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**SPR Reading Guidance**



## Assistance to Orphaned and Vulnerable Children at NCPs and Schools

### Standard Project Report 2017

World Food Programme in Swaziland, Kingdom of (SZ)



**World Food Programme**

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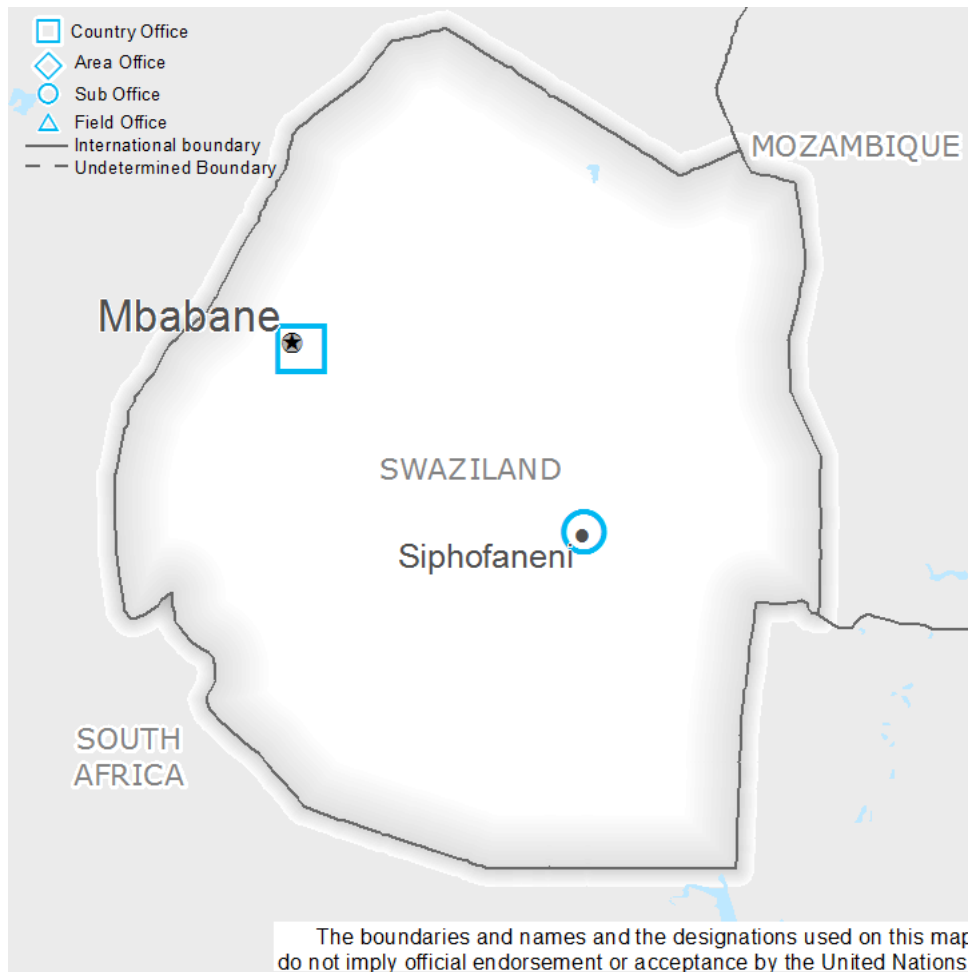
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# Country Context and WFP Objectives



## 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 country'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.

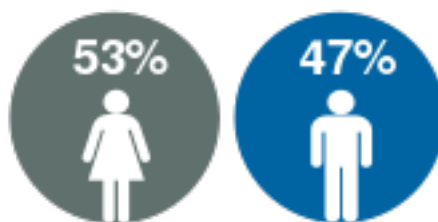
In 2017, the first draft of the Solar and Green Power Generation Concept Note for the UN House was completed. It proposes installing solar panels as shade roofing over the parking area and roof. The excess power will be fed back into the national grid for either income generation, cost recovery or electricity 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
<b>Total number of beneficiaries in 2017</b>	<b>145,841</b>	<b>161,466</b>	<b>307,307</b>





## 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
<b>Total Food Distributed in 2017</b>	<b>4,656</b>	<b>378</b>	<b>1,063</b>	<b>129</b>	<b>-</b>	<b>6,226</b>



## Cash Based Transfer and Commodity Voucher Distribution (USD)

Project Type	Cash	Value Voucher	Commodity Voucher
Single Country EMOP	3,689,402	-	-
<b>Total Distributed in 2017</b>	<b>3,689,402</b>	<b>-</b>	<b>-</b>

