

[ver V0.6 May 2017]



SWAZILAND
TRANSITIONAL INTERIM COUNTRY STRATEGIC PLAN
(YEAR 2018-2019)

Duration	1 January 2018 to 30 June 2019
Total cost to WFP	USD 7 887 216
Gender and Age Marker Code	2A

EXECUTIVE SUMMARY

- WFP's role in Swaziland is shifting from an operational partner implementing food and nutrition assistance to a provider of focused and systems-based technical support, and institutional strengthening to build the Government of Swaziland's capacities to achieve food and nutrition security, and its commitments to the Sustainable Development Goals (SDGs).
- The Transitional Interim Country Strategic Plan (T-ICSP) for Swaziland is based on: i) lessons learned from operational experience; ii) consultations with the Government, donors and partners; and iii) an assessment of funding possibilities.
- In pursuit of SDG targets, WFP's assistance in Swaziland aims to improve the food and nutrition security of the most vulnerable impacted by poverty and HIV/AIDS.
- WFP's activities in Swaziland address the food and nutritional needs of orphans and other vulnerable children (OVC), of groups affected by HIV and tuberculosis (TB), and of women receiving treatment to prevent the transmission of HIV during pregnancy, labour, delivery or breastfeeding (PMTCT). WFP programmes recognize the priorities of the Government as expressed in its National Development Strategy, and are in line with the current UNDAF (2016-2020) and WFP's Strategic Plan (2017-2021).
- The T-ICSP reflects the challenging funding environment in Swaziland, a lower middle-income country with high levels of income inequality and persistent levels of malnutrition and food insecurity among predominantly rural populations. Government contributions to meet these challenges will assist in resource mobilization.
- WFP supports the Government in achieving the following strategic outcomes:
 - (1) Children under five, anti-retroviral therapy (ART), TB and PMTCT clients in Swaziland have improved nutritional status in line with national targets by 2022.
 - (2) The national social protection system in Swaziland is able to target and assist the most food insecure and nutritionally vulnerable populations throughout the year, including in response to shocks.
- WFP will begin transitioning its current programmes to full national ownership. It will continue to support to people living with HIV and undergoing TB care and treatment as well as to orphans and other vulnerable children; and to increase technical assistance to strengthen implementation, coordination, monitoring and oversight of nutrition services to support social protection in the country.
- The strategic orientation of the T-ICSP builds on a 2015 review of the country strategy. It capitalizes on WFP's global and in-country strengths, including expertise in nutrition and HIV programming; safety nets, school meals; vulnerability assessment, and supply chain.
- The formulation of a new Country Strategic Plan (CSP), to take effect from July 2019, is within the scope of the T-ICSP. Work on the CSP will be informed by Swaziland's Zero Hunger Strategic Review. The CSP will entail development of a fully elaborated partnership and advocacy strategy and action plan, as well as a review and full integration of the country office's Gender Action Plan.
- The Government is WFP's primary partner. Development partners' contributions will likely be channeled through technical assistance to government on nutrition-sensitive initiatives rather than food assistance or nutrition-specific programmes.

1. COUNTRY ANALYSIS

1.1. COUNTRY CONTEXT

1. The Kingdom of Swaziland is a landlocked country in southern Africa, with a growing population of 1.1 million with 52 percent of people under the age of twenty. Swaziland ranked 148th of 188 countries listed in the 2016 Human Development Index (HDI). Despite being a lower middle-income country income inequality is high: 63 percent of Swazis live below the national poverty line.¹ Life expectancy is 49 years and 45 percent of children are orphaned or vulnerable.
2. With a ranking in the 2016 Global Hunger Index (GHI) of 83 of 118 countries, the food and nutrition situation in Swaziland is classified as “serious”.² About 77 percent (52 percent women and 48 percent men) of Swazis rely on subsistence farming for their livelihoods.³ In 2015/16, Swaziland experienced the driest agricultural season in the past 35 years due to El Niño, resulting in significant reduction of crop production and poor pasture conditions.
3. Swaziland is ranked 128 out of 188 countries in the Gender Inequality Index.⁴ Women and girls endure disproportionate vulnerability to poverty and disease, due in part to legislation that does not adequately protect women; poor access to income generation opportunities, education and health services; and gender-based violence.⁵ One in 3 women in Swaziland has experienced some form of sexual abuse by the time they are 18 years and 48 percent have experienced some form of sexual violence.⁶

1.2. PROGRESS TOWARDS SDG 2

4. Swaziland was a signatory to the United Nations Millennium Declaration of 2000, and has fully subscribed to the 2030 Agenda for Sustainable Development. It made progress on several Millennium Development Goals (MDGs) but fell short on three of the eight, including MDG 1 – halving extreme poverty and hunger by 2015. The country also did not achieve targets under the health MDGs, goals 4 (reduce child mortality) and 5 (improve child maternal health). Swaziland’s inability to achieve these targets is attributed to low economic growth and the persistent impact of HIV/AIDS.⁷
5. The SDG country report for 2016, developed with the support of the UN, notes Swaziland aspires to emerge as a “first world country” by 2022.⁸ For Swaziland the challenge is steep: from 2016 it must achieve economic growth year-on-year of 5 percent per annum to eradicate poverty by 2030.⁹ Similarly, to achieve Zero Hunger by 2030 it must reduce the number of individuals who experience hunger in all its

¹ World Bank, 2017. See <http://data.worldbank.org/country/swaziland>, accessed on 13 April 2017.

² IFPRI GHI : <http://www.ifpri.org/topic/global-hunger-index>.

³ Swaziland United Nations Development Assistance Framework (2016-2020).

⁴ See <http://hdr.undp.org/en/content/gender-inequality-index>, accessed on 13 April 2017.

⁵ Swaziland Vulnerability Assessment Committee (VAC) 2016.

⁶ UNICEF, 2007. A National Study on Violence Against Children and Young Women in Swaziland.

⁷ Swaziland Millennium Development Goals Report (MDGR) 2015.

⁸ Government of Swaziland and United Nations Development Group, Swaziland’s Transition Report from the MDGs to the SDGs, 2016.

⁹ Ibid.

dimensions by about 65.2 thousand people per year.¹⁰ Given the economic stasis facing the country, there is an urgent need to develop an implementation plan to meet the targets of the SDG agenda.

➤ *Access to food*

6. High dependence on rain-fed maize production, very low income levels of rural smallholders and high prices of food and agricultural inputs together with high rates of HIV and AIDS among wage earners are the main drivers of food insecurity in the country.
7. Between 2011 and 2015 on average 18 percent of the population was affected by food insecurity each year. In 2015/16, Swaziland experienced the driest agricultural season of the past 35 years due to El Niño, resulting in significant reduction of crop production and poor pasture conditions. Food insecurity has affected over 30 percent of the Swazi population, with 350,000 people in need of food assistance during the 2016/2017 lean season.¹¹
8. Long-term food production deficits have serious implications for food access. Swaziland consistently produces less maize (the staple crop) than needed to meet national requirements. From 1996 to 2013 maize production fell by 42 percent.

➤ *End malnutrition*

9. Chronic malnutrition is the main nutrition concern in Swaziland. Stunting affects 25.5 percent of children under five years,¹² a prevalence rate classified as ‘medium severity’ by the World Health Organization (WHO). Historically rural children are more likely to be stunted than urban children, and boys are more likely to be stunted than girls.¹³ Wasting and underweight are 2 percent and 5.8 percent respectively¹⁴ and about one in three children (6-23 month old) do not receive the minimum dietary diversity.¹⁵ Child under-nutrition is associated with 8 percent of child mortality. The equivalent of 3.1 percent of Gross Domestic Product (GDP) is lost to costs associated with child under-nutrition.¹⁶
10. High stunting rates in children exist alongside high levels of overweight in children (9 percent)¹⁷ and adults, indicating a double burden of malnutrition. Twenty eight percent of women are classified as overweight and 23 percent as obese. Micronutrient malnutrition also affects the nutritional status of the population, with 42 percent of children (6-59 months) suffering from some degree of iron-deficiency anemia,¹⁸ and only 63.8 percent of infants under 6 months of age are exclusively breastfed.

