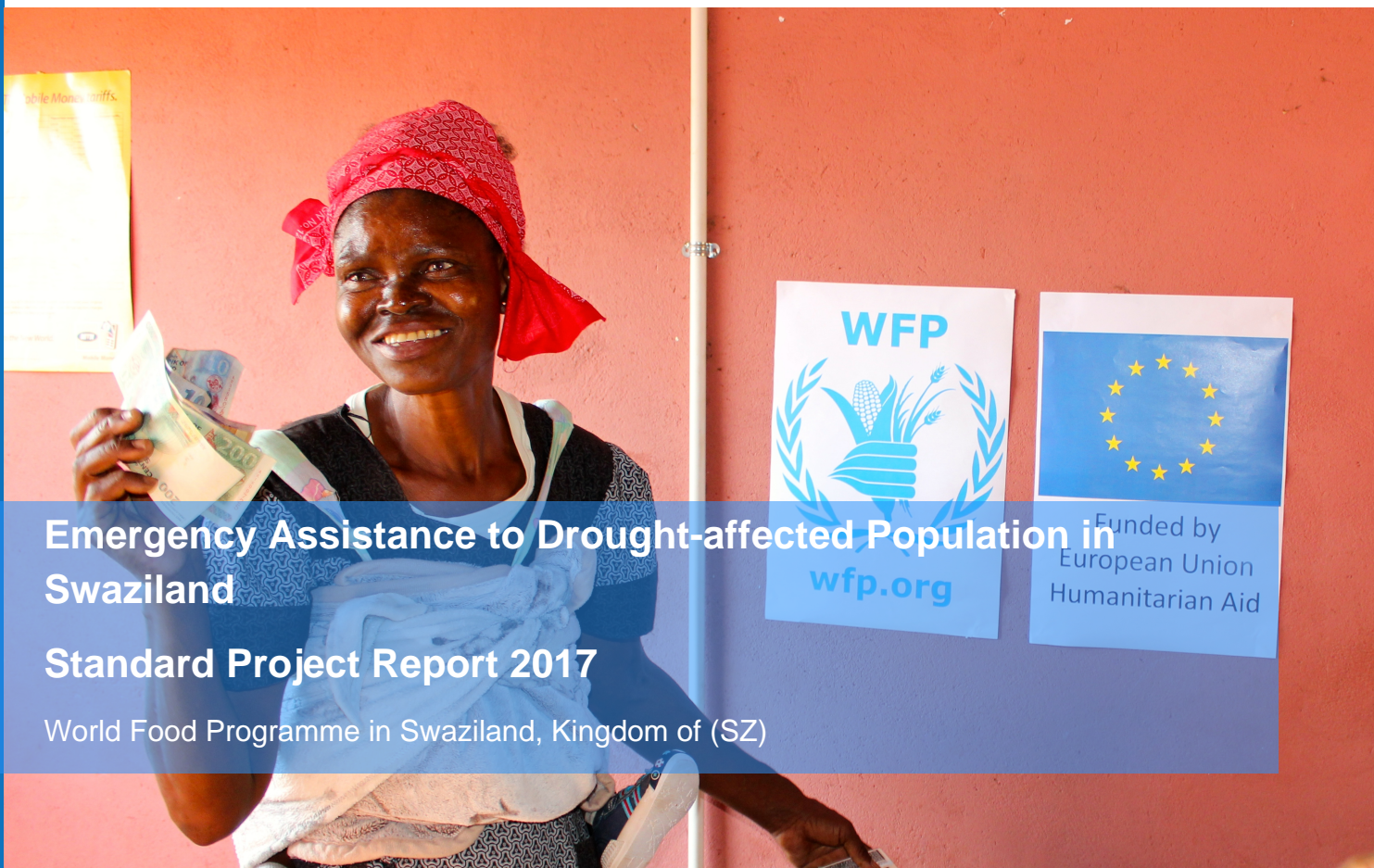


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Further Information
<http://www.wfp.org/countries>
SPR Reading Guidance



Emergency Assistance to Drought-affected Population in Swaziland

Standard Project Report 2017

World Food Programme in Swaziland, Kingdom of (SZ)



World Food Programme

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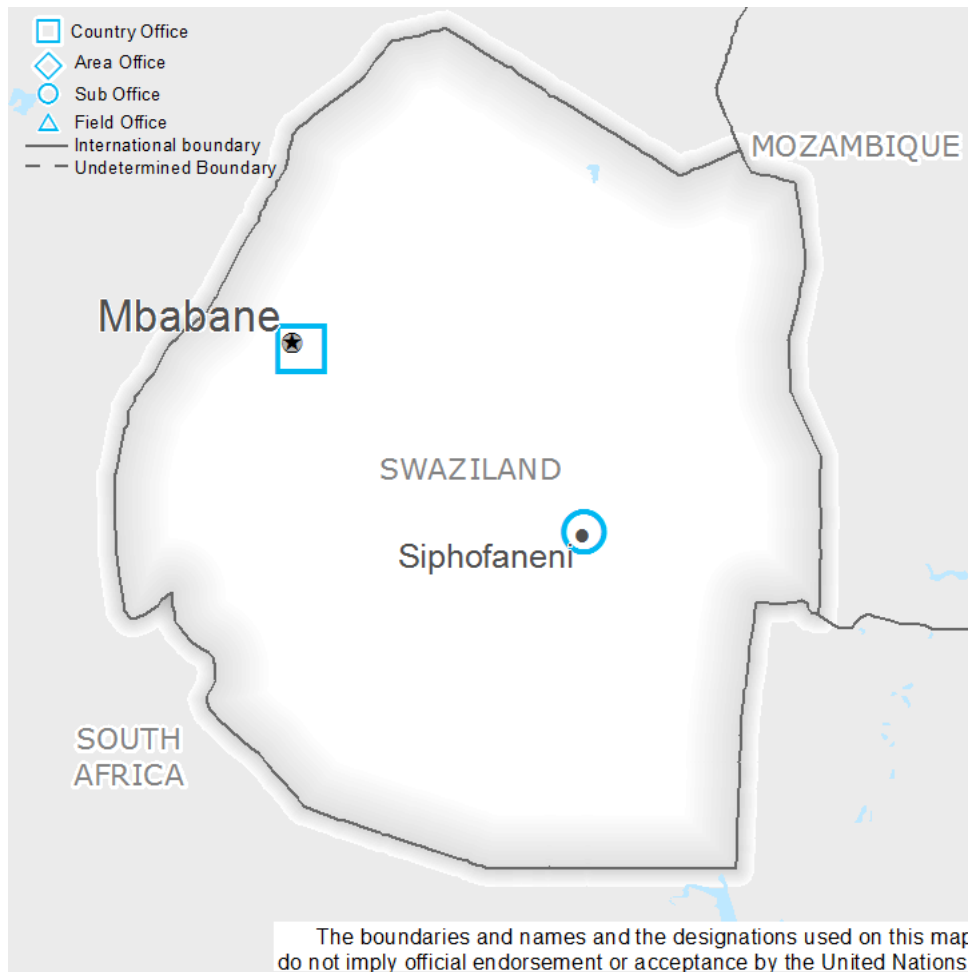
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Country Context and WFP Objectives



