improved adherence to antiretroviral therapy (ART) and success of tuberculosis (TB) treatment.

Activity 1: Provision of nutritional support to ART clients, TB treatment clients, prevention of mother-to-child transmission (PMTCT) and ante-natal care (ANC) services clients and provision of food assistance for the clients and their households.

Under the leadership of the Ministry of Health, WFP implemented the Food by Prescription (FBP) project in the country's 12 main health facilities, targeting malnourished people (15 years and older) on ART, TB treatment or receiving PMTCT or ante-natal care (ANC). Due to the gendered nature of HIV in the country, this support is especially important for women, who make up the majority of clients. The Ministry of Health and WFP undertook and monitored activities, providing human resources and infrastructure in health facilities and supporting management at national level through the Swaziland National Nutrition Council (SNNC).

SNNC, embedded within the Ministry of Health, provided policy direction, technical backstopping, mentoring and coaching to clinical staff and FBP assistants (FBPA) in health facilities. SNNC employed 24 FBPAs to provide oversight in the health centres. There was a higher percentage of female FBPAs to account for gender sensitivities. WFP contributed funds for these posts, and also provided technical assistance to SNNC on integrating nutrition services into ART, TB treatment, ANC and maternal and child health services in public health facilities. WFP also provided individual monthly take-home rations of a specialized nutritious food, Super Cereal, to improve beneficiaries' nutrition status and treatment outcomes. However, a leadership gap at the SNNC impeded FBP implementation, including by delaying formal approval of revised FBP guidelines and the formation of a technical working group on nutrition.

Trained clinicians assessed clients using anthropometry. Clients identified as malnourished (body mass index (BMI) <18.5, mid-upper arm circumference (MUAC) < 23 cm and percentage weight loss > 5 percent) were given specialized nutritious food, dispensed at a health facility. Clients were additionally provided with a monthly household ration consisting of maize, pulses and vegetable oil. The household ration complemented the client ration by helping families cope with the cost of care, increasing the likelihood of retention in treatment programmes. Nutrition counselling was provided to all ART, TB and PMTCT clients. (Malnourished children aged 14 and under were supported through the Government-run Integrated Management of Acute Malnutrition (IMAM) programme. Support to this group is described under Outcome 1 regarding children aged 6-59 months and school-aged children.)

Development Project (DEV) 200353 planned to reach 26,478 beneficiaries, and succeeded in reaching 21,180. The discrepancy can be attributed to funding constraints: commodities ran out, impeding recovery and increasing treatment default rates.

Outcome 3: Ownership and capacity strengthened to reduce undernutrition and increase access to education at regional, national and community levels.

Activity 2: Provision of policy advice and technical assistance.

WFP provided technical assistance to the Ministry of Health and the SNNC to strengthen their capacity in FBP implementation, with a view to eventually handing over key aspects of the project. Capacity strengthening efforts focused on project management, monitoring and reporting, and storage and inventory management.

The FBP project contributed to an extended National Multi-Sectorial HIV and AIDS Framework (eNSF) (2014-2018). This framework aims to improve the quality of life of people living with HIV (PLHIV) through care and treatment. Nutrition assessment, counseling and support services under the project are reflected in the HIV response operational plan and national TB programme manual. WFP also worked with other UN agencies under the UN Development Assistance Framework (UNDAF) to support the national HIV response. The project contributed to the UNDAF output of strengthening health sector capacity to deliver quality HIV treatment, care and support services.

Results

Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger.

Outcome 1: Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, school-aged children and pregnant and lactating women (PLW).

Outcome 2: Improved adherence to antiretroviral therapy (ART) and success of tuberculosis (TB) treatment.

Activity 1: Provision of nutritional support to ART clients, TB treatment clients, prevention of mother-to-child transmission (PMTCT) and ante-natal care (ANC) services clients, and provision of food assistance for clients and their households.

In September 2016, the Ministry of Health led on an agreement by all stakeholders that the 162 beneficiaries planned for in Outcome 1 (suffering moderate acute malnutrition) would continue to receive assistance from the Government rather than from WFP. This followed the release of FAO/WHO guidance discouraging the use of Super Cereal for children under age 5.