¹⁰ Government of Swaziland and United Nations Development Group. Transition Report from the MDGs to the SDGs, 2016.

¹¹ Swaziland VAC, Swaziland Annual Vulnerability Assessment and Analysis Report 2016.

¹² Government of Swaziland. 2015. Swaziland Multiple Indicator Cluster Survey (MICS) 2014.

¹³ Government of Swaziland. MICS 2010.

¹⁴ Government of Swaziland. MICS 2014.

¹⁵ Government of Swaziland. MICS 2014.

¹⁶ The Cost of Hunger in Swaziland: The Social and Economic Impact of Child Undernutrition. 2013. Government of Swaziland, African Union, NEPAD, UN ECA, WFP.

¹⁷ Government of Swaziland 2015. Swaziland Multiple Indicator Cluster Survey 2014.

¹⁸ Government of Swaziland 2007. Demographic and Health Survey 2006-2007.

Undernutrition also affects people living with HIV and/or TB. Twelve percent of those receiving anti-retroviral therapy (ART) and 33 percent of those initiating TB treatment are acutely malnourished.¹⁹ Men are more likely to be malnourished than women because they seek treatment later than women and therefore have poorer health and nutritional status when they do access care.²⁰

➤ *Smallholder productivity and incomes*

11. The agriculture sector accounts for approximately 11 percent of GDP and smallholders contribute some 10 percent to the agricultural sector.²¹ The agriculture sector is adversely affected by limited budget allocation and low coverage of activities to increase smallholder production. The Government has committed to the Malabo Declaration target to allocate a minimum of 10 percent of the national budget to agriculture, yet allocations for the fiscal year 2015/16 amounted to 3.4 percent. Farmers face financial and operational barriers to using all arable land available to them. Barriers include affordable and timely access to farming inputs and technology, market inefficiencies that de-incentivize smallholder production.
12. Although the Constitution of Swaziland (2005) granted women equal status, women's access to and control of productive resources, for example land, bond and income, remain limited in many parts of the country (especially rural areas). In practice, access to Swazi Nation Land without a husband or a male child is still difficult for most women and impacts sustainable agricultural practices and access to inputs and markets.

➤ *Sustainable food systems*

13. Swaziland targets for food and nutrition security align with the Zero Hunger goals to end hunger and stunting through access to adequate nutritious food, sustainable food systems, smallholder production, and zero waste.
14. Low agricultural production can be partly attributed to absence of marketable surplus and high costs due to supply chain inefficiencies. Markets opt for cheaper imported maize, pushing local maize onto the informal market with variable, localized prices. Volatile prices in turn discourage local maize production. Suboptimal agricultural performance is also attributed to erratic weather, dependence on rain-fed agriculture, the land tenures system, high prices of farm inputs and correspondingly, low utilization of improved agricultural technologies. Women disproportionately face challenges with land ownership, further reducing their access to financial services and resources needed for farming, despite being primarily responsible for production.
15. The effects of climate change have a significant impact on livelihoods for rural farmers. In the agro-ecological zone of the Lowveld, climatic conditions are unsuitable and smallholder farmers, who rely on rain-fed agriculture, are highly vulnerable to climate shocks. The majority of farmers own 1 to 5 hectares and produce on average 1 mt per hectare, lower than the estimated break even yield for a small-scale maize producer of 2 mt per hectare. These factors suggest a high risk of vulnerable households not being able to access adequate nutritious food in coming years.

¹⁹ World Food Programme and Ministry of Health, Malnutrition Baseline Survey, 2010.

²⁰ Ministry of Health, Annual HIV Programme Report 2013.

²¹ WFP 2015 Special Report, FAO/WFP Crop and Food Security Assessment Mission (CFSAM) Swaziland.

➤ *Macro-economic environment*

16. Swaziland is a lower middle-income country with high levels of income inequality: 63 percent of Swazis live below the national poverty line.²² With a GINI index of 51.5, the wealthiest 10 percent hold 40 percent of the wealth, and the poorest 10 percent only 1.7 percent.²³ Unemployment stood at 41.7 percent for the overall population in 2013,²⁴ with youth and women more adversely affected. Female participation in the labour market is at 40 percent compared to 64 for men.²⁵
17. Reduced revenue from the Southern Africa Custom Union in 2016 and the currency depreciation have negatively affected the country's economic outlook, exacerbated by the effects of the El Niño-induced drought declared in February 2016. Gross domestic product (GDP) growth has declined sharply from 4.6 percent in 2013 to 0.6 per cent in 2016,²⁶ and the outlook is not favorable in the medium-term. Inflation is on an upward trend, driven by food inflation which reached a high of 19.0 per cent in December 2016, as second round effects of the drought weighed heavily on prices of processed foods.²⁷ Meanwhile, revenue from sugar exports is set to decline by 5-7% or an estimated USD 40m from 2017, due to the lifting of production quotas in the European Union (EU), a key Swazi export market.
18. Underlying contributors to inefficiencies in food markets include challenges to business competitiveness such as bureaucratic systems and access to finance. Swaziland ranked 128th out of 140 countries in the World Economic Forum's Global Business Competitiveness Index (2015-16).
19. Poverty is a feminine manifestation, occurring more frequently amongst female-headed households (67 percent) compared to male-headed households (59 percent).²⁸ Gender inequality is still high in Swaziland as women and girls hold a minority status in relation to men, denying them equal rights to participate in the socio-economic and political arena despite the equality clause contained in the country's 2005 Constitution. Gender inequality is exacerbated by strong patriarchal traditions, values and norms in the country; unsupportive legislation; poor access to means of production, education and health; and gender discrimination of different forms leading to increased vulnerability to abuse and disease. Access to credit remains a challenge, even though the constitution provisions specify access for women.

➤ *Key cross-sectoral linkages*

20. Beyond WFP's strategic goals of SDG 2 and SDG 17, WFP Swaziland's planned activities also contribute to targets in SDG 3 (health and HIV), SDG 4 (quality education), and SDG 5 (gender equality).

²² World Bank database: <http://data.worldbank.org/country/swaziland>.

²³ Ibid.

²⁴ National Labour Force Survey, 2013.

²⁵ International Labour Organization, ILOSTAT database.

²⁶ World Bank database: <http://data.worldbank.org/country/swaziland>.

²⁷ Central Bank of Swaziland. Quarterly Review, December 2016.

²⁸ Swaziland Household Income and Expenditure Survey 2010.

21. *SDG target 3.3*: Swaziland has a very high HIV prevalence, affecting 26 percent of the population aged 15-49.²⁹ Drivers of the epidemic include high transmission potential among infected people, inconsistent safe sex practices, relationship patterns, and gender inequality.³⁰ Women and girls bear an unequal proportion of the burden: prevalence rates by age differ between men and women with peaks in the 30-34 year age group for women (54 percent); and the 35-39 year age group for men (47 percent).³¹
22. Over 80 percent of TB clients are also HIV positive and TB is responsible for more than a quarter of deaths among people living with HIV.³²
23. *SDG target 4.2*: In part thanks to universal free primary education, 88 percent of boys and 94 percent of girls finish primary school,³³ but secondary school attendance drops to nearly 50 percent for both.³⁴ Contributing factors include the fees charged for secondary education (unlike primary education, it is not free although grants are available for very vulnerable children to assist with fees), HIV/AIDS, and high rates of teenage pregnancy.³⁵
24. *SDG target 5.C*: Women bear the brunt of the HIV epidemic (38 percent prevalence among women of child-bearing age). The annual new infection rate is 2.4 percent (1.7 percent amongst men and 3.1 amongst women).³⁶ Gender inequality negatively affects uptake of available HIV services and adoption of safe sexual behaviours. The burden of caring for the sick and orphaned falls primarily on women, entrenching gender disparities in economic inequality.
25. Swaziland faces a high rate of gender-based violence linked to gender norms. Negative social norms that contribute to violence against women and children include, but are not limited to, intergenerational sex, gender inequality (preference for boys over girls) and gender-based violence which largely remains hidden and kept within families.