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 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.

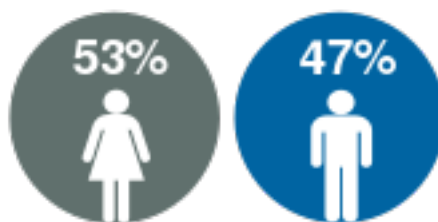
WFP, with the rest of the United Nations Country Team (UNCT) and Delivering as One, started rolling out a Business Operational Strategy (BOS). The BOS is a framework guiding UN business operations at the country level by eliminating the duplication of processes. It facilitates the strategic planning, 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 1: Save lives and protect livelihoods in emergencies.

Outcome 1: Stabilised or improved food consumption over the assistance period for targeted households and/or individuals.

Activity: General distribution (GD). Distribution modalities: in-kind food and cash-based transfers (CBT) to drought affected people.

WFP's emergency response in 2017 prioritized areas most affected by the El Niño-induced drought. Geographic targeting based on vulnerability assessments was undertaken in coordination with the National Disaster Management Authority (NDMA). At the Government's request, WFP scaled up assistance under this Emergency Operation (EMOP), expanding its coverage from three *tinkundla* (constituencies) to 12 between February and March 2017 to reach a peak of 230,615 people.

WFP started scaling up CBT assistance in early 2017, having mobilized the additional resources and put in place the necessary arrangements: extending the contracts of financial service providers and expanding agreements with cooperating partners. Under the CBT component, individuals received unconditional cash transfers to the value of SZL 110 (approximately USD 8) per month through mobile money transfers. The monthly transfers were based on household size and the transfer value used in other humanitarian CBT interventions in the country.

In addition to geographical targeting based on the food security situation on the ground, communities to receive CBT were carefully selected by WFP based on considerations such as distance to local markets, transportation, and most importantly, the availability of mobile money agents. Market prices were regularly monitored to ensure the adequacy of the transfer value. Communities were also targeted with nutrition messages on the appropriate foods to buy to best meet the requirements of children, the elderly and people living with chronic illnesses.

This EMOP constituted WFP's first use of CBT in Swaziland. Its successful implementation and expansion can be attributed to strong partnerships forged with implementing partners and service providers, and a conducive context with some well-functioning local markets.

Under the distribution of in-kind food assistance, WFP provided rations based on household size and guidelines as set out in the National Emergency Response Mitigation and Adaptation Plan (NERMAP).

Under the overall coordination of the NDMA, humanitarian organizations apportioned among them the districts targeted for drought relief assistance, thus complementing WFP's assistance. Particularly on CBT interventions, WFP collaborated closely with the Red Cross, specifically the Baphalali Swaziland Red Cross Society (BSRCS), to harmonize approaches and leverage gains made by other partners in this modality.

WFP worked with many NGOs in the implementation of the EMOP, including Africa Co-operative Action Trust (ACAT), Caritas, Save the Children and World Vision, as well as with the BSRCS. Partners were responsible for targeting and registrations, food distribution (where assistance was provided in-kind), community mobilization and monitoring. Specifically for the scale-up of the CBT component, WFP worked with ACAT, BSRCS and Save the Children to sensitize, target and register beneficiaries and support monitoring. NGO partners involved in relief and food security make up the Food Security Consortium (FSC), which is led by the Coordinating Assembly of NGOs (CANGO), Swaziland's NGO umbrella organisation. NGO partners were selected, in coordination with the NDMA, based on their presence and operational experience in targeted locations.

WFP trained cooperating partners in budgeting food assistance interventions to ensure efficiency and effectiveness. Trainings covered beneficiary targeting, sensitization, food and cash handling, feedback, nutrition messaging and the integration of gender-sensitive approaches.

WFP partnered with the only mobile phone service provider in the country, MTN, to facilitate distribution of cash through e-money cash accounts, locally known as mobile money. WFP selected a tertiary education institution, the Swaziland Christian University, to manage a CBT beneficiary feedback mechanism.

Gender issues were mainstreamed in the design and implementation of food assistance. For support on gender issues, WFP partnered with UNFPA (which worked with the Family Life Association of Swaziland), the Department of Social Welfare and the Gender and Family Issues Unit (both part of the Deputy Prime Minister's Office). UNFPA, for example, provided sexual reproductive health (SRH) services and gender-based violence (GBV) messaging during community sensitization sessions at food and cash distributions. In remote areas with limited access to

health facilities, mobile health clinics offering HIV and SRH services were dispatched, and dignity kits were distributed to adolescent girls in WFP's areas of operation. UNFPA was also provided with storage space for kits at WFP warehouses. Furthermore, beneficiaries were provided access to services such as health talks on HIV/AIDS and GBV. They were also provided with information on support services, reporting procedures and locations.