In 2017, continued improvement was made in ART and TB nutritional recovery and treatment adherence rates. The programme reported an improvement from 2016 in both ART and TB nutritional recovery rates, an improvement in ART adherence rates, and a worsening in TB treatment adherence rates. The improved nutrition recovery rate is attributed to the refresher training of clinicians and FBPAs, coupled with the recommended task shifting of the role of the FBPAs to support nurses in nutrition assessment and counselling. WFP trained the expected number of staff and reached all planned sites. Funding constraints resulted in health facilities running out of specialized nutritious food in September and October 2017, which may have had a negative effect on treatment adherence rates.

WFP conducted an assessment to establish the reasons for Food by Prescription (FBP) clients lost to follow-up in a sample of 61 males and 78 female clients. Both males and females reported lack of transport money (31 percent vs 32 percent), feeling too unwell to return for follow-up (25 percent vs 30 percent) and home being too far from a health facility (23 percent vs 23 percent) as the top three reasons for defaulting. It was however noteworthy that more females than males reported the FBP rations being too heavy to carry as a reason for defaulting (7 percent vs 12 percent). Additionally, more females than male (86 percent vs 75 percent) reported liking the taste of the Supercereal. Clients suggested being supported with transport money (54 percent), decentralization of FBP services (26 percent) and provision of cash instead of food (19 percent). WFP will consider this feedback in the ongoing review of the project.

Only 80 percent of the number of planned clients were reached (21,192 of 26,478). The underachievement was due to limited funding, which forced a reduction in rations and a decrease in the number of clients attending FBP sites.

Outcome 3: Ownership and capacity strengthened to reduce undernutrition and increase access to education at regional, national and community levels.

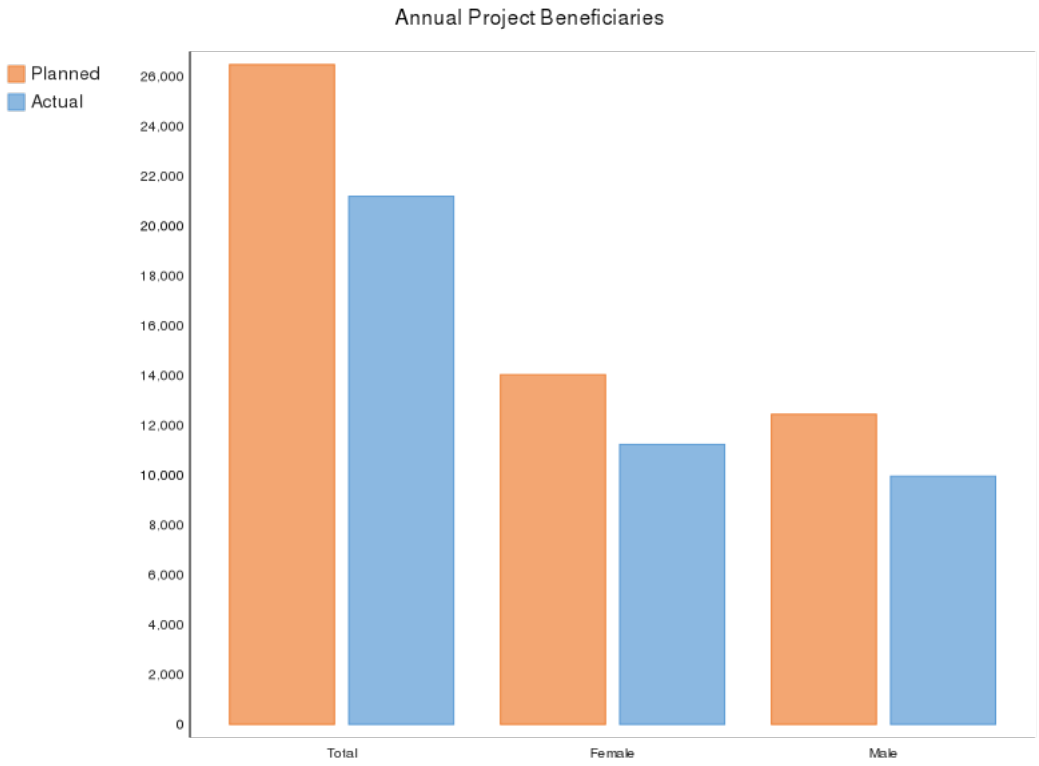
Activity 2: Provision of policy advice and technical assistance