1.3. HUNGER GAPS AND CHALLENGES

26. Swaziland faces several persistent development challenges that in recent years have been complicated by natural disaster (El Niño-induced drought) and ongoing capacity constraints. The UNDAF notes that while “the country has produced legislation and numerous policies, implementation of these policies is hampered by the lack of adequate capacity.”³⁷
27. Through key informant interviews conducted during a 2015 country office (CO) strategy review, and informed by lessons learned from WFP’s operational experience, three gaps were identified as constraining efforts to achieve food and nutrition security:

²⁹ Government of Swaziland, Demographic and Health Survey (DHS) 2006-2007.

³⁰ Government of Swaziland. 2014. Extended National Multisectoral HIV and AIDS Framework 2014-18 (eNSF).

³¹ Government of Swaziland. SHIMS, 2011.

³² Swaziland Extended National Multi-sectoral HIV and AIDS Framework (eNSF), 2014 – 2018.

³³ MICS 2014.

³⁴ MICS 2014.

³⁵ 23% of women 15-19 begin child-bearing (DHS, 2006-2007).

³⁶ Government of Swaziland, Swaziland HIV Incidence Measurement Survey (SHIMS), 2011.

³⁷ Swaziland United Nations Development Assistance Framework (2016-2020).

- the design, implementation and monitoring of national policies and programmes for food and nutrition;
 - political and financial commitments, especially related to resourcing for food and nutrition security by government; and
 - the required level of multi-sectoral coordination.
28. Gaps exist in the policy environment, with no comprehensive social protection policy, and in services, for extremely poor households with children, and for poor rural households with unemployed members.³⁸ Social protection programmes are fragmented and better linkages between social protection interventions and response to disasters/shocks are needed.
 29. As identified by the UNDAF, efforts to optimize impact of social safety nets are needed, particularly to ensure services are sensitive to both HIV and nutrition.
 30. While Swaziland met MDG 3, challenges remain and have not met national commitments to mainstream gender equity initiatives. A 2014 study describes a risk cycle in Swaziland between hunger, sex work, HIV status, and social support, in which women “cited their own hunger or that of their children as the impetus to begin sex work.”³⁹ The 2016 Vulnerable Assessment Committee (VAC) report indicates that average life expectancy (at birth) ranges from 67.9 to 76.2 years for females, which is “very low” for a lower middle income country. And while “boys are more likely to be underweight, stunted, and overweight than girls...girls are more likely to be wasted than boys.” While development partners work with the Government to ensure the sex- (and age-) disaggregation of all person-related data, significant gaps remain.⁴⁰
 31. In the agriculture sector, gaps include limited budget allocation and low coverage of activities to increase smallholder production. Crop diversification is needed in areas with unsuitable climate to grow maize, and this may also contribute to nutrition objectives if nutrient-rich foods can be linked to improve diets of children and pregnant and lactating women. This presents an opportunity for WFP to assist Government to link food and nutrition programmes to local food production.
 32. Technical assistance is needed to ensure strong analysis informs early warning and preparedness and response systems, particularly at sub-regional levels.⁴¹ Members of the Vulnerability Assessment Committee have called for stronger institutionalization and government funding. They acknowledge that while a wealth of data exists it is used only to a limited extent for early warning systems, or to inform the development of targeted food security initiatives.
 33. Research jointly undertaken by the Swaziland National Nutrition Council (SNNC) and WFP shows key interventions to combat stunting have been implemented in sectors such as health, agriculture, education, water and sanitation. Coverage remains variable

³⁸ Swaziland United Nations Development Assistance Framework (2016-2020).

³⁹ Fielding-Miller et al. BMC Public Health 2014, 14:79.

⁴⁰ Swaziland VAC, Swaziland Annual Vulnerability Assessment and Analysis Report 2016.

⁴¹ While programmes are being implemented to reduce the high dependence on rain-fed agriculture and promote the adoption of climate smart technologies, further efforts and investment are required to strengthen resilience, adaptability to climate change, and improve opportunities for smallholder and low-income farmers (as identified by the UNDAF country analysis).

and gaps exist in interventions aimed to improve nutrient intake among mothers and children, and in those aimed at preventing micronutrient deficiencies in the general population.

34. Nutrition interventions and coordination receive the majority of their budget through the Ministry of Health, but there is no resource tracking for all nutrition interventions in the multi-sectoral approach.
35. Approximately 83 percent of eligible adults were on anti-retroviral treatment (ART) in 2015,⁴² compared to government targets of 90 percent. Good adherence is a top priority to ensure optimal treatment outcomes, clients can achieve viral load suppression, and drug resistance remains low. Technical assistance to strengthen monitoring and oversight of nutrition services as part of HIV and TB care and treatment are key ways to improve quality and decentralization of nutrition services. While WFP and the Government have agreed to work toward handover of the largely donor-funded Nutrition Assessment, Counselling and Support (NACS) programme to improve its sustainability, the Ministry of Health recognizes the need to accelerate transition due to limited donor resources to continue the programme.

1.4. KEY COUNTRY PRIORITIES

➤ *Government priorities*

36. The National Development Strategy (NDS) lays out Swaziland’s “Vision 2022”: key strategies to enable the country to reach the top 10 percent of the medium human development group of countries by 2022.⁴³ It is under review to ensure alignment with the SDGs. The Government Programme of Action (2013-2018) consolidates action plans and identifies priorities for achieving Vision 2022. It defines a set of indicators, including food and nutrition security targets such as reducing stunting and food deficits.
37. Swaziland acceded to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 2004, adopted the Southern African Development Community Gender Protocol in 2008, met its targets under MDG 3 by 2015 and has committed to eliminating gender-based discrimination in the NDS by 2022.
38. The National Multi-Sectoral HIV/AIDS Policy (2006) and the Extended National Multi-Sectoral HIV and AIDS Framework (eNSF) (2014-2018) guide the national HIV/AIDS response. The framework identifies improved treatment, care and support as a priority area, citing continued nutrition support as a strategy for improving access to treatment, and acknowledges the need for social safety nets for OVC.
39. In 2013, Swaziland joined the Scaling Up Nutrition (SUN) Movement reflecting the Government’s commitment to addressing malnutrition. The National Food and Nutrition Policy has not yet been formally adopted, thus the policy framework for nutrition is managed sectorally. The Government spends the equivalent of 2.2 percent of the GDP on social protection, including cash grants for vulnerable groups; school meals; free primary education; and free basic health services.

⁴² Ministry of Health, 2016, Annual HIV Report.

⁴³ Government of Swaziland, National Development Strategy Vision 2022.

40. Currently there is no comprehensive Social Protection Policy, although the Government has recognized the need for a coherent approach to social protection. Responsibilities for social safety nets are split between the Deputy Prime Minister's Office, Department of Social Development, and the Ministry of Labour and Social Security, Department of Social Security.
41. While there are sufficient policies and frameworks in place in Swaziland to face food and nutrition challenges, implementation and coordination of these policies remain a challenge.

➤ *United Nations and other partners*

42. Swaziland has a limited number of development partners. In 2015, the net official development assistance to the country was USD 93 million, of which 40 percent was bilateral assistance, and 80 percent was for the health and population sector.⁴⁴ The United States of America, through USAID and President's Emergency Plan for AIDS Relief (PEPFAR), and the EU delegation contribute the largest development programmes. PEPFAR supports the focus on prevention, treatment and care of HIV/AIDS. The European Development Fund (2014-2020) focuses its support in agriculture and social protection. An important partner in the country's HIV/AIDS response is the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). Other development partners include the African Development Bank; Arab Bank for Economic Development; the World Bank; Kuwait; Japan (Japan International Cooperation Agency [JICA]); and the Republic of China (Taiwan).
43. Development partners' engagement in nutrition in Swaziland has been limited and their contributions will likely be channeled through technical assistance to government on nutrition-sensitive initiatives rather than food assistance or nutrition-specific programmes.
44. The T-ICSP aligns with the approach and priority areas outlined in the Swaziland United Nations Development Assistance Framework (2016-2020), which was finalized in 2015 and supports the 2030 Agenda.
45. The UNDAF indicates limited resources for implementation – due in part to the presence of few development partners, and limited government coordination capacity – posing serious constraints to achieving impact and sustainability. The UN in Swaziland is adopting the Delivering as One (DaO). UN entities will focus on where they can maximize impact by strengthening institutional capacities through policy-making, planning and programming.⁴⁵
46. The UNDAF promotes an inter-agency approach to social protection and food security, offering a common platform for WFP and its UN partners to advocate, plan, and attain common food and nutrition security results based on national priorities set forth in the Government's National Development Strategy.