During the targeting process, the gender of the household head was considered. Overall, women headed-households were found to be more vulnerable. Through relief committees, women played a pivotal role in the targeting exercise, especially in identifying the most vulnerable in the community. WFP also held a workshop to sensitize partners on gender equality that was attended by Caritas, BSRCS, Save the Children, ACAT and World Vision.

In 2017, WFP started utilizing its corporate digital beneficiary and transfer-management platform (SCOPE) to standardise beneficiary management systems across distribution modalities and between cooperating partners. For the emergency response in Swaziland, the system was successfully utilized in a few locations where in-kind assistance was being implemented. For the CBT component the system was mainly used as a beneficiary data repository tool. By the end of the project all EMOP beneficiaries were enrolled on SCOPE. The Regional Bureau in Johannesburg provided trainings to the Country Office and cooperating partners, whose feedback highlighted that the tool was beneficial and that it streamlined processes. Registration of all beneficiaries in a single beneficiary management platform should reduce the risk of overlap in beneficiary counting and simplify distribution planning and reconciliation processes. WFP Swaziland is considering using SCOPE further in 2018 by adapting for development activities under the Transitional Interim Country Strategic Plan (T-ICSP), in addition to showcasing SCOPE to government for use in safety nets programming.

Strategic Objective 2: Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings following emergencies

Outcome 1: Capacity developed to address national food insecurity needs

Activity: Technical assistance

Through its technical assistance component and efforts to link the emergency response to resilience building, this EMOP contributed to WFP's longer term strategy in Swaziland: promoting full national ownership and management of food and nutrition security interventions. WFP supported the strengthening of national early warning, disaster management and response, food security monitoring systems, as well as the capacity of NDMA.

In 2017 WFP continued to support vulnerability assessment and analysis in Swaziland. In view of the drought, WFP provided support for a multi-sectoral rapid assessment with a focus on agriculture and food security, which provided early warning information on the food security situation at the end of the lean season. The Country Office also provided technical and financial support to the 2017 Swaziland Vulnerability Assessment Committee (VAC) Report, including in the Integrated Food Security Phase Classification (IPC) analysis, and in integrating gender and nutrition in data collection and analysis.

WFP aligned the activities under EMOP 200974 to the national drought response, coordinated by the NDMA. For effective coordination of the response, and to strengthen partnerships to achieve operational goals, the NDMA facilitated fortnightly inter-sectoral meetings. The meetings provided a forum to address implementation issues, prioritization in light of limited resources and coordination among stakeholders. WFP co-chaired the coordination meetings as the chair of the UN Technical Working Group on Drought. (Together with FAO and the Ministry of Agriculture, WFP also co-chairs the Agriculture and Food Security Sector.)

As a member of the Health and Nutrition Sector, WFP actively provided technical assistance to sector members and the Government to strengthen the implementation of drought-related mitigation activities in the areas of water, sanitation and health (WASH) and general food distribution. In collaboration with UNICEF, WHO and UNFPA, WFP supported a comprehensive health and nutrition assessment, conducted in 2016 and repeated in 2017.

To support resilience efforts in parallel with food assistance activities, WFP partnered with FAO to ensure that complementary livelihood activities were implemented. Together with the Ministry of Agriculture, FAO distributed farming inputs in areas where WFP implemented in-kind food assistance.

Results

Outcome 1: Stabilized or improved food consumption over assistance period for targeted households and/or individuals (FCS & HDDS)

Strategic Objective 1: Save lives and protect livelihoods in emergencies; WFP aims to achieve stabilized or improved food consumption over assistance period for targeted households and/or individuals.

WFP measured this outcome using two indicators: the food consumption score (FCS) and the household dietary diversity score (HDDS). Overall, WFP reached most targeted beneficiaries and increased their HDDS and FCS.

Looking at beneficiaries reached by respective transfer modality (in-kind food or CBT), more people were reached than planned for by each modality. However, fewer total beneficiaries were reached than planned for across modalities. The discrepancy was due to some beneficiaries being registered under both modalities as they move from receiving in-kind food to CBT.

FCS is a proxy indicator of household food security. It is a measure of dietary diversity, food frequency and relative nutritional importance of the food consumed in the seven days prior to the interview. The target is to reduce the prevalence of poor food consumption among the targeted households by 80 percent from the baseline value.

Post-distribution monitoring (PDM) surveys were conducted for food and cash interventions in mid-December 2016 and again in June 2017. Results show that by the end of the project, the proportion of households with poor FCSs decreased by 79 percent compared to the baseline. Female-headed households performed particularly well, exceeding the target with a reduction of 84.3 percent. For male-headed households the reduction was 68.3 percent.

The June 2017 PDM showed a significant difference in impact by transfer modality: for in-kind food assistance, the proportion of households with poor FCS decreased by 20 percent, while it decreased by 88 percent among those receiving CBT. The greater improvement for CBT households can be explained by the fact that in-kind food beneficiaries had already received one food distribution at the time of the baseline measurement, and therefore their baseline result reflects a FCS after one month of assistance. CBT beneficiaries, on the other hand, were assessed before receiving any assistance and therefore had a lower baseline. A further explanation could be that in-kind beneficiaries were confined to the consumption of cereals, pulses and oil, while CBT beneficiaries consumed more of other food groups, including those rich in animal protein (i.e. meat, fish, eggs, milk and dairy products) that have higher nutritional value.

HDDS is measured by counting the range of food items consumed during a week. A score of 6 is considered “good” and a score of 4.5 and below is considered “poor”. Like with FCS, the target for Strategic Objective 1 is to increase the HDDS of the targeted households from the baseline value.

The June 2017 PDM showed an overall improvement in HDDS for all households, with no significant difference between female- and male-headed households. CBT beneficiaries had a higher average HDDS, likely due to their ability to diversify their food baskets. Beneficiaries mainly consumed cereal, pulses, sugar and oil, accompanied by a small amount of other food items. This meant that most of the beneficiary households had an acceptable food consumption score; however, the diet of in-kind food beneficiaries was more limited. This explains the better performance of CBT beneficiaries for both indicators (FCS and HDDS).