## 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
<b>Total</b>	-	<b>3,382</b>	<b>3,382</b>
<b>Percentage</b>	-	<b>100.0%</b>	

## 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
<b>Total</b>	<b>1,327</b>

## 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 (MoH) 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: Increased equitable access to and utilization of education.*

*Activity 1: Distribution of nutritious food to orphans and vulnerable children (OVCs) registered at neighborhood care points (NCPs).*

Development Project (DEV) 200422 assisted 52,000 OVCs of pre-primary school age at 1,594 neighborhood care points (NCPs) across Swaziland. By the second half of 2017, some 55,500 children were attending NCPs. The programme provided nutritious meals and access to other services such as psycho-social support and early childhood education, as well as links to basic healthcare.

NCPs are a safe place for boys and girls, many of whom live with relatives or in child-headed households due to the high rates of HIV in the country. These children are too young to attend primary school and are living with families or guardians who cannot afford formal pre-schools or daycare centers. Many of them cannot yet access other social safety nets, such as school meals or education grants available to older OVCs in primary school. WFP's assistance aims to narrow this gap in assistance for the youngest OVCs by providing them with food at NCPs and strengthening their access to social services.

Volunteer caregivers help cook and serve meals. The selection of caregivers is on a volunteer basis and led by the communities. Overall, about 90 percent of caregivers are women, although WFP also encourages the participation of men.

WFP aimed to provide OVCs with two meals a day on weekdays: Super Cereal (a specialized nutritious food) for breakfast; and maize meal, peas and fortified vegetable oil for lunch. These rations met the standards set by WFP and the Swaziland National Nutrition Council (SNNC). Unfortunately, due to lack of funds and the prioritization of the humanitarian response to the El Niño-induced drought, OVC assistance was suspended from April to July 2017. When it resumed, rations had to be decreased to one meal a day consisting of cereals, pulses and oil. However, previous to this and up to May 2017, many of the children did benefit from a family ration received under WFP's emergency assistance project.

During project design and implementation gender issues - protection, non-discrimination and confidentiality - are taken into consideration. Monitoring tools are disaggregated according to gender to collect data and identify any gender gaps. WFP and cooperating partners ensure that monitoring staff include men and women. WFP also works to create the requisite awareness and capacity on the part of partners and caregivers.

WFP works in partnership with the Office of the Deputy Prime Minister (DPMO) and the Ministry of Tinkhundla, Administration and Development (MTAD). Under the national strategy for NCPs, MTAD is responsible for coordinating NCP services at the community level, while DPMO coordinates all interventions targeting children through the National Children's Services Department. DPMO provides safety nets for OVCs, including educational grants for the school-aged, and oversees a World Bank-funded pilot cash-based transfer (CBT) programme.

In September 2017, WFP signed a Field-Level Agreement (FLA) with the NGO Save the Children to monitor the implementation of all NCP initiatives. This partnership enhanced WFP's ability to monitor the project and better support caregivers by increasing the frequency of on-site visits to all implementing sites. The site visits ensured caregivers were informed of good practices to deliver quality services to OVCs. The partnership contributed to community awareness through outreach to local leaders and residents.

WFP participates in the UN Social Protection Working Group, where UN agencies work with the Government to improve the national social protection system. Together with working group members, WFP continued to advocate for a national social protection system that is inclusive of the most vulnerable children and promotes linkages between nutrition and social protection programmes to maximise their effectiveness in supporting children to grow up to lead healthy, productive lives. WFP also continued to work with the National Emergency Response Council on HIV and AIDS (NERCHA), the coordinating body for the national HIV and AIDS response, to advocate for the inclusion of nutrition- and HIV-sensitive social protection programmes.