⁴⁴ OECD – DAC: <http://www.oecd.org/dac/stats>.

⁴⁵ There are six resident United Nations entities in Swaziland: Joint United Nations Programme on HIV/AIDS (UNAIDS); United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), WFP, and World Health Organization (WHO). The Food and Agriculture Organization (FAO) and the United Nations Education Science Culture Organization (UNESCO) maintain offices attached to the Ministry of Agriculture and Ministry of Education and Training, respectively, and official representation from their regional offices. The International Labour Organization (ILO) and the United Nations Office on Drugs and Crime (UNODC) provide support mainly from their regional offices.

2. STRATEGIC IMPLICATIONS FOR WFP

2.1. WFP'S EXPERIENCE AND LESSONS LEARNED

47. Lessons learned are drawn from evaluations and the WFP country strategy review process conducted in 2015, which included partner consultations and a review of results from WFP's experience in Swaziland.
48. Swaziland's *Food by Prescription* (FbP) was one of the first of WFP's nutrition support programmes for people living with HIV. Needs for nutrition services continue, as demonstrated by the consistent demand for the programme and its inclusion in national strategies. As the only partner with experience and know-how in implementing Nutrition Assessment Counselling and Support (NACS) in Swaziland, WFP is uniquely positioned to continue the programme and further build government capacity to prepare for eventual handover. In 2016, an external operation evaluation recommended:
 - promoting stronger integration of NACS into health services;
 - working with Ministry of Health to develop a handover strategy with clear timelines and responsibilities; and
 - exploring use of alternative transfer modalities (cash/vouchers).
49. The evaluation observed that gender and protection considerations were adequately mainstreamed into the design and implementation to mitigate the negative effects of gender inequality and stigma, with both male and female clients served without discrimination. Male and female health facility staff are trained in gender-specific and protection-sensitive counselling and services. The evaluation recommended to incorporate community engagement to address gender-based violence and stigma.
50. Lessons learned from current nutrition technical assistance initiatives include the added value of partnering with stakeholders with complementary strengths such as UN agencies, NGOs, civil society, private sector, and academia and the continued need to advocate for high-level engagement to ensure nutrition coordination mechanisms, policy frameworks and action plans are functioning optimally.
51. A 2014 external evaluation pinpointed the need for a multi-sectoral approach to social protection and to strengthen sustainability, support coordination and an enabling environment to ensure comprehensive services for OVC. In 2016, the Government requested WFP to continue assistance to OVC and to assist in exploring more sustainable and shock-responsive solutions. WFP has continued to play an important role in disaster preparedness, response and resilience, with the CO implementing cash based transfers (CBT) for the first time. WFP will extend cash transfers modality to other programme interventions.
52. In alignment with the WFP Strategic Plan (2017-2021) and Gender Policy (2015-2020), CO works with the Government to ensure, inter alia, the sex- and age-disaggregation of all person-related data; the embedding of gender analysis in all assessment, research, technical assistance, knowledge, information management and related work; the mainstreaming of gender across policy and capacity-strengthening initiatives; and the engagement of women, men, girls and boys (and their organizations) in a manner that is empowering and fosters equitable outcomes.

2.2. OPPORTUNITIES FOR WFP

53. A 2015 WFP country strategy review and subsequent consultations with key partners have created consensus on addressing gaps in food and nutrition security. The move to transfer the resourcing, management, coordination, monitoring and implementation of food and nutrition initiatives from WFP to full national ownership, thus translating high-level commitments into concrete actions, is embraced by stakeholders as the way forward. With the support of partners, WFP sees opportunities to act on the following:
- In transiting current programmes to full national ownership, enabling access to sustainable, scaled social safety nets for young OVC, either through neighborhood care point (NCP) food assistance or alternate services, and provision of nutritious food as part of successful HIV/AIDS and TB treatment.
 - Ensuring agricultural procurement systems use, wherever possible, locally-produced nutritious foods to serve social protection programmes.
 - Building resilience for national and local preparedness, monitoring, and response to shocks.
 - Catalysing the Government's commitment to sustainably absorb food and nutrition security programmes.
 - Improving Government's capacity to design, implement and monitor food and nutrition security systems, including data and information systems.
 - Re-organising the existing nutrition coordination mechanism to ensure it can convene across sectors and facilitate a multi-sectoral approach
 - Promoting a gender-transformative approach and advancing gender equality in enacting the above opportunities to ensure equality of outcomes in achieving food and nutrition security goals.

2.3. STRATEGIC CHANGES

54. For WFP Swaziland, its role is shifting from an operational partner implementing food and nutrition assistance programmes to a provider of strengthened advocacy, advisory and assistance, offering focused and systems-based technical support, and institutional strengthening to build the Government of Swaziland's capacities to achieve food and nutrition security. The T-ICSP reflects the challenging funding environment in Swaziland.
55. The Government is not unfamiliar with WFP's shift in strategic orientation represented in the T-ICSP. Priorities highlighted through the 2015 WFP country strategy review were presented to the Government in the forum of Principal Secretaries to Cabinet and the reception was very encouraging, with a commitment to continue discussions with WFP on financing options. However, with the El Niño-induced drought as well as economic and fiscal challenges, in 2016 the attention of government stakeholders, as well as WFP's, temporarily shifted towards the emergency response.
56. In line with WFP's Gender Policy, WFP will continue to promote gender-transformative approaches and processes in its advocacy and advice to the Government, including an attention to collect sex-disaggregated data.