WFP, through its cooperating partners, sensitized beneficiaries on basic nutrition and food security information. This basic knowledge allowed beneficiaries to make informed choices when using the CBT to purchase food items. WFP strengthened its nutrition expertise in the Country Office, and nutrition messages were provided to beneficiaries by WFP and cooperating partners.

Outcome 2: Improve capacity development to address national food insecurity needs (EPCI)

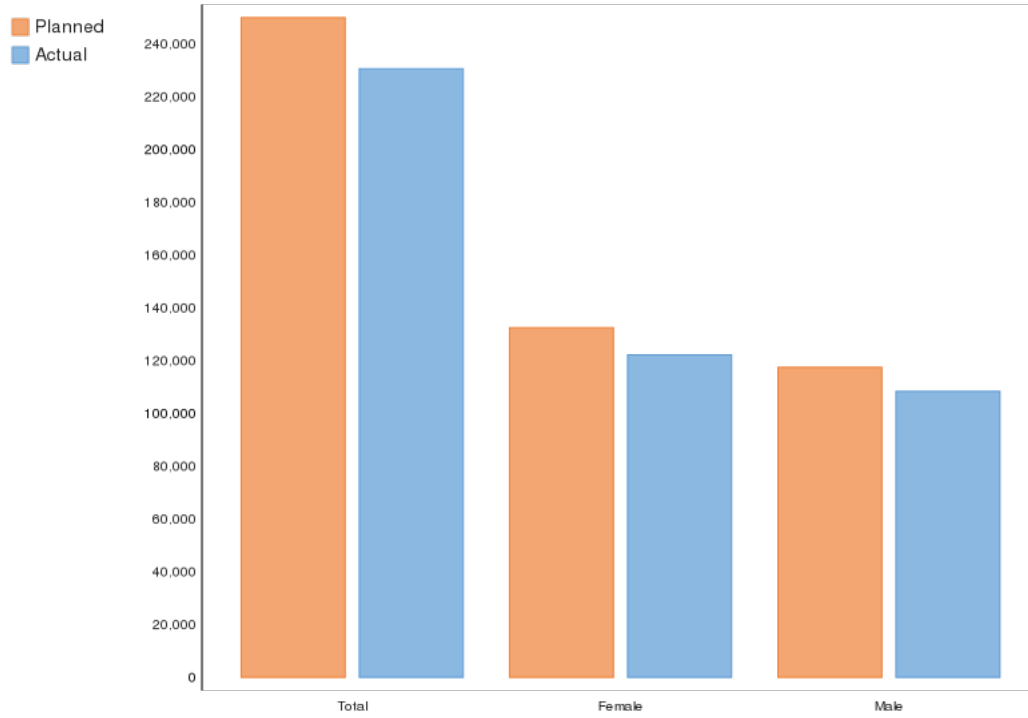
Under Strategic Objective 2: Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies, WFP aims to improve capacity development to address national food insecurity needs.

WFP employs the emergency preparedness and response capacity index (EPCI), which provides an average score of the changes in preparedness for emergency response resulting from its interventions. Scores can range from 6 to 24, with 24 indicating that the Government has achieved its goals in developing preparedness mechanisms.

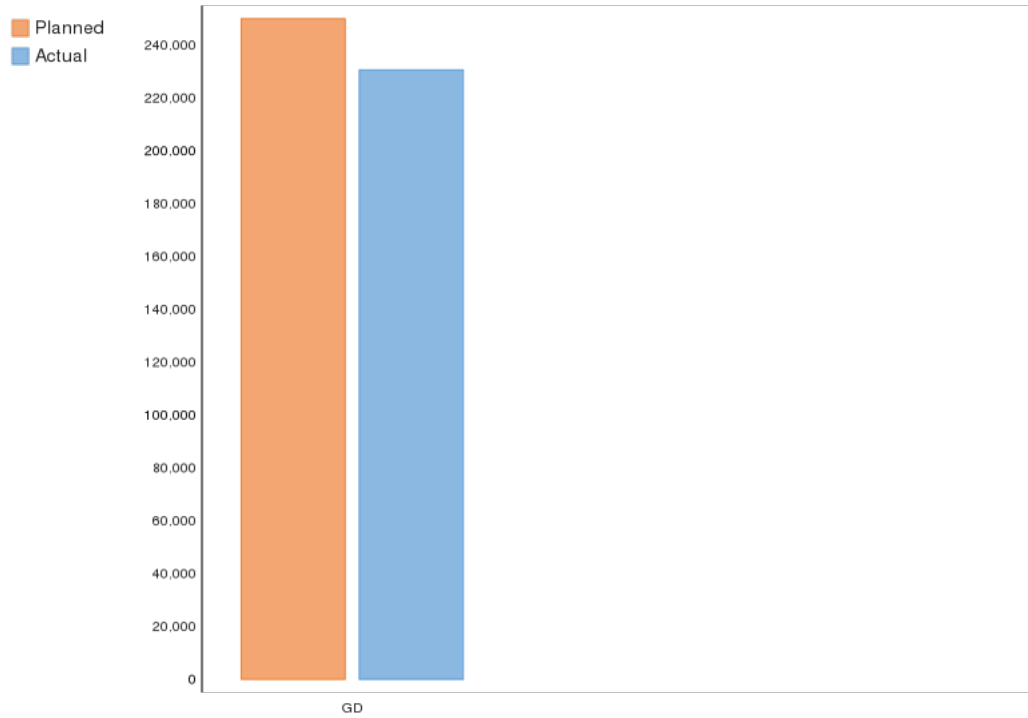
Between December 2016 and the end of this EMOP in June 2017, the EPCI value increased by one point in food security and vulnerability analysis, with the government taking the leadership in developing food security and vulnerability analysis systems and maintaining them. WFP's provision of training and technical support to government contributed to this improvement.