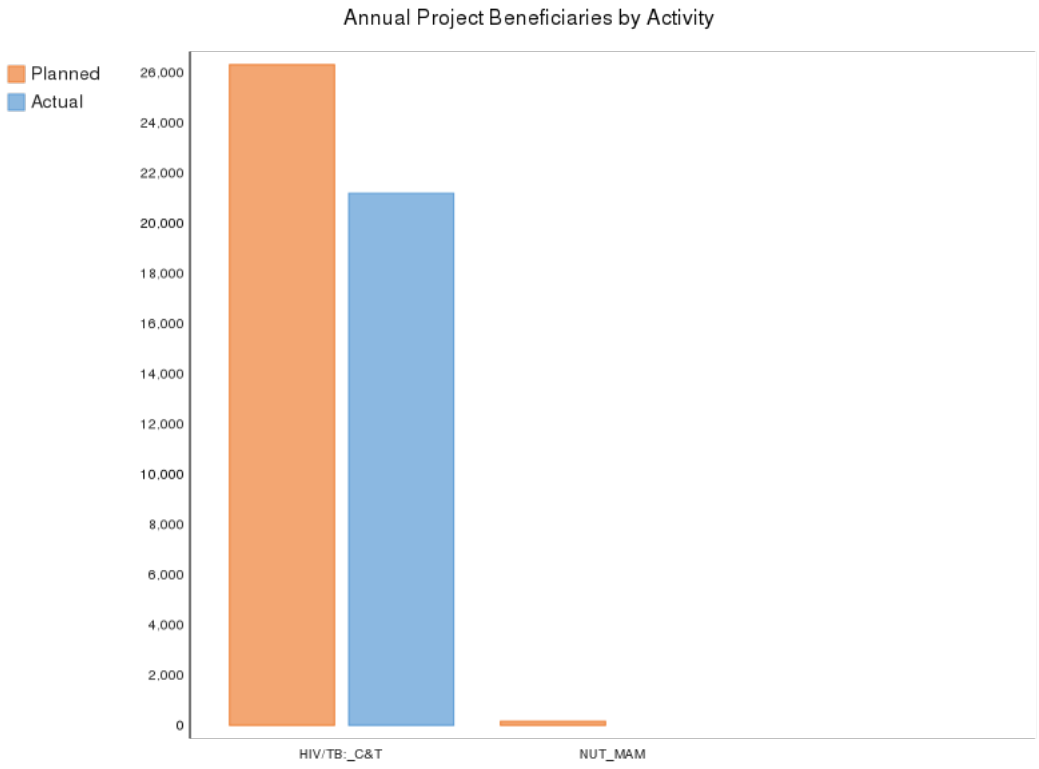
WFP supported the Swaziland National Nutrition Council (SNNC) to implement the revised FBP guidelines by conducting a refresher training of clinicians from FBP sites. The training improved knowledge and skills to better implement the FBP programme. WFP also supported a refresher training of FBP assistants to strengthen their knowledge of commodity management, record keeping and reporting. WFP and SNNC also conducted mentoring visits to all FBP sites.

As part of the UN Country Team, WFP was party to a proposal to the Global Fund, specifically requesting funds for specialized nutritious food for PLHIV, TB and PMTCT clients. WFP, with WHO and UNICEF, also supported the development of a terms of reference for a consultancy to assist the Ministry of Health in establishing a nutrition unit/department. WFP worked with SNNC, UNICEF, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and the Food and Nutrition Technical Assistance (FANTA) project to finalize an integrated training package for nutrition assessment counselling and support. The training package, which incorporates FBP and Integrated Management of Acute Malnutrition (IMAM) modules, will be adopted by the Ministry of Health in future FBP trainings. WFP in collaboration with WHO and other relevant ministries supported the Ministry of Health in developing school health guidelines that incorporate nutrition assessment and education. All planned capacity building activities took place.