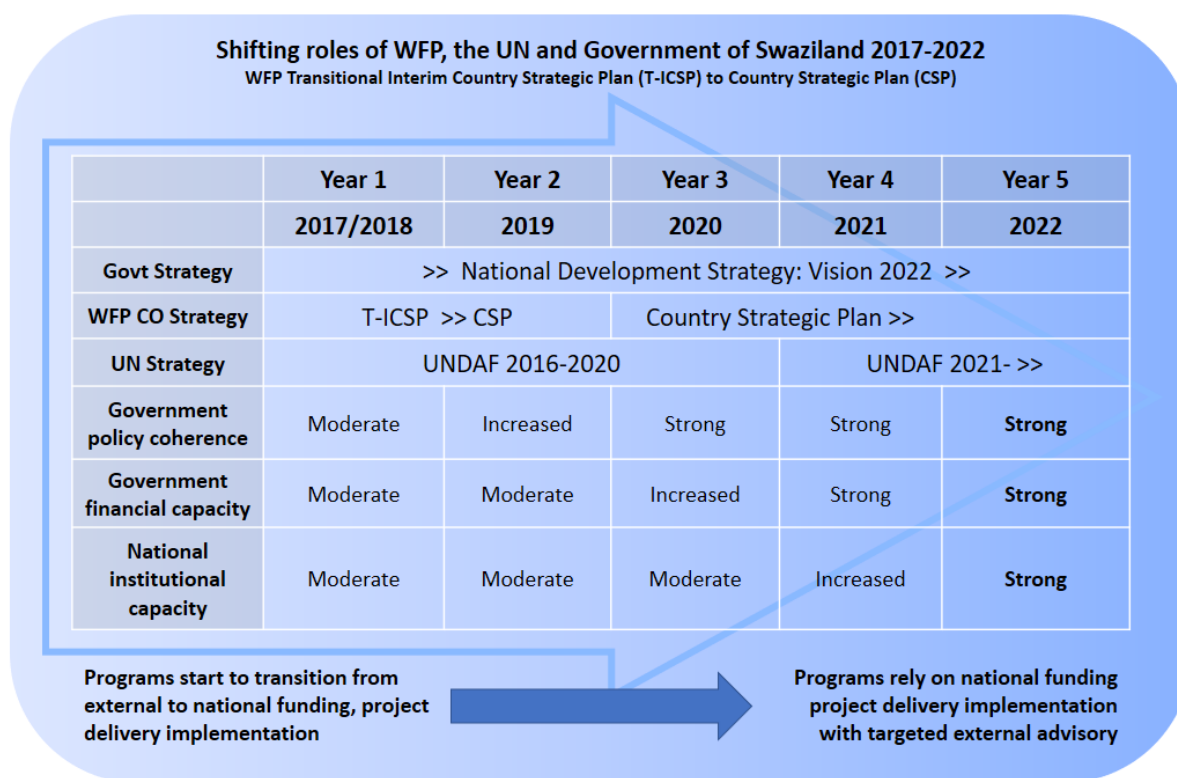


Figure 1. Shifting roles of WFP, the UN and Government of Swaziland 2017-2022

3. WFP STRATEGIC ORIENTATION

3.1. DIRECTION, FOCUS AND INTENDED IMPACTS

57. The strategic orientation stems from a 2015 WFP country strategy review which included an analysis of WFP's comparative advantage and was guided by extensive consultations with the Government of Swaziland and partners. Further internal consultations took into account what can be reasonably accomplished within the T-ICSP period.
58. The T-ICSP covers 18 months (January 2018-June 2019), with a key focus being the formulation of a new Country Strategic Plan (CSP), to be approved by the Executive Board in June 2019. Work on the CSP will be informed by Swaziland's Zero Hunger Strategic Review.
59. A review of the Swaziland National Development Strategy (which runs up to 2022) is also planned in 2017-2018, as well as the development of a new UNDAF in 2019 (the current UNDAF runs to 2020).
60. In alignment with the WFP Strategic Plan (2017-2021) and Gender Policy (2015-2020), gender is integrated throughout the development, implementation and monitoring of the Swaziland T-ICSP, to ensure "gender-transformative programmes and policies" for "a world free of hunger". CO has developed a Gender Action Plan (2016-2020) which, while already integrated into programmes and actions, will be reviewed over the course of the T-ICSP.

61. WFP will build on its technical expertise and knowledge management skills as it focuses Government to engage with the Zero Hunger Strategic Review and optimizes the systems and institutions that must be responsible for achieving zero hunger in Swaziland.
62. WFP's strategic focus will include:
 - building on current assistance in the national HIV response, and supporting integration of nutrition into health services to strengthen adherence to antiretroviral therapy and tuberculosis treatment.
 - strengthening technical assistance to reduce stunting, support the enabling environment and coordination mechanisms, and promote social behaviour change communication and nutrition aware messaging.
 - advocating for and providing technical assistance to ensure a national social protection system that can maximize impact on HIV and child nutrition, and is better equipped to respond to additional needs and expand in crises.
 - facilitating south-south cooperation to make national safety nets, such as school feeding, more sustainable, and linking them with local production to promote economic resilience.
 - strengthening early warning systems, and using information to bolster disaster preparedness and response initiatives.

3.2. STRATEGIC OUTCOMES, FOCUS AREAS, EXPECTED OUTPUTS AND KEY ACTIVITIES

3.2.1. STRATEGIC OUTCOME 1: CHILDREN UNDER FIVE, ART, TB AND PMTCT CLIENTS IN SWAZILAND HAVE IMPROVED NUTRITIONAL STATUS IN LINE WITH NATIONAL TARGETS BY 2022

➤ *Outcome description*

63. Over the period of the T-ICSP, WFP will continue its work with the Ministry of Health and the SNNC to strengthen institutional capacity to improve the quality, access, coverage and retention rates of the appropriate health services for malnourished and food insecure persons, their households and communities, assisting Government to deliver “improved health for all Swazis”.⁴⁶
64. The outcome will ensure Swaziland's most persistently vulnerable and food insecure populations – namely persons undergoing ART, TB-DOTS (Directly Observed Treatment short-course) or PMTCT treatments – receive the specialized nutritious foods they need, not only to meet basic food and nutrition requirements, but to enable them to effectively access the health treatment and service programmes their conditions demand.
65. WFP will advocate for and provide technical assistance to integrate the Nutrition Assessment, Counselling and Support (NACS) programme into the public health system. The activities are designed to maximize positive impact on people living with HIV, to reduce child undernutrition and the prevalence of stunting, and to ensure systems are responsive to additional needs and can expand in crises. They will be

⁴⁶ Swaziland Government Programme of Action, 2013-2018; National Development Strategy.

conducted to ensure discriminatory gender roles will be redressed, rather than reinforced.

66. The outcome addresses specific root causes of malnutrition in Swaziland and directly supports WFP Strategic Result 2: *No one suffers from malnutrition* (SDG 2.2). By providing specialized nutritious foods and/or cash transfers to beneficiaries, the Strategic Outcome will satisfy Outcome Category 2.1 in the Corporate Results Framework (CRF): *Improved consumption of high-quality, nutrient-dense foods among targeted individuals*.

➤ *Focus area – root causes*

67. This outcome will address the root causes of long-term malnutrition and the impact of HIV/AIDS supporting Government's efforts to improve access to food and ensure that persons undergoing ART, TB-DOTS or PMTCT treatments and children consume an adequate and nutritious diet.

➤ *Expected outputs*

- Households of malnourished ART, TB-DOTS and PMTCT clients (*tier 1*) receive cash-based transfers in order to meet their basic food and nutrition requirements (*SR1*)
- Malnourished ART, TB-DOTS and PMTCT clients (*tier 1*) receive specialized nutritious foods in order to treat malnutrition (*SR2*) while enhancing access to and retention rates of care and treatment programme (*SDG 3*)
- At risk populations, including children under 5, TB and HIV patients (*tier 3*) benefit from the the Government's improved ability to coordinate, integrate and implement nutrition services and interventions in order to address nutritional requirements (*SR2*) and enhance access to health services (*SDG 3*)

➤ *Key activities*

Activity 1: *Provide nutrition treatment services to malnourished clients on ART, TB, and/or PMTCT treatment and provide food and cash transfers to households of malnourished clients on ART, TB and/or PMTCT treatment*

- WFP will provide individual monthly take-home rations of Super Cereal to support the nutritional rehabilitation of targeted clients. Nutrition counselling will be provided alongside the specialized nutritious food. The counselling includes messages on good nutrition as part of HIV and TB care, and gender equality, particularly linked to use of the food provided. Gender considerations are mainstreamed in nutrition education and counselling targeting both men and women. The interrelationship between HIV, malnutrition and transactional sex is well documented in Swaziland, therefore gender analysis will be used to inform behavioural change and communication (BCC) incorporated in the nutrition counselling sessions in order to address these concerns which may affect both treatment success and adherence.
- Supplying access to nutrition treatment services at health facilities throughout the country, WFP will work with the Ministry of Health to improve the quality of life of persons infected and affected by HIV and TB, heightening nutritional recovery, and improving treatment outcomes through better adherence.

- WFP will also provide food and cash transfers to the household of clients on nutritional treatment, which complements the client ration by helping families cope with the costs of care, reduces sharing of the individual ration amongst family members and is seen as an enabler to support the clients' treatment adherence. Protection risks and preferences of men and women have been considered when selecting the transfer modality. As per the 2016 evaluation recommendations, community sensitization sessions will be included addressing gender-based violence and stigma.

Activity 2: *Provide capacity strengthening and technical assistance to government entities responsible for the coordination and provision of nutrition services*

- WFP will advocate for support and full engagement of other partners to support NACS services, as protocols are integrated in existing HIV treatment guidelines and plans. Actions will be undertaken to support handover of NACS programme to the Ministry of Health by the end of T-ICSP (e.g formulation of handover strategy and plan; evidence generation, through operational research on impact of programme on treatment outcomes; support to integration of nutrition indicators and disaggregation of data by age and gender into national M&E systems; and support on supply chain management).
- The activity also includes: support to nutrition coordination; technical assistance to finalize the multi-sectoral and gender-sensitive national stunting action plan; and knowledge generation through studies (e.g. the cost of diet, and support to nutrition advocacy and messaging).