Over the course of the EMOP, government capacity in hazard analysis and early warning in support of food security remained static, as it began with fairly advanced capacity. WFP continued to provide support in this area. When the emergency was declared in Swaziland in February 2016, only certain sectors were activated. WFP, through the EMOP, only focused on the activated sectors. For this reason no improvement was achieved in the areas of humanitarian supply chain management and emergency telecommunications, since they were not among the activated sectors.

Annual Project Beneficiaries

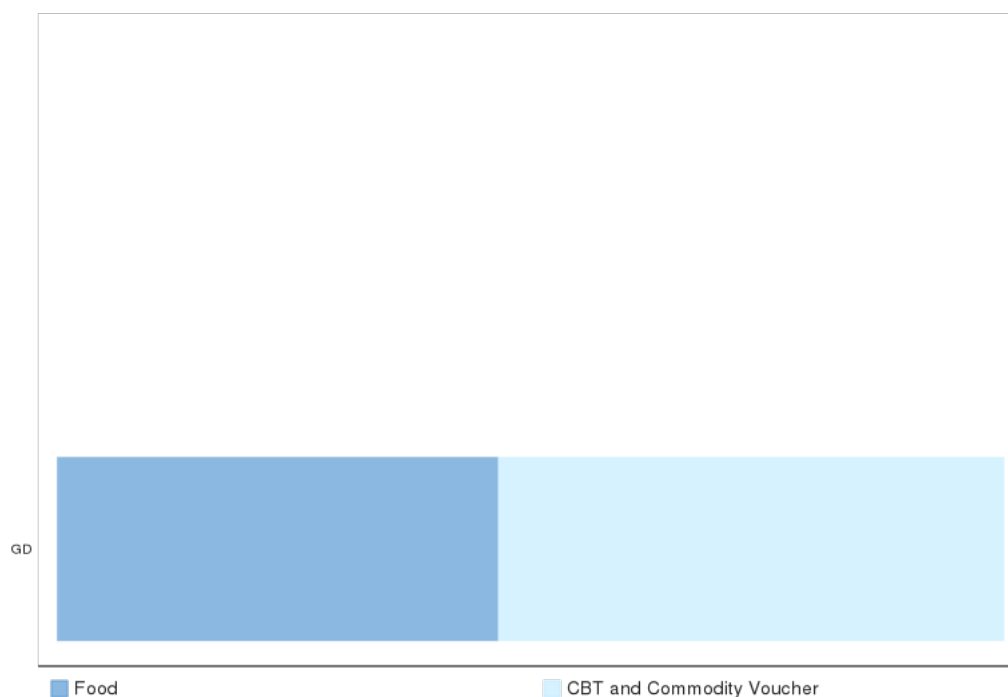


Annual Project Beneficiaries by Activity



GD: General Distribution (GD)

Modality of Transfer by Activity



GD: General Distribution (GD)



Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Beans	915	37	4.0%
Maize	3,660	3,379	92.3%
Peas	-	771	-
Vegetable Oil	329	303	92.0%
Total	4,904	4,490	91.5%



Cash Based Transfer and Commodity Voucher Distribution for the Project (USD)

Modality	Planned (USD)	Actual (USD)	% Actual v. Planned
Cash	3,056,440	3,689,402	120.7%
Total	3,056,440	3,689,402	120.7%

Performance Monitoring

WFP's monitoring and evaluation (M&E) plan details monitoring activities, including staffing, monitoring coverage, processes, output and outcome monitoring, and resources required. Monitoring activities were carried out by WFP field monitoring assistants (FMA) and cooperating partners. These activities had three main components: process monitoring, output monitoring and outcome monitoring.

WFP FMAs were responsible for beneficiary contact monitoring and data collection, the main data source for M&E reporting. FMAs carried out oversight visits to Emergency Operation (EMOP) sites and assessed socio-economic status at community level. To ensure that monitoring activities were carried out effectively, WFP regularly trained FMAs and cooperating partners on M&E procedures and data collection tools, such as questionnaires and checklists.

Process monitoring was carried out by WFP to assess partners' implementation effectiveness and adherence to procedures during distributions. Process monitoring took place during FMAs' monthly monitoring visits, using checklists. It tracked implementation progress and listed factors that influenced expected intervention outcomes. Field monitors recorded detailed findings and produced a separate report for immediate follow-up. Following training conducted with partners, assessments from the field indicated that partners in general followed the required procedures during food distribution; any challenges encountered were addressed.

During output monitoring, cooperating partners collected basic indicator data before and after distribution. Indicators included the number of beneficiaries, their gender and age, as well as the type and quantity of food delivered. Cooperating partners used data collection tools provided by WFP to record information, which was entered into the country office M&E tool (COMET), a WFP corporate database which stores beneficiary data to enhance country office reporting processes.

Outcome monitoring was carried out to measure the results achieved against programme objectives. It identified the intended and unintended effects of the intervention and allowed WFP to make informed decisions, take corrective action and strengthen accountability. To measure outcome results, WFP conducted a baseline assessment at the early stages of the operation, which was followed up with two post distribution monitoring (PDM) surveys: baseline data for the in-kind food modality was collected in July 2016 and collected for the cash-based transfers (CBT) modality in October 2016. Follow-up assessments took place in December 2016 and June 2017 respectively to measure mid-term and end-of-project results.

For the PDM data collection exercises a two-stage cluster sample procedure was applied. Stage one involved the random selection of distribution points, and stage two involved the random selection of beneficiary households receiving assistance from the selected distribution points, to whom structured questionnaires were administered. However, the June 2017 PDM, which looked at both CBT and in-kind food beneficiaries, was not representative of transfer modality. Information from key informants, collected through a structured questionnaire, provided additional context.

Data collection at all three level (process, outputs and outcomes) was undertaken using mobile devices, allowing WFP to obtain more reliable and accurate data and improve efficiency. The Country Office collected data using Open Data Kit (ODK), and in March 2017 shifted to Ona, a modified version of ODK that allows for real-time data analysis and visualization.