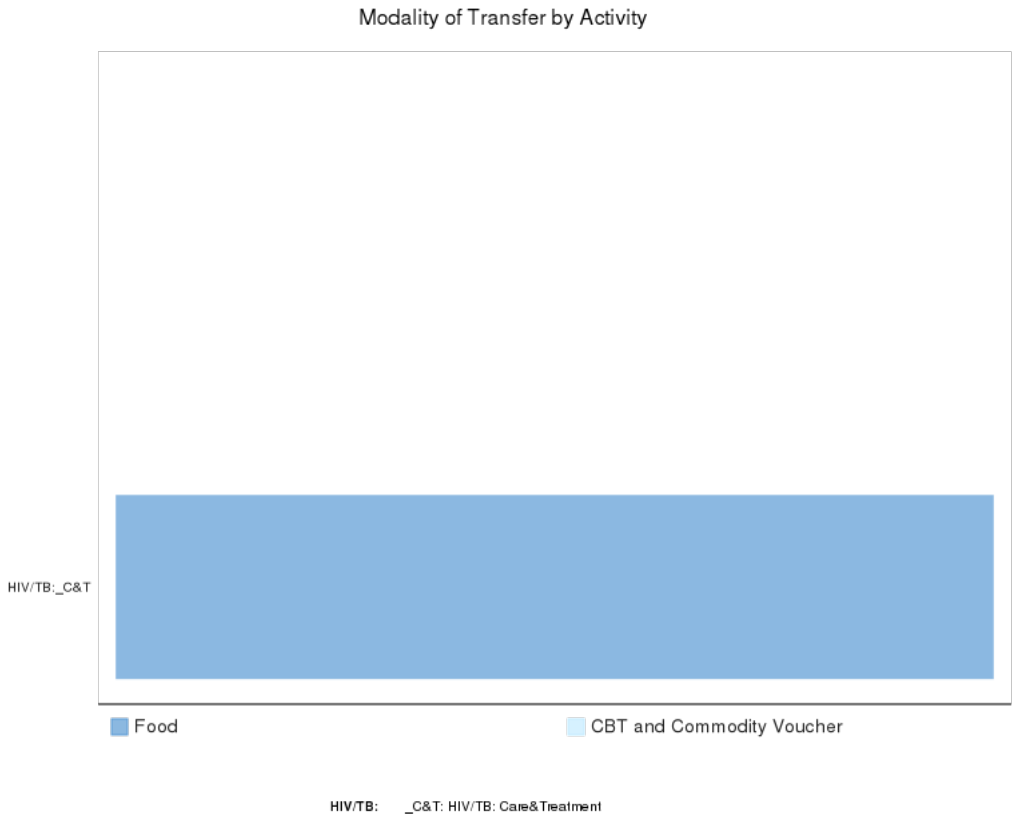
As part of the Swaziland Joint UN Programme on AIDS, WFP also participated the in the Unified Budget, Results and Accountability Framework (UBRAF) country envelope process and managed to secure resources for an impact study on FBP and treatment adherence.

Another component of WFP's technical assistance was to work with the SNNC to develop a survey on malnutrition among those receiving ART or TB treatment. This was completed early 2017.





HIV/TB: _C&T: HIV/TB: Care&Treatment
NUT_MAM: Nutrition: Treatment of Moderate Acute Malnutrition



Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Corn Soya Blend	269	129	48.1%
Maize	947	482	50.9%
Peas	132	45	34.2%
Vegetable Oil	59	41	69.8%
Total	**1,408**	**698**	**49.6%**

Performance Monitoring

WFP's monitoring and evaluation (M&E) plan details implementation, staffing, coverage, processes, output and outcome monitoring, and resources required. For the Food by Prescription (FBP) project, WFP's field monitoring assistants (FMAs) visited the 12 implementing health facilities monthly for process monitoring and to collect information for output and outcome monitoring. FMAs kept track of implementation progress and limitations, and the Country Office provided guidance as required. Onsite process monitoring consisted of food stock counts and quality assurance. FMAs provided technical support to FBP assistants (FBPAs - staff employed by Ministry of Health and financially supported by WFP) to assist clinicians in nutrition assessments, counselling, dispensing food commodities and reporting programme data. FBPAs produced monthly reports and tracked client progress, including default and discharge rates. Information collected include contact numbers, gender and age of clients benefiting from food assistance, as well as the total quantity of food delivered.

In March 2017, WFP conducted a refresher training for FBPAs on FBP implementation and to update them on the revised FBP guidelines. WFP also conducted supervisory visits to facilities requesting support in improving output data collection, and to sensitise hospital administration on WFP operations. In October 2017, WFP and the

Swaziland National Nutrition Council (SNNC) conducted a refresher training for clinicians working in the 12 implementing health facilities on nutrition assessment, counselling and support.

Outcome monitoring measures the results achieved by a project, identifying intended and unintended effects of an intervention and allowing WFP to make informed decisions and take corrective actions. Outcome information for nutritional recovery rates was calculated using the FBP registers at health facilities. Outcome information on antiretroviral therapy (ART) adherence rates and tuberculosis (TB) treatment success rates was calculated using secondary data from the Ministry of Health.