3.2.2. STRATEGIC OUTCOME 2: THE NATIONAL SOCIAL PROTECTION SYSTEM IN SWAZILAND IS ABLE TO TARGET AND ASSIST THE MOST FOOD INSECURE AND NUTRITIONALLY VULNERABLE POPULATIONS THROUGHOUT THE YEAR, INCLUDING IN RESPONSE TO SHOCKS

➤ *Outcome description*

68. WFP will work to strengthen the institutional capacity of government to provide a comprehensive and effective social protection framework of well-targeted, evidence-based, nutrition-sensitive and expandable safety nets that equitably benefit women, men, girls and boys (according to their needs and priorities).
69. This outcome directly supports WFP Strategic Result 5, *Countries have strengthened capacities to implement the SDGs* (SDG 17.9) and aligns with national aspirations to provide “efficient, quality services to all Swazi citizens”.⁴⁷ It is framed to deliver on Outcome Category 5.1 in the CRF: *Enhanced capacities of public- and private-sector institutions and systems, including local responders, to identify, target and assist food-insecure and nutritionally vulnerable populations.*

➤ *Focus area – resilience building*

70. The T-ICSP is being elaborated as the country emerges from the 2015/2016 El Nino-induced drought underlying why there is an important focus in the T-ICSP on resilience building, and on the capacity of national systems to be responsive to shocks.

⁴⁷ Swaziland Government Programme of Action, 2013-2018; National Development Strategy.

71. The focus of Strategic Outcome 2 is resilience to ensure government entities with a mandate to provide social protection are able to meet the food and nutrition needs of targeted OVCs, as well as school children and other food insecure people.

➤ *Expected outputs*

- Food-insecure people (*tier 3*) benefit from increased capacity of Government to implement well-targeted, evidence based, nutrition-sensitive and expandable safety nets in order to meet their basic food requirements (*SR1, SR5*)
- School children (*tier 3*) benefit from improved Government capacity to design and implement a sustainable, nutrition-sensitive, shock responsive national school meals programme that helps meet their basic food and nutrition needs (*SR1*) and contributes to improved access to education (*SDG 4*)
- Targeted orphans and vulnerable children (*tier 1*) receive adequate and sufficient food in order to meet their basic food and nutrition needs (*SR1*) and access quality early childhood development and pre-primary education (*SDG 4*)
- Food insecure people (*tier 3*) benefit from Government's increased capacity to manage and utilize food security monitoring and analysis in zero hunger programming in order to meet basic needs throughout the year (*SR5*) and strengthen resilience to shocks (*SR3*)

➤ *Key activities*

Activity 3: *Provide capacity strengthening and technical assistance to government entities involved in social protection*

- WFP is engaging Government to establish and explore sustainable and shock-responsive solutions to food insecurity. Entry points with the Ministry of Education (MoE) and Deputy Prime Minister's Office (DPMO) have been established.
- The activity will address policy, technical and coordination support for social protection as well as support for establishing government ownership of specific safety nets, such as a national school meals programme, through: advocacy and support in policy formulation for nutrition, HIV and gender transformative, as well as shock-responsive social protection; technical assistance on beneficiary management information systems to strengthen information management of social transfer programmes; support to the school meals programme (e.g. by facilitating south-south and triangular cooperation, by providing technical support to review the national school feeding framework and ensure nutrition and gender issues, and the ability of the programme to expand at times of crisis are integrated, and by supporting a feasibility assessment of the linkage with local food production).

Activity 4: *Provide on-site meals to orphans and vulnerable children in pre-primary school age at neighbourhood care points*

- WFP is one of the few partners supporting OVCs and as noted by a 2014 project evaluation, continuing assistance to this vulnerable group is vital until a national and more sustainable option is in place. The activity aims to provide safety nets for vulnerable children through the provision of food assistance to OVCs of pre-primary school age attending neighbourhood care points (NCPs). NCPs are day care centres run by community volunteers and are spread out across the country. The provision

of food at NCPs is an on-site meals programme that supports access to early childhood education, health and other services equally for both boys and girls. WFP provides training of community volunteer caregivers at the NCPs on commodity management and good nutrition practices, as well as messaging on gender and protection issues. WFP implements the activity under the coordination of the Deputy Prime Minister's Office and the Ministry of Tinkhundla Administration and Development.

Activity 5: Provide capacity strengthening and technical assistance to government entities that manage and use food security monitoring and analysis

- Technical assistance will be provided to strengthen food security monitoring and analysis to better inform disaster preparedness and response, resilience programming and social transfers programmes. WFP will also support further mainstreaming and integration of nutrition, gender and protection analysis into food security assessments. WFP will be working in collaboration with the Ministry of Agriculture, the VAC, and the National Disaster Management Agency (NDMA).

3.3. TRANSITION AND EXIT STRATEGIES

72. To maintain the T-ICSP's strategic focus, transitioning WFP from operational programming to technical assistance and advocacy will require: (1) advancing a gender lens throughout implementation to ensure gender equality as a prerequisite for food and nutritional security in Swaziland; and (2) the following specific approaches to each Strategic Outcome.

➤ *Strategic Outcome 1*

73. As lead partner for the design and implementation of the Nutrition Assessment, Counselling and Support (NACS) programme since its inception in 2011, WFP has worked closely with Government. WFP will continue to work with the Government and other partners to ensure the full and sustainable transfer of operational and financial responsibilities to the Ministry of Health by the end of the T-ICSP. Thereafter WFP will continue to provide technical assistance on nutrition as needed and the shift will be consolidated during the CSP.

74. Support to households of people living with HIV and TB is currently being provided through the health system. Through consultations with stakeholders and lessons learnt from the NACS programme evaluation in 2016, it is emerging that this support would be more appropriate as a social assistance programme. WFP will build evidence through operational research to advocate for this activity to be incorporated in Government's safety nets, beyond the transition period.

➤ *Strategic Outcome 2*

75. Capacity strengthening activities under Strategic Outcome 2 are designed to link to the CSP, where WFP's role as strategic and technical advisor would be further strengthened. Potential areas for further assistance beyond the T-CSP include: consolidation of support for systems strengthening in social protection; strengthening supply chain and monitoring systems of government food assistance programmes; liaising with partners, including the private sector, and working on nutrition-sensitive value chains, in an effort to promote inclusion of more nutritious products into national food assistance programmes.

76. The Government has begun implementing a pilot in several communities to provide social grants to OVC through cash transfers. Lessons learned from the first phases of this pilot and continued engagement with Government and relevant stakeholders on integration of safety nets programmes for OVC, as recommended by the 2014 evaluation, will inform the future of support to OVC beyond the transition period of the T-ICSP.

4. IMPLEMENTATION ARRANGEMENTS

	Activity	Beneficiary group	Current			Increase / Decrease			Revised		
			Boys / Men	Girls / Women	Total	Boys / Men	Girls / Women	Total	Boys / Men	Girls / Women	Total
Strategic Outcome 1	Activity 1: Provide nutrition treatment for clients on ART, TB, PMTCT and provide cash transfers to households of malnourished clients on ART, TB and/or PMTCT treatment	<i>Household members of malnourished clients on ART, TB and PMTCT treatment:</i>									
		– Children under 5 years	2 604	2 937	5 541	(651)	(734)	(1 385)	1 953	2 203	4 156
		– Children 5-18 years	8 247	9 300	17 547	(2062)	(2 325)	(4 387)	6 185	6 975	13 160
		– Adults above 18 years	10 852	9 300	23 088	(2713)	(123)	(5 772)	8 139	9 177	17 316
		<i>Clients on ART, TB, PMTCT (adults – above 18 years)</i>	3 617	4 079	7 696	(820)	(926)	(1 746)	2 797	3 153	5 950
Strategic Outcome 2	Activity 4: Provide on-site meals to orphans and vulnerable children (OVC) of pre-primary	<i>Orphans and vulnerable children (OVC) of pre-primary school age at neighbourhood care points</i>									
			21 216	20 384	41 600	0	0	0	21 216	20 384	41 600
		– Children under 5 years	5 304	5 096	10 400	0	0	0	5 304	5 096	10 400
	– Children 5-18 years										
TOTAL			51 840	51 096	105 872	(6 246)	(4 108)	(13 290)	45 594	46 988	92 582

* Totals reflect cumulative beneficiary figures; totals will be adjusted through reporting of activity implementation to take into consideration eventual overlaps among activities.