Based on lessons learned, improvements were made in the consolidation and use of evaluation findings to inform project design and monitoring. WFP also improved analysis, reporting and systematic data storage. Monitoring resources were adequate throughout the year, allowing WFP sufficient numbers of FMAs and the ability to hire enumerators and supply the proper equipment, including tablets.

Progress Towards Gender Equality

Results for the final post-distribution monitoring (PDM) survey conducted do not differ significantly between in-kind and cash-based transfer (CBT) beneficiaries. Women were the main decision-makers both on the use of food (66.9 percent) and on the use of cash (64 percent). The larger proportion of women decision-makers is consistent with common cultural family dynamics in Swaziland, whereby women are seen to be more active in the household on issues of food handling. Women were also targeted to be the main recipients of cash assistance.

There was progress in joint decision-making as a result of advocacy and sensitization of beneficiaries on gender parity. Even though the proportion of men and women making decisions together did not meet the target set by WFP, there was an increase from the baseline of 17 to 24 percent.

WFP places great importance on beneficiary safety and security. It sought to provide a comprehensive package to beneficiaries, and through a partnership with UNFPA provided sexual reproductive health (SRH) and protection information services during food distribution activities. Other stakeholders from the Protection Sector involved were

the Family Life Association of Swaziland (FLAS), the Department of Social Welfare in the Deputy Prime Minister's Office and World Vision.

In 2017 WFP followed up on reported episodes of gender-based violence (GBV) among beneficiaries that occurred in 2016. These issues generally involved occurrences of violence by men who wanted to take their cash for purposes other than for food or to enhance their livelihoods. WFP reported these episodes to World Vision and UNFPA, who followed up.

Targets were exceeded for the gender indicator of "proportion of women project management committee members trained on modalities of food and cash distribution", with 100 percent of the women trained. Promoting the participation of women in project management committees amplifies the voice and role of women in local communities. In terms of the "proportion of women beneficiaries in leadership position of project management committees", there was an increase from 80.2 to 81.6 percent. Selection of project committee members is democratic. Communities preferred women as leaders of committees. Women leaders demonstrated strong commitment to project activities.

Protection and Accountability to Affected Populations

Security concerns are limited in Swaziland. WFP and its partners, in coordination with local authorities, ensured security and safety in the proximity of food distribution points (FDP) and mobile money agents. Food distributions were carried out in the morning to allow beneficiaries time to collect the assistance and return home before nightfall. There were few security incidents reported and none had a specific relationship to the project.

The EMOP baseline survey showed that safety indicators were above targets. No beneficiary reported any safety issues while travelling to or from - or at - WFP assistance sites. In the final post distribution monitoring (PDM), 1 percent of those who received in-kind food transfers reported some safety issue.

Before starting any programme activity, targeted communities receive important information. During these meetings cooperating partner and WFP staff brief beneficiary communities on programme objectives, beneficiary selection criteria, implementation modalities, rations to be received and how to provide feedback about the programme. Throughout programme implementation, cooperating partners ensured communication with beneficiaries to keep them informed of the implementation schedule.

As part of the June 2017 PDM survey, beneficiaries were asked questions to determine if they were fully informed about the programme. In order to consider a household as informed, beneficiaries must have knowledge of who is included, what people will receive, and how to give and receive feedback. Overall, only 35.3 percent responded that they were informed about the programme, showing a decrease from the baseline. Further analysis of this result showed that 30 percent of interviews were not with household heads and such interviewees were unlikely to have been fully informed about the programme. Nonetheless, 87 percent of beneficiaries were able to explain which entitlements they should receive, and 81 percent demonstrated that they understood the eligibility criteria for WFP assistance.

Regular field monitoring visits provide the opportunity for WFP staff to keep beneficiaries informed, and to collect beneficiary complaints, if any. In addition to this, the Country Office established a feedback mechanism to collect beneficiary perceptions at each FDP. The mechanism employed suggestion boxes, which were placed at strategic points at each site, while a help desk on the day of distribution allowed beneficiaries to register complaints. The help desk consisted of representatives of cooperating partner agencies, WFP and community leaders. Beneficiaries were sensitized to use all mechanisms to share views about the assistance they received. There were no significant complaints received from beneficiaries. In most CBT cases beneficiaries complained about outstanding payments. A common complaint from food beneficiaries related to exclusion errors. In a few instances beneficiaries complained that they were made to wait a long time at distribution sites before trucks carrying food arrived.

In order to improve the beneficiary feedback mechanism, the country office engaged an independent entity, the Swaziland Christian University, to run a hotline service for CBT beneficiaries. In total, there were 315 beneficiary calls between May and July 2017. Of these, 3 percent were from in-kind food recipients and 97 percent from cash recipients. The majority (83 percent) complained that payment had not yet been received, followed by registration issues (10 percent), other (5 percent), political issues (1 percent) and technical issues (0.5 percent). Overall, 75 percent of callers were female, who make up the majority of entitlement recipients. All issues related to beneficiaries not having received assistance were addressed by WFP.

Figures and Indicators

Data Notes

Cover page photo © WFP/Paula Fredin

WFP beneficiary receiving a cash-based transfer during the El Nino-induced drought.