## Results

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

*Outcome 1: Increased equitable access to and utilization of education.*

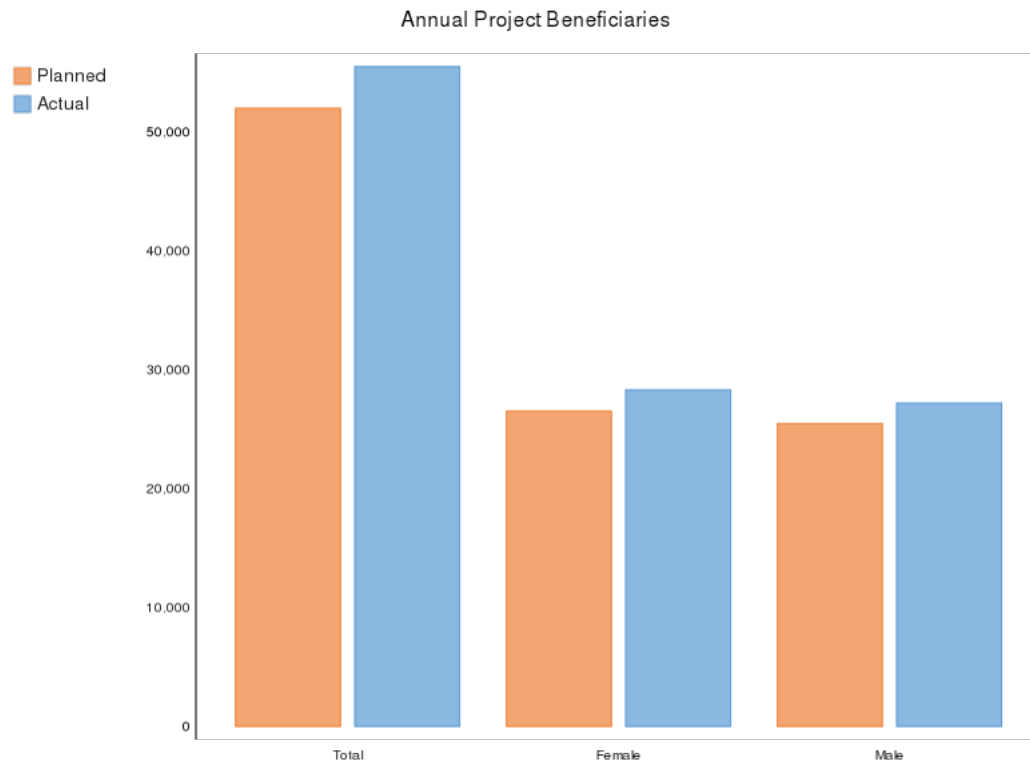
*Activity: Distribution of nutritious food to orphans and vulnerable children (OVC) registered at neighbourhood care points (NCPs).*

Two indicators measured outcome:

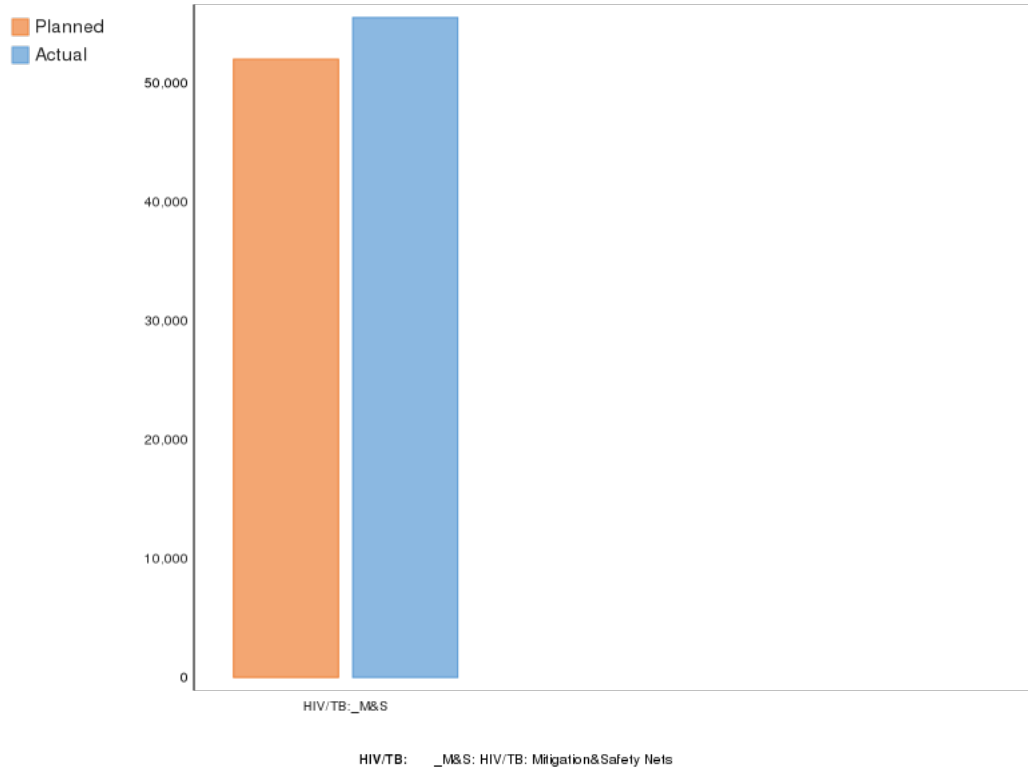
1. Ratio of girls to boys enrolled in WFP-assisted NCPs.
2. Attendance rate in WFP-assisted NCPs.