FBPAs also collected information on the project's cross-cutting results, such as gender dynamics in household decision-making related to food, client safety and awareness of programme guidelines.

To adhere to the do-no-harm principle and to respect patient confidentiality guidelines set by the Ministry of Health, WFP did not access the medical records of clients and did not directly interview them. Instead, FBPAs met with clients during their monthly visits and gathered information on gender, safety and accountability to the affected population. WFP FMAs collected this information from the FBPAs during their monthly monitoring visits. While the data collected is not statistically representative, it does provide a good indication of the results achieved.

Progress Towards Gender Equality

In line with the WFP Gender Policy 2015-2020 and regional Gender Implementation Strategy, gender was mainstreamed into the design and implementation of the Food by Prescription (FBP) project. The Country Office in 2016 conducted a comprehensive gender context analysis and developed a five-year gender action plan. It monitors and reports on gender-disaggregated indicators, especially for food distributions and assessing household decision-making.

During orientation and the regular visits of clients to the facilities, FBP assistants (FBPAs) provided health education and nutrition awareness sessions. During these sessions, messages about gender equality and participation were also conveyed to sensitize beneficiaries on gender roles. Specifically, clients were told that men and women had equal say in how to utilize food assistance.

Information on the role of women in decision-making on the use of food rations at household level was collected by FBPAs at the health facilities during their interactions with clients. The situation did not significantly change from 2016: women remained the primary decision-makers about the use of food assistance, followed by joint decision-making and then by men making the decisions. These results reflect cultural norms in Swaziland, where women are usually the decision-makers when it comes to food within the household. These results are consistent with results obtained for other WFP projects.

FBPAs counselled clients and reported on their progress monthly. The nutrition counselling covered good nutrition as part of HIV and tuberculosis (TB) care and proper use of the food provided through the project. Both women and men were targeted for good nutrition and proper food use counselling, as it is equally important that men understand the implications of food choices for the nutritional well-being of the family.

While WFP's hiring process was sensitive to gender balance, more women were hired as FBPAs as more women showed interest. This was advantageous as more FBP clients are women. Clients could choose between male and female assistants and received nutrition counselling that is more targeted to their needs. This was especially important when female assistants counselled pregnant women.

Overall, in Swaziland, there has been general progress towards gender equality. The country has been involved in the review of a number of policies where gender takes a central role. The Deputy Prime Minister's office is leading and coordinating the development of the Social Protection Policy and WFP is providing technical assistance. The Ministry of Economic and Development has updated the National Development Strategy, where gender equality and transformation are key in the outlined priorities for sustainable development. Under the UNDAF 2016 – 2020, the UN has mainstreamed gender in its key priorities.

Protection and Accountability to Affected Populations

In order to adhere to the do-no-harm principle, and to respect the Ministry of Health's ethics guidelines on protecting the confidentiality of clients in HIV and tuberculosis (TB) programmes, information about patient safety and awareness of programmes was reported by food by prescription (FBP) assistants (FBPAs) on behalf of the clients.

A small number of clients reported to have experienced security issues at the health facilities or in transit to or from the facilities. No security incidents had been reported in previous years. While no serious incident was reported,

clients who have to travel long distances feel vulnerable, especially when returning with the food assistance.

In 2017 there were no reported cases of food stolen from health facilities. Clients were regularly provided with information about the project, including reasons for inclusion in the project, the duration of assistance, the importance of Super Cereal and client feedback mechanisms. Information was shared during nutrition counselling sessions and FBPAs followed up with clients to ensure they understood project objectives and the assistance to be received.

There was a significant decrease in the proportion of assisted people properly informed about the programme from 2016. In general, clients were well-informed that they were eligible for food assistance based on nutrition assessment measurements and they had knowledge of how much food they are supposed to receive. However, the decrease can be explained by the fact that only one out of four reported to know where to lodge complaints. This confusion is likely due to the way the question was asked (i.e. the need to specify a person). Clients can convey complaints to FBPAs, nurses and/or expert clients, who volunteer to work at health facilities and orient new clients on ART/TB services. Clients are informed of this by FBPAs when they are initiated into the programme.

Figures and Indicators

Data Notes

Cover page photo © WFP/ Sicelo Dlamini

Super Cereal in storage, ahead of distribution to people receiving HIV/TB treatment.