† Disaggregation by sex and age are extrapolated from the most recent available census data from Government of Swaziland and population projections (1997) as well as operational information available.

4.1.BENEFICIARY ANALYSIS

➤ **Strategic Outcome 1: Beneficiaries**

77. *Activity 1:* 7,696 malnourished persons on ART/TB/PMTCT treatment will be targeted with nutrition services at health facilities throughout the country. Health workers screen clients for malnutrition and prescribe food based on established criteria.⁴⁸ Under the support to household members (including the clients), 46,176 beneficiaries will be assisted with cash transfers.

78. *Activity 2:* Recipients of technical support will be national institutions such as the Ministry of Health and the Swaziland National Nutrition Council (SNNC). Indirect beneficiaries are children under 5, HIV and TB clients who will benefit from the Government's strengthened capacity.

➤ **Strategic Outcome 2: Beneficiaries**

79. *Activity 3:* Recipients are national institutions: Deputy Prime Minister's Office (DPMO), Ministry of Education and Training, SNNC, Ministry of Health, and NDMA. Indirect beneficiaries are the most food insecure and nutritionally vulnerable populations in the country who will benefit from the Government's strengthened capacity.

80. *Activity 4:* 52,000 orphans and vulnerable children of pre-primary school age attending the community run day care centers known as neighborhood care points (NCPs) country-wide.

81. *Activity 5:* Recipients are national institutions: Ministry of Agriculture, VAC, NDMA. Indirect beneficiaries are the most food insecure and nutritionally vulnerable populations in the country who will benefit from the Government's strengthened capacity.

⁴⁸ Clients are referred for nutrition support when they meet one of the following criteria: Body Mass Index (BMI) less than or equal to 18.5; Mid Upper Arm Circumference (MUAC) less than or equal to 23 cm; or weight loss of 5 percent or more within a month.

4.2. TRANSFERS

4.2.1. FOOD AND CASH-BASED TRANSFERS

TABLE 2: FOOD RATION (g/person/day) or CASH-BASED TRANSFER VALUE (USD/person/day) BY STRATEGIC OUTCOME AND ACTIVITY				
Strategic Outcome	Children under five, ART, TB and PMTCT clients in Swaziland have improved nutritional status in line with national targets by 2022		The national social protection system in Swaziland is able to target and assist the most food insecure and nutritionally vulnerable populations throughout the year, including in response to shocks	
Activity	Activity 1 Provide nutrition treatment services to malnourished clients on ART, TB, and/or PMTCT treatment and provide cash transfers to households of malnourished clients on ART, TB and/or PMTCT treatment		Activity 4 Provide on-site meals to orphans and vulnerable children in pre-primary school age at neighbourhood care points	
Beneficiary type	ART/TB/PMTCT clients	ART/TB/PMTCT clients' households		Orphans and vulnerable children (OVC)
modality	Food	CBT	Food	Food
cereals			200	150
pulses			28	40
oil			12.5	7.5
Super Cereal	333			
Super Cereal Plus				75
total kcal/day	1 270		938	1 051
% kcal from protein	16		10.2	13
cash (USD/person/day)		0.24		
Number of feeding days	30		30	22

TABLE 3: TOTAL FOOD/CASH-BASED TRANSFER REQUIREMENTS & VALUE

Food type / cash-based transfer	Current Budget		Increase		Revised Budget	
	Total (mt)	Total (USD)	Total (mt)	Total (USD)	Total (mt)	Total (USD)
Cereals	2 059	853 950	204	35 700	2 263	889 650
Pulses	549	317 117	34	22 270	583	339 387
Oil and Fats	103	134 775	14	11 442	117	146 217
Mixed and Blended Foods	1 376	1 201 420	-	-	1 376	1 201 420
Other	-	-	-	-	-	-
TOTAL (food)	4 087	2 507 261	252	69 412	4 339	2 576 674
Cash-Based Transfers (USD)		1 554 166		(491 632)		1 062 534
TOTAL (food and CBT value – USD)	4 087	4 061 427	252	(422 220)	4 339	3 639 208

➤ **Strategic Outcome 1: Transfers**

82. *For Activity 1*, transfers of individual monthly take-home rations of Super Cereal will support the nutritional rehabilitation of targeted clients on ART, TB, and/or PMTCT treatment. For the support of household members currently assistance is provided in-kind; however within this T-ICSP WFP plans to provide in-kind food assistance for the first half of 2018 to exhaust food balances from the Development Project. A shift to cash-based transfers (CBT) will start on the second half of 2018. This also follows recommendations from a 2016 project evaluation. CBT has been selected on the basis of an analysis of feasibility, preference and efficiency and of the operational experience gained in the implementation of CBT during the 2016/2017 emergency response for the El Niño-induced drought. Cash accounts⁴⁹ will be the main delivery mechanism for the assistance.
83. The cash transfer value to beneficiaries is equivalent to the nutritional value of the food basket previously provided through in-kind assistance (covering about 45 percent of daily energy requirements). The value is calculated on the basis of prevailing retail prices and is consistent with the local diet.

➤ **Strategic Outcome 2: Transfers**

84. *Under Activity 4*, food transfers to OVC are included for one year only (2018), as WFP engages with Government in more sustainable solutions for safety nets (as per *Activity 3*), including evidence building to support safety nets for OVC. Children are provided with two daily cooked meals on weekdays at the NCPs. SuperCereal Plus is provided for breakfast and is included in the rations to increase the micronutrient content of meals and the lunchtime meal consists of maize meal, beans and fortified vegetable oil.

4.2.2. CAPACITY STRENGTHENING INCLUDING SOUTH-SOUTH COOPERATION

85. Three of the T-ICSP's five activities make strategic investments in the capacity strengthening of government entities, other key national institutions, and civil society and private sector partners to empower Swaziland to lead and sustain its own efforts to achieve SDG 2 and other related SDGs.
86. WFP will maintain its technical capacity to deliver humanitarian relief assistance, but will increase its focus on knowledge transfer and strengthening capacities in government systems, institutions and programmes, including strengthening gender competencies. There are several opportunities for South–South cooperation; preliminary talks with Government have canvassed engaging WFP's Centre of Excellence in Brazil to support school meals and integrated safety-net systems.

4.3. SUPPLY CHAIN

87. Swaziland produces less than its total cereal requirements and is a net importer of food. In line with historical trends it is anticipated that about 72 percent of the food requirements will be purchased regionally and 28 percent internationally. WFP's Global Commodity Management Facility (GCMF) will be leveraged to access pre-positioned reserves in the region which will support competitive pricing and assist in shortening lead times. To guarantee the food safety and quality, an independent food

⁴⁹ Cash Accounts are one of the WFP cash transfers distribution models, where project beneficiaries have financial accounts as individuals or groups, with a financial services provider including banks, micro-finance institutions and mobile money.

inspection company will be appointed to conduct quality inspections of the food in the country of origin.

88. Super Cereal for nutrition treatment of clients on ART, TB and/or PMTCT treatment will be procured regionally with options for local procurement explored when feasible. *For Activity 4*, during 2017/2018, most of the commodities (70 percent) will be procured regionally, with options for local procurement and/or from smallholder farmers where possible.

4.4. COUNTRY OFFICE CAPACITY AND PROFILE

89. WFP Swaziland's shifting strategic focus to advocacy, advisory services and assistance reflects its value-added in terms of development, social protection and resilience-building. Emergency preparedness capacities and contingency planning will remain unchanged, however WFP in-country capacity will be reduced in line with the end of the emergency operation in May 2017. The development of skills among WFP staff will accordingly focus on capacity development, policy engagement, social protection, nutrition, market support, CBTs, vulnerability analysis, disaster risk reduction, resilience, food technology, gender, protection, research, partnering and advocacy.