Reports show that the gender ratio of girls to boys increased slightly from last year, though it remains more or less equal. OVCs, many of whom live with relatives or in child-headed households due to the high rates of HIV in the country, normally enroll at the beginning of each month and attend NCP activities for 22 days of a month. In 2017, attendance rates were at a maximum, in part due to the El Niño-induced drought which left an increased number of households food insecure and therefore incentivized a higher number of OVCs to consistently participate in NCP activities. Another factor was establishment of sites established reduced walking distances to NCPs, making them safer to access, especially for girls. This higher than anticipated attendance, confirmed by a verification exercise, led to an over-achievement from October to December 2017. To assist these additional children, WFP increased the overall amount of food distributed by 6.7 percent.

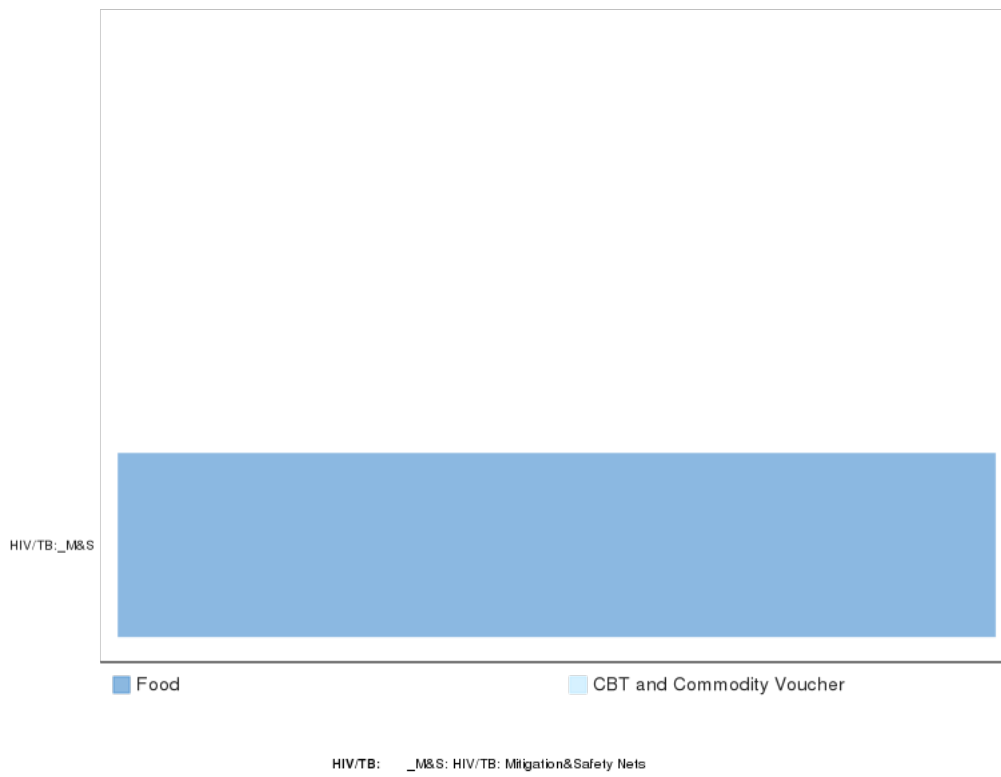
Due to limited resources, the project was suspended from April to July 2017. When it resumed, Super Cereal was not affordable. The pause explains the underachievement in food distributed.



### Annual Project Beneficiaries by Activity



### Modality of Transfer by Activity





## Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Beans	-	210	-
Corn Soya Blend	1,030	-	-
Maize Meal	2,059	795	38.6%
Peas	549	-	-
Vegetable Oil	103	34	32.6%
<b>Total</b>	<b>3,741</b>	<b>1,039</b>	<b>27.8%</b>

## Performance Monitoring

WFP Swaziland's Monitoring and Evaluation (M&E) plan aligns with the project logical framework and includes information on staffing, monitoring coverage, processes, output and outcome monitoring, and resources required.