Overview of Project Beneficiary Information

Table 1: Overview of Project Beneficiary Information

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Total Beneficiaries	12,445	14,033	26,478	9,960	11,232	21,192	80.0%	80.0%	80.0%
By Age-group:									
Children (under 5 years)	1,483	1,695	3,178	1,187	1,356	2,543	80.0%	80.0%	80.0%
Children (5-18 years)	4,740	5,322	10,062	3,793	4,260	8,053	80.0%	80.0%	80.0%
Adults (18 years plus)	6,222	7,016	13,238	4,980	5,616	10,596	80.0%	80.0%	80.0%
By Residence status:									
Residents	12,445	14,033	26,478	9,960	11,232	21,192	80.0%	80.0%	80.0%

Participants and Beneficiaries by Activity and Modality

Table 2: Beneficiaries by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
Nutrition: Treatment of Moderate Acute Malnutrition	162	-	162	-	-	-	-	-	-
HIV/TB: Care&Treatment;	26,316	-	26,316	21,192	-	21,192	80.5%	-	80.5%
HIV/TB: Mitigation&Safety; Nets	-	-	-	-	-	-	-	-	-

Annex: Participants by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
Nutrition: Treatment of Moderate Acute Malnutrition	162	-	162	-	-	-	-	-	-
HIV/TB: Care&Treatment;	4,386	-	4,386	3,532	-	3,532	80.5%	-	80.5%
HIV/TB: Mitigation&Safety; Nets	-	-	-	-	-	-	-	-	-

Participants and Beneficiaries by Activity (excluding nutrition)

Table 3: Participants and Beneficiaries by Activity (excluding nutrition)

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
HIV/TB: Care&Treatment;									
ART Clients receiving food assistance	850	1,806	2,656	770	1,637	2,407	90.6%	90.6%	90.6%
TB Clients receiving food assistance	407	996	1,403	278	680	958	68.3%	68.3%	68.3%
PMTCT Clients receiving food assistance	-	327	327	-	167	167	-	51.1%	51.1%
Total participants	1,257	3,129	4,386	1,048	2,484	3,532	83.4%	79.4%	80.5%
Total beneficiaries	12,368	13,948	26,316	9,960	11,232	21,192	80.5%	80.5%	80.5%

Nutrition Beneficiaries

Nutrition Beneficiaries

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Nutrition: Treatment of Moderate Acute Malnutrition									
Children (6-59 months)	61	69	130	-	-	-	-	-	-

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Children (5-18 years)	15	17	32	-	-	-	-	-	-
Total beneficiaries	76	86	162	-	-	-	-	-	-

Project Indicators

Outcome Indicators

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
SO4 Reduce undernutrition and break the intergenerational cycle of hunger				
Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women, and school-aged children				
ART Nutritional Recovery Rate (%)				
*ALL TARGETED HOSPITALS AND HEALTH CENTERS IN SWAZILAND, **Project End Target**: 2017.12, Collected monthly from health facility records, **Base value**: 2011.12, WFP programme monitoring, From health center records, **Previous Follow-up**: 2016.12, WFP programme monitoring, Health facilities records, **Latest Follow-up**: 2017.12, WFP programme monitoring, Health facilities records*	>75.00	10.00	50.00	59.00
TB Treatment Nutritional Recovery Rate (%)				
*ALL TARGETED HOSPITALS AND HEALTH CENTERS IN SWAZILAND, **Project End Target**: 2017.12, From health centers records, **Base value**: 2011.12, WFP programme monitoring, from health centers records, **Previous Follow-up**: 2016.12, WFP programme monitoring, Health facilities records, **Latest Follow-up**: 2017.12, WFP programme monitoring, Health facilities records*	>75.00	25.00	48.00	59.00
Project-specific				
TB Treatment Success Rate (%)				
*ALL TARGETED HOSPITALS AND HEALTH CENTERS IN SWAZILAND, **Project End Target**: 2017.12, Ministry of Health Annual report, **Base value**: 2011.12, Secondary data, Ministry of Health Annual report, **Previous Follow-up**: 2016.04, Secondary data, Ministry of Health, TB Annual Report , **Latest Follow-up**: 2017.04, Secondary data, Ministry of Health, TB Annual Report*	=85.00	69.00	81.00	79.00
ART Adherence Rate (%)				
*ALL TARGETED HOSPITALS AND HEALTH CENTERS IN SWAZILAND, **Project End Target**: 2017.12, Ministry of Health Annual report, **Base value**: 2011.12, Secondary data, Ministry of Health Annual report, **Previous Follow-up**: 2016.04, Secondary data, Ministry of Health, ART Annual Report, **Latest Follow-up**: 2017.01, Secondary data, Ministry of Health, ART Annual Report*	=80.00	69.00	83.00	85.00