4.5. PARTNERSHIPS

90. WFP's primary partner is the Government of Swaziland. Government leadership and financial commitment will be crucial in strengthening institutions, coordination mechanisms and programmes needed to achieve sustainable food and nutrition security.
91. To support the Government, WFP will:
 - continue strengthening relationships with the Ministry of Health, the SNNC, and the National Emergency Response Council on HIV and AIDS (NERCHA) to transition the implementation of the nutrition programme for people undergoing HIV and TB treatments. WFP will explore further engagement with USAID/PEPFAR after partnering on nutrition support to people living with HIV (PLHIV) during the drought response. Private sector partnerships will also be sought, such as with financial service providers for cash transfers.
 - work with nutrition partners such as FAO, UNICEF, WHO and NGOs to support the national multi-sectoral platform for coordination and advocacy of nutrition interventions addressing stunting, also through participation in the SUN Movement.
 - support efforts in social protection and build resilience as outlined in *Strategic Outcome 2* by working with the Deputy Prime Minister's Office (DPMO) /Social Welfare department, (including the Gender Coordination Unit), the Ministry of Education and Training, Ministry of Agriculture (and linked government entities such as the National Maize Corporation and National Agricultural Marketing Board), the National Disaster Management Agency, and the Swazi VAC. WFP will strengthen relationships with other key players in the social protection space, such as the European Union, the World Bank and UNICEF. South-south and triangular cooperation will be explored regionally as well as through the Brazil Centre of Excellence.

- liaise with all partners to conduct the Zero Hunger Strategic Review and develop the fully elaborated CSP.

92. A Partnership Action Plan for WFP Swaziland will be fully elaborated.

4.5.1. PERFORMANCE MANAGEMENT AND EVALUATION

4.6. MONITORING AND EVALUATION ARRANGEMENTS

93. WFP Corporate Monitoring Normative Framework and Regional Bureau Monitoring Strategy will guide the monitoring of the T-ICSP activities. The baseline and targets for all the outcome indicators will be defined using existing data, or new baselines will be established within the first three months of implementation, as required.
94. WFP will conduct individual, household and community-level monitoring, and will increase the use of emerging data collection and reporting technologies to reduce monitoring costs while increasing efficiency. Real-time monitoring and data visualisation technologies will be engaged throughout the T-ICSP period. Monitoring will be gender-responsive and implemented jointly with partners to increase efficiency, coverage and improve the quality of data through triangulation/cross-validation. The monitoring plan will provide the frequency and methodology for collection of each indicator in the T-ICSP's Logical Framework, and data will be disaggregated by sex, and by age.
95. The WFP portfolio in Swaziland comprises two Development projects, both of which have already been evaluated in 2014 and 2016. The recommendations and findings from these evaluations have informed the T-ICSP and will continue to be used during implementation. As such, an evaluation is not planned during this transitional period. WFP will conduct a review of the implementation of the T-ICSP at the end of 2018 to inform the design of the CSP. WFP will plan to commission an evaluation within the CSP framework. WFP will further mainstream and support the integration of nutrition, gender and protection analysis into monitoring activities.

4.7. RISK MANAGEMENT

96. Internal and external risks that may affect the successful implementation of the T-ICSP and relevant mitigating actions have been identified as follows:
- *Programmatic Risk:* Low level of commitment from the Government to support the T-ICSP implementation and future CSP. *Mitigating Actions:* The Zero Hunger Strategic Review will contribute to raise the profile of issues addressed through the T-ICSP and CSP. Key government players are brought on board throughout the strategy development process from its early conceptualization, to its design, and plans for its operationalization. Strengthen availability of information and analysis to centre advocacy efforts and programmatic proposals on an evidence-based approach.
 - *Programmatic Risk:* Insufficient financial resources and partner support for implementation. The lack of resources will also be exposing WFP to an institutional risk as it will limit capacity to deliver on planned results. *Mitigating Actions:* Capitalize on the Zero Hunger Strategic Review as a platform for advocacy. Exercise strong advocacy efforts to stimulate increased financial contribution from the Government. Continue to explore alternative funding opportunities to traditional donors, including the private sector. Strengthen collaborative partnerships (e.g. with

other UN agencies) that can also serve as platforms for joint resource mobilization efforts.

- *Programmatic Risk:* Inadequate capacity of government institutions to absorb and contribute to implementation (e.g. insufficient human resources, and inadequate management mechanisms). *Mitigating Actions:* Advocate at the level of strategic engagement the need for adequate resources. Design activities together with relevant government counterparts and include a need and gap analysis for identification of resources required. Technical assistance activities to be centred on skills development of government staff. Engage in-country partners network to broaden pool for talent recruitment opportunities.
- *Programmatic Risk:* Inadequate integration of, and/or opposition to, advancing gender equality risking full implementation and successful achievement of the strategic outcomes. *Mitigating Actions:* Continued advocacy and alignment with Swaziland's National Gender Policy; engagement and inclusion of the Gender Coordination Unit. (The Gender Coordination Unit is within the DPMO, a key partner for WFP.)
- *Institutional Risk:* Limited capacity and skills at country office level to implement the T-ICSP, which can result in reputational damage. WFP will be required to ensure the appropriate professional skills will be available in a timely manner. *Mitigating Actions:* Encourage improvement of skill-set of existing staff through targeted training. Recruit additional profiles where necessary and match candidates for skills suited to CO reorientation.
- *Contextual Risk:* While no major political risks are apparent, there is a possibility of worsening food security due to erratic weather patterns and/or due to food price fluctuations. *Mitigating Actions:* Given the approach of gradually shifting to provision of technical assistance, WFP will maintain a level of operational capacity during the T-ICSP which can be scaled up if required.

5. RESOURCES FOR RESULTS

5.1. COUNTRY PORTFOLIO BUDGET

97. The T-ICSP has an estimated overall budget of USD 7.8 million. It assumes gradual recovery from the recent weather-related crisis and that no major deterioration of the food security situation will occur during implementation that would require a sizeable operational focus. While WFP will maintain operational capacity for food and cash-based activities, the main focus of the activities and corresponding budget will gradually shift to capacity strengthening. Resources required for capacity development are mainstreamed across all the strategic outcomes. The T-ICSP will also meet the corporate commitments of funds being allocated to gender equality activities.

	2018	2019*	Total
Strategic Outcome 1	1 781 072	1 205 648	2 986 720
Strategic Outcome 2	4 381 747	518 750	4 900 496
TOTAL	6 162 819	1 724 398	7 887 216

*January-June

98. Strategic Outcome 1 supports improved nutritional status for children under five, ART, TB and PMTCT clients and will strengthen government's capacity to coordinate and implement nutrition services and interventions. Its total indicative budget of about USD 2.9 million represents 37 percent of the overall budget. Between year one and two, WFP will continue to implement operational aspects of food and CBT assistance, while paving the way for gradual transfer to the Government.

99. Strategic Outcome 2 focuses on ensuring that the national social protection system adequately addresses food and nutrition security needs. Its total indicative budget of about USD 4.9 million represents 63 percent of the overall budget. Budget will substantially decrease in 2019, as the activity to support OVC with food assistance is only planned for 2018 and thereafter the focus will be solely on capacity strengthening.

5.2. RESOURCING OUTLOOK

100. Being a T-ICSP, the forecast is sufficient to realize the programme. Within the identified activities, the CSP is designed to expand or condense its scope, depending on available resources and the national priorities that emerge from the Zero Hunger Strategic Review process.

5.3. RESOURCE MOBILIZATION STRATEGY

101. The perception of WFP in Swaziland is changing as the Government, development partners and other stakeholders recognize WFP is shifting its focus from humanitarian response to technical assistance and institutional strengthening. The resource mobilization strategy facilitates the communication of these changes to external stakeholders. A resource mobilization strategy will be guided by inputs from the Partnership Action Plan, aligned with the Regional Partnership Strategy and the WFP Corporate Partnership Strategy 2014-2017.

**ANNEX I: SUMMARY OF LOGICAL FRAMEWORK OF SWAZILAND
(TRANSITIONAL) INTERIM COUNTRY STRATEGIC PLAN (YEAR
2018-2019)**

SEE HQ VALIDATED LOGFRAME SUMMARY POSTED ON THE SPA.