Between April and July 2017, the project was suspended due to lack of funds, but resumed in August once resources were secured. Upon resumption, the Country Office conducted an inventory exercise in all communities with neighborhood care points (NCPs) to update beneficiary lists, sites and food required. The number of assisted sites increased to from 1,594 to 1,664, bringing the total number of beneficiaries to 55,500.

The Country Office and cooperating partners had field monitoring assistants make regular visits to NCPs to assess food delivery, preparation and storage; capability of NCPs and caregivers to keep and maintain attendance registers; caregiver capacity to manage food commodities; availability and utilization of water, sanitation and hygiene (WASH) facilities; basic health issues, and child growth monitoring. New registers were distributed to all the NCP sites and caregivers were trained in their usage.

WFP also conducted routine process monitoring visits to assess adherence to procedures for food preparation (quality and quantity), food storage, the condition of NCP structures, the availability and quality of water (whether it is acceptable for cooking) and usage of backyard gardens. WFP provided technical assistance and training to NCP caregivers in food management and the registration of beneficiaries. These trainings were conducted on a continuous basis during monitoring visits. The caregivers liaised with community leaders on issues pertaining to the operation of NCPs and provided feedback on activities.

WFP collected beneficiary data and compiled monthly distribution reports, which highlighted project performance. With the assistance of rural health motivators (RHMs), caregivers collected demographic, nutrition and beneficiary health data at enrollment. Information on OVC's nutrition and health status was collected on a regular basis during RHM visits to NCPs. Outcome monitoring was carried out by caregivers at NCPs, who collected information on child enrolment and attendance. WFP collected attendance information monthly and enrollment information annually. As OVCs are too young to be interviewed, WFP collected information on children's safety through discussions with caregivers. This data was collected from registers available at NCP sites. About two-thirds of the sites were visited for routine monitoring and the collection of outcome indicators.

## Progress Towards Gender Equality

This operation aimed to promote gender equality by enabling equal access to education. Key gender-sensitive indicators included sex-disaggregated outcomes related to neighborhood care point (NCP) enrollment and attendance, which in 2017 showed gender-balanced access to education. NCPs prepare both boys and girls for primary education and the government's provision of free primary education allows girls from resource-constrained families to attend primary school without being overlooked in favour of boys. The programme contributed to the achievement of the national vision for primary education: "attainment of quality in educational opportunity for all pupils of school going age irrespective of their socioeconomic background, with the ultimate goal of enhancing their productive capacity, thus improving the quality of their lives." WFP's provision of on-site meals at NCPs may also

avoid the issue of unequal sharing of food within the household, which is a risk when food is provided as a take-home ration.

Swaziland has made general progress towards gender equality. The Deputy Prime Minister's Office is coordinating the development of the Social Protection Policy and WFP is providing technical assistance. The Ministry of Economic Planning and Development has updated the National Development Strategy; now gender equality and transformation are explicitly part of government's sustainable development priorities. The UN, under its Development Assistance Framework (UNDAF) 2016-2020, has mainstreamed gender in its key priorities.

## Protection and Accountability to Affected Populations

Interviewing young orphans and vulnerable children (OVC) about safety conditions is discouraged. Rather, caregivers provided valuable insights into the security situation of OVCs attending neighborhood care points (NCPs). Volunteers were sensitized on child protection and how to report issues to WFP and local leaders. As NCPs are located within communities, children traveled short distances during the day only, thereby minimizing the risk of security incidents during the commute. Caregivers reported no safety threats or incidents of insecurity. Furthermore, children at NCPs had access to child safety and protection services, which are part of the minimum package of services as defined by the national NCP strategy.

In general, protection risks are largely gender based in Swaziland. Reporting and handling of gender-based violence (GBV) are major challenges. Key strategies include building the capacity of and engagement with law enforcement officers (i.e. police) on how to handle such cases. UNICEF has established a toll-free reporting platform "U-report" which allows the reporting of abuse cases. The Swaziland Action Group Against Abuse is also working at creating the required awareness on gender-based reporting.

To prevent the theft of food commodities at NCPs, most sites installed secure food storage areas. WFP field monitors visited each NCP to ensure compliance with safe storage procedures.



# Figures and Indicators

## Data Notes

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Children eating lunch at a WFP-supported Neighbourhood Care Point.