Output Indicators

Output	Unit	Planned	Actual	% Actual vs. Planned
SO4: HIV/TB: Care&Treatment;				
Number of government staff trained by WFP in nutrition programme design, implementation and other nutrition related areas (technical/strategic/managerial)	individual	24	24	100.0%
Number of health centres/sites assisted	centre/site	12	12	100.0%
Number of technical assistance activities provided	activity	4	4	100.0%

Gender Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
SWAZILAND, HIV/TB: Care&Treatment;, ***Project End Target****: 2017.12,* ***Base value****: 2014.12,* ***Previous Follow-up****: 2016.08,* ***Latest Follow-up****: 2017.12*	=40.00	13.00	18.50	18.10
Proportion of households where females make decisions over the use of cash, voucher or food				
SWAZILAND, HIV/TB: Care&Treatment;, ***Project End Target****: 2017.12,* ***Base value****: 2014.12,* ***Previous Follow-up****: 2016.08,* ***Latest Follow-up****: 2017.12*	=30.00	57.00	67.40	67.40
Proportion of households where males make decisions over the use of cash, voucher or food				
SWAZILAND, HIV/TB: Care&Treatment;, ***Project End Target****: 2017.12,* ***Base value****: 2014.12,* ***Previous Follow-up****: 2016.08,* ***Latest Follow-up****: 2017.12*	=30.00	30.00	14.10	14.50

Protection and Accountability to Affected Populations Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)				
SWAZILAND, HIV/TB: Care&Treatment;, ***Project End Target****: 2017.12,* ***Base value****: 2015.06,* ***Previous Follow-up****: 2016.08,* ***Latest Follow-up****: 2017.12*	=90.00	75.60	81.60	25.60
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
SWAZILAND, HIV/TB: Care&Treatment;, ***Project End Target****: 2017.12,* ***Base value****: 2014.12,* ***Previous Follow-up****: 2016.06,* ***Latest Follow-up****: 2017.12*	=100.00	100.00	100.00	77.00
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
SWAZILAND, HIV/TB: Care&Treatment;, ***Project End Target****: 2017.12,* ***Base value****: 2015.06,* ***Previous Follow-up****: 2016.08,* ***Latest Follow-up****: 2017.12*	=90.00	75.10	83.40	23.60

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
*SWAZILAND, HIV/TB: Care&Treatment;, **Project End Target**: 2017.12, **Base value**: 2014.12, **Previous Follow-up**: 2016.06, **Latest Follow-up**: 2017.12*	=100.00	100.00	100.00	77.60
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
*SWAZILAND, HIV/TB: Care&Treatment;, **Project End Target**: 2017.12, **Base value**: 2015.06, **Previous Follow-up**: 2016.08, **Latest Follow-up**: 2017.12*	=90.00	75.35	82.50	24.50
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
*SWAZILAND, HIV/TB: Care&Treatment;, **Project End Target**: 2017.12, **Base value**: 2014.12, **Previous Follow-up**: 2016.06, **Latest Follow-up**: 2017.12*	=100.00	100.00	100.00	77.30

Partnership Indicators

Cross-cutting Indicators	Project End Target	Latest Follow-up
Number of partner organizations that provide complementary inputs and services		
*SWAZILAND, HIV/TB: Care&Treatment;, **Project End Target**: 2017.12, **Latest Follow-up**: 2017.12*	=1.00	1.00
Proportion of project activities implemented with the engagement of complementary partners		
*SWAZILAND, HIV/TB: Care&Treatment;, **Project End Target**: 2017.12, **Latest Follow-up**: 2017.12*	=100.00	100.00

Resource Inputs from Donors

Resource Inputs from Donors

			Purchased in 2017 (mt)	
Donor	**Cont. Ref. No.**	**Commodity**	**In-Kind**	**Cash**
MULTILATERAL	MULTILATERAL	Corn Soya Blend	-	70
MULTILATERAL	MULTILATERAL	Maize	-	238
MULTILATERAL	MULTILATERAL	Peas	-	34
		Total	**-**	**342**