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	117,500	132,500	250,000	108,389	122,226	230,615	92.2%	92.2%	92.2%
By Age-group:									
Children (under 5 years)	15,000	17,500	32,500	13,837	16,143	29,980	92.2%	92.2%	92.2%
Children (5-18 years)	37,500	42,500	80,000	34,592	39,205	73,797	92.2%	92.2%	92.2%
Adults (18 years plus)	65,000	72,500	137,500	59,960	66,878	126,838	92.2%	92.2%	92.2%
By Residence status:									
Residents	117,500	132,500	250,000	108,389	122,226	230,615	92.2%	92.2%	92.2%

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)
General Distribution (GD)	122,000	128,000	250,000	123,835	142,035	230,615	101.5%	111.0%	92.2%

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)
General Distribution (GD)	24,400	25,600	50,000	24,767	28,407	46,123	101.5%	111.0%	92.2%

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)
General Distribution (GD)									
People participating in general distributions	23,500	26,500	50,000	21,678	24,445	46,123	92.2%	92.2%	92.2%
Total participants	23,500	26,500	50,000	21,678	24,445	46,123	92.2%	92.2%	92.2%
Total beneficiaries	117,500	132,500	250,000	108,389	122,226	230,615	92.2%	92.2%	92.2%

Project Indicators

Outcome Indicators

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
SO1 Save lives and protect livelihoods in emergencies				
Stabilized or improved food consumption over assistance period for targeted households and/or individuals				
FCS: percentage of households with poor Food Consumption Score				
SWAZILAND, CASH, Project End Target: 2017.05, PDM, Base value: 2016.10, WFP survey, PDM, Previous Follow-up: 2016.12, WFP survey, PDM, Latest Follow-up: 2017.06, WFP survey, PDM	<2.16	10.80	4.70	1.30
FCS: percentage of households with poor Food Consumption Score (female-headed)				
SWAZILAND, CASH, Project End Target: 2017.05, PDM, Base value: 2016.10, WFP survey, PDM, Previous Follow-up: 2016.12, WFP survey, PDM, Latest Follow-up: 2017.06, WFP survey, PDM	<2.52	12.60	3.60	0.50

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
FCS: percentage of households with poor Food Consumption Score (male-headed)				
SWAZILAND, CASH, Project End Target: 2017.05, PDM, Base value: 2016.10, WFP survey, PDM, Previous Follow-up: 2016.12, WFP survey, PDM, Latest Follow-up: 2017.06, WFP survey, PDM	<1.60	7.90	5.90	2.60
Diet Diversity Score				
SWAZILAND, CASH, Project End Target: 2017.05, PDM, Base value: 2016.10, WFP survey, PDM, Previous Follow-up: 2016.12, WFP survey, PDM, Latest Follow-up: 2017.06, WFP survey, PDM	>4.50	4.21	5.10	5.54
Diet Diversity Score (female-headed households)				
SWAZILAND, CASH, Project End Target: 2017.05, PDM, Base value: 2016.10, WFP survey, PDM, Previous Follow-up: 2016.12, WFP survey, PDM, Latest Follow-up: 2017.06, WFP survey, PDM	>4.50	4.15	5.15	5.57
Diet Diversity Score (male-headed households)				
SWAZILAND, CASH, Project End Target: 2017.05, PDM, Base value: 2016.10, WFP survey, PDM, Previous Follow-up: 2016.12, WFP survey, PDM, Latest Follow-up: 2017.06, WFP survey, PDM	>4.50	4.31	5.09	5.49
FCS: percentage of households with poor Food Consumption Score				
SWAZILAND, FOOD, Project End Target: 2017.05, PDM, Base value: 2016.07, WFP survey, PDM, Previous Follow-up: 2016.12, WFP survey, PDM, Latest Follow-up: 2017.06, WFP survey, PDM	<0.50	2.50	0.20	2.00
FCS: percentage of households with poor Food Consumption Score (female-headed)				
SWAZILAND, FOOD, Project End Target: 2017.05, PDM, Base value: 2016.07, WFP survey, PDM, Previous Follow-up: 2016.12, WFP survey, PDM, Latest Follow-up: 2017.06, WFP survey, PDM	<0.68	3.40	0.00	3.10
FCS: percentage of households with poor Food Consumption Score (male-headed)				
SWAZILAND, FOOD, Project End Target: 2017.05, PDM, Base value: 2016.07, WFP survey, PDM, Previous Follow-up: 2016.12, WFP survey, PDM, Latest Follow-up: 2017.06, WFP survey, PDM	<0.30	1.50	0.40	0.80
Diet Diversity Score				
SWAZILAND, FOOD, Project End Target: 2017.05, PDM, Base value: 2016.07, WFP survey, PDM, Previous Follow-up: 2016.12, WFP survey, PDM, Latest Follow-up: 2017.06, WFP survey, PDM	>4.50	4.63	4.84	4.98
Diet Diversity Score (female-headed households)				
SWAZILAND, FOOD, Project End Target: 2017.05, PDM, Base value: 2016.07, WFP survey, PDM, Previous Follow-up: 2016.12, WFP survey, PDM, Latest Follow-up: 2017.06, WFP survey, PDM	>4.50	4.60	4.87	4.88
Diet Diversity Score (male-headed households)				
SWAZILAND, FOOD, Project End Target: 2017.05, PDM, Base value: 2016.07, WFP survey, PDM, Previous Follow-up: 2016.12, WFP survey, PDM, Latest Follow-up: 2017.06, WFP survey, PDM	>4.50	4.66	4.81	5.09

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
FCS: percentage of households with poor Food Consumption Score				
SWAZILAND, FOOD AND CASH, Project End Target: 2017.05, PDM, Base value: 2016.08, WFP survey, PDM, Previous Follow-up: 2016.12, WFP survey, PDM, Latest Follow-up: 2017.06, WFP survey, PDM	<1.43	7.13	2.13	1.50
FCS: percentage of households with poor Food Consumption Score (female-headed)				
SWAZILAND, FOOD AND CASH, Project End Target: 2017.05, PDM, Base value: 2016.08, WFP survey, PDM, Previous Follow-up: 2016.12, WFP survey, PDM, Latest Follow-up: 2017.06, WFP survey, PDM	<1.78	8.92	1.71	1.40
FCS: percentage of households with poor Food Consumption Score (male-headed)				
SWAZILAND, FOOD AND CASH, Project End Target: 2017.05, PDM, Base value: 2016.08, WFP survey, PDM, Previous Follow-up: 2016.12, WFP survey, PDM, Latest Follow-up: 2017.06, WFP survey, PDM	<0.95	4.73	2.52	1.50
Diet Diversity Score				
SWAZILAND, FOOD AND CASH, Project End Target: 2017.05, PDM, Base value: 2016.08, WFP survey, PDM, Previous Follow-up: 2016.12, WFP survey, PDM, Latest Follow-up: 2017.06, WFP survey, PDM	>4.50	4.40	4.96	5.32
Diet Diversity Score (female-headed households)				
SWAZILAND, FOOD AND CASH, Project End Target: 2017.05, PDM, Base value: 2016.08, WFP survey, PDM, Previous Follow-up: 2016.12, WFP survey, PDM, Latest Follow-up: 2017.06, WFP survey, PDM	>4.50	4.34	5.00	5.32
Diet Diversity Score (male-headed households)				
SWAZILAND, FOOD AND CASH, Project End Target: 2017.05, PDM, Base value: 2016.08, WFP survey, PDM, Previous Follow-up: 2016.12, WFP survey, PDM, Latest Follow-up: 2017.06, WFP survey, PDM	>4.50	4.39	4.93	5.32
SO2 Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies				
Capacity developed to address national food insecurity needs				
EPCI: Emergency Preparedness and Response Capacity Index				
SWAZILAND, Project End Target: 2017.05, Base value: 2016.08, Joint survey, Previous Follow-up: 2016.12, Joint survey, Latest Follow-up: 2017.06, Joint survey	>13.00	13.00	15.00	16.00