## 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	25,480	26,520	52,000	27,195	28,305	55,500	106.7%	106.7%	106.7%
<b>By Age-group:</b>									
Children (under 5 years)	20,384	21,216	41,600	21,756	22,644	44,400	106.7%	106.7%	106.7%
Children (5-18 years)	5,096	5,304	10,400	5,439	5,661	11,100	106.7%	106.7%	106.7%
<b>By Residence status:</b>									
Residents	25,480	26,520	52,000	27,195	28,305	55,500	106.7%	106.7%	106.7%

## 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)
HIV/TB: Mitigation&Safety; Nets	52,000	-	52,000	55,500	-	55,500	106.7%	-	106.7%

## 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)
HIV/TB: Mitigation&Safety; Nets	52,000	-	52,000	55,500	-	55,500	106.7%	-	106.7%

## 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)
<b>HIV/TB: Mitigation&amp;Safety; Nets</b>									
Orphans and vulnerable children receiving food assistance	25,480	26,520	52,000	27,195	28,305	55,500	106.7%	106.7%	106.7%
Total participants	25,480	26,520	52,000	27,195	28,305	55,500	106.7%	106.7%	106.7%
Total beneficiaries	25,480	26,520	52,000	27,195	28,305	55,500	106.7%	106.7%	106.7%

## Project Indicators

### Outcome Indicators

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>SO4 Reduce undernutrition and break the intergenerational cycle of hunger</b>				
<b>Increased equitable access to and utilization of education</b>				
<b>Attendance rate (girls) in WFP-assisted primary schools</b>				
<i>NEIGHBORHOOD CARE POINTS - SWAZILAND, Project End Target: 2017.12, Collected from NCPs registers, Base value: 2013.01, WFP programme monitoring, Baseline survey, Previous Follow-up: 2016.05, WFP programme monitoring, Collected from NCPs registers, Latest Follow-up: 2017.12, WFP programme monitoring, Collected from NCPs registers</i>	>80.00	70.00	99.00	100.00
<b>Attendance rate (boys) in WFP-assisted primary schools</b>				
<i>NEIGHBORHOOD CARE POINTS - SWAZILAND, Project End Target: 2017.12, Collected from NCPs registers, Base value: 2013.01, WFP programme monitoring, Baseline survey, Previous Follow-up: 2016.05, WFP programme monitoring, Collected from NCPs registers, Latest Follow-up: 2017.12, WFP programme monitoring, Collected from NCPs registers</i>	>80.00	70.00	98.00	100.00

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>Gender ratio: ratio of girls to boys enrolled in WFP-assisted pre-schools</b>  NEIGHBORHOOD CARE POINTS - SWAZILAND, <b>Project End Target:</b> 2017.12, Collected from NCPs registers, <b>Base value:</b> 2013.01, WFP programme monitoring, collected from NCPs records, <b>Previous Follow-up:</b> 2016.05, WFP programme monitoring, Collected from NCPs registers, <b>Latest Follow-up:</b> 2017.12, WFP programme monitoring, Collected from NCPs registers	=1.00	1.00	1.02	1.18

## Output Indicators

Output	Unit	Planned	Actual	% Actual vs. Planned
<b>SO4: HIV/TB: Mitigation&amp;Safety; Nets</b>				
Number of institutional sites assisted	site	1,594	1,664	104.4%

## Protection and Accountability to Affected Populations Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site</b>  SWAZILAND, HIV/TB: Mitigation&Safety; Nets, <b>Project End Target:</b> 2017.12, <b>Base value:</b> 2014.12, <b>Previous Follow-up:</b> 2016.12, <b>Latest Follow-up:</b> 2017.12	=100.00	100.00	100.00	100.00

## Partnership Indicators

Cross-cutting Indicators	Project End Target	Latest Follow-up
<b>Number of partner organizations that provide complementary inputs and services</b>  SWAZILAND, HIV/TB: Mitigation&Safety; Nets, <b>Project End Target:</b> 2017.12, <b>Latest Follow-up:</b> 2017.12	=2.00	2.00
<b>Proportion of project activities implemented with the engagement of complementary partners</b>  SWAZILAND, HIV/TB: Mitigation&Safety; Nets, <b>Project End Target:</b> 2017.12, <b>Latest Follow-up:</b> 2017.12	=100.00	100.00

## Resource Inputs from Donors

### Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2017 (mt)	
			In-Kind	Cash
South Africa	SAF-C-00026-01	Beans	-	398
South Africa	SAF-C-00026-01	Maize	-	312

Donor	Cont. Ref. No.	Commodity	Purchased in 2017 (mt)	
			In-Kind	Cash
South Africa	SAF-C-00026-01	Maize Meal	-	1,141
South Africa	SAF-C-00026-01	Vegetable Oil	-	113
		<b>Total</b>	-	<b>1,964</b>