Output Indicators

Output	Unit	Planned	Actual	% Actual vs. Planned
SO2: General Distribution (GD)				
Number of food security and nutrition monitoring/surveillance reports produced with WFP support	report	2	2	100.0%
Number of government counterparts trained in data collection and analysis on food and nutrition security	individual	9	9	100.0%
Number of government/national partner staff receiving technical assistance and training	individual	50	42	84.0%
Number of national assessments/data collection exercises in which food security and nutrition were integrated with WFP support	exercise	3	3	100.0%

Output	Unit	Planned	Actual	% Actual vs. Planned
Number of technical support activities provided on food security monitoring and food assistance	activity	3	3	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				
<i>SWAZILAND, General Distribution (GD), Project End Target: 2017.05, Base value: 2016.08, Previous Follow-up: 2016.12, Latest Follow-up: 2017.06</i>	=50.00	17.70	24.80	24.70
Proportion of households where females make decisions over the use of cash, voucher or food				
<i>SWAZILAND, General Distribution (GD), Project End Target: 2017.05, Base value: 2016.08, Previous Follow-up: 2016.12, Latest Follow-up: 2017.06</i>	=25.00	70.10	64.30	66.40
Proportion of households where males make decisions over the use of cash, voucher or food				
<i>SWAZILAND, General Distribution (GD), Project End Target: 2017.05, Base value: 2016.08, Previous Follow-up: 2016.12, Latest Follow-up: 2017.06</i>	=25.00	12.20	10.90	8.90
Proportion of women beneficiaries in leadership positions of project management committees				
<i>SWAZILAND, General Distribution (GD), Project End Target: 2017.05, Base value: 2016.08, Previous Follow-up: 2016.12, Latest Follow-up: 2017.06</i>	>50.00	80.20	81.60	81.60
Proportion of women project management committee members trained on modalities of food, cash, or voucher distribution				
<i>SWAZILAND, General Distribution (GD), Project End Target: 2017.05, Base value: 2016.08, Previous Follow-up: 2016.12, Latest Follow-up: 2017.06</i>	>60.00	100.00	100.00	100.00

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)				
<i>SWAZILAND, General Distribution (GD), Project End Target: 2017.05, Base value: 2016.08, Previous Follow-up: 2016.12, Latest Follow-up: 2017.06</i>	=70.00	60.60	55.10	35.00
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>SWAZILAND, General Distribution (GD), Project End Target: 2017.05, Base value: 2016.08, Previous Follow-up: 2016.12, Latest Follow-up: 2017.06</i>	=80.00	100.00	98.20	99.60

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
<i>SWAZILAND, General Distribution (GD), Project End Target: 2017.05, Base value: 2016.08, Previous Follow-up: 2016.12, Latest Follow-up: 2017.06</i>	=70.00	50.30	61.30	35.60
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
<i>SWAZILAND, General Distribution (GD), Project End Target: 2017.05, Base value: 2016.08, Previous Follow-up: 2016.12, Latest Follow-up: 2017.06</i>	=80.00	100.00	98.30	98.60
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
<i>SWAZILAND, General Distribution (GD), Project End Target: 2017.05, Base value: 2016.08, Previous Follow-up: 2016.12, Latest Follow-up: 2017.06</i>	=70.00	54.70	57.90	35.30
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
<i>SWAZILAND, General Distribution (GD), Project End Target: 2017.05, Base value: 2016.08, Previous Follow-up: 2016.12, Latest Follow-up: 2017.06</i>	=80.00	100.00	98.20	99.00

Partnership Indicators

Cross-cutting Indicators	Project End Target	Latest Follow-up
Amount of complementary funds provided to the project by partners (including NGOs, civil society, private sector organizations, international financial institutions and regional development banks)		
<i>SWAZILAND, General Distribution (GD), Project End Target: 2017.03, Latest Follow-up: 2017.06</i>	=340,040.00	50,088.00
Number of partner organizations that provide complementary inputs and services		
<i>SWAZILAND, General Distribution (GD), Project End Target: 2017.03, Latest Follow-up: 2017.06</i>	=9.00	9.00
Proportion of project activities implemented with the engagement of complementary partners		
<i>SWAZILAND, General Distribution (GD), Project End Target: 2017.03, Latest Follow-up: 2017.06</i>	=100.00	100.00

Resource Inputs from Donors

Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2017 (mt)	
			In-Kind	Cash
Japan	JPN-C-00545-01	Maize	-	1,457
Japan	JPN-C-00545-01	Peas	-	310
Japan	JPN-C-00545-01	Vegetable Oil	-	112
USA	USA-C-01248-01	Beans	-	1
USA	USA-C-01248-01	Peas	-	106

Donor	Cont. Ref. No.	Commodity	Purchased in 2017 (mt)	
			In-Kind	Cash
		Total	-	1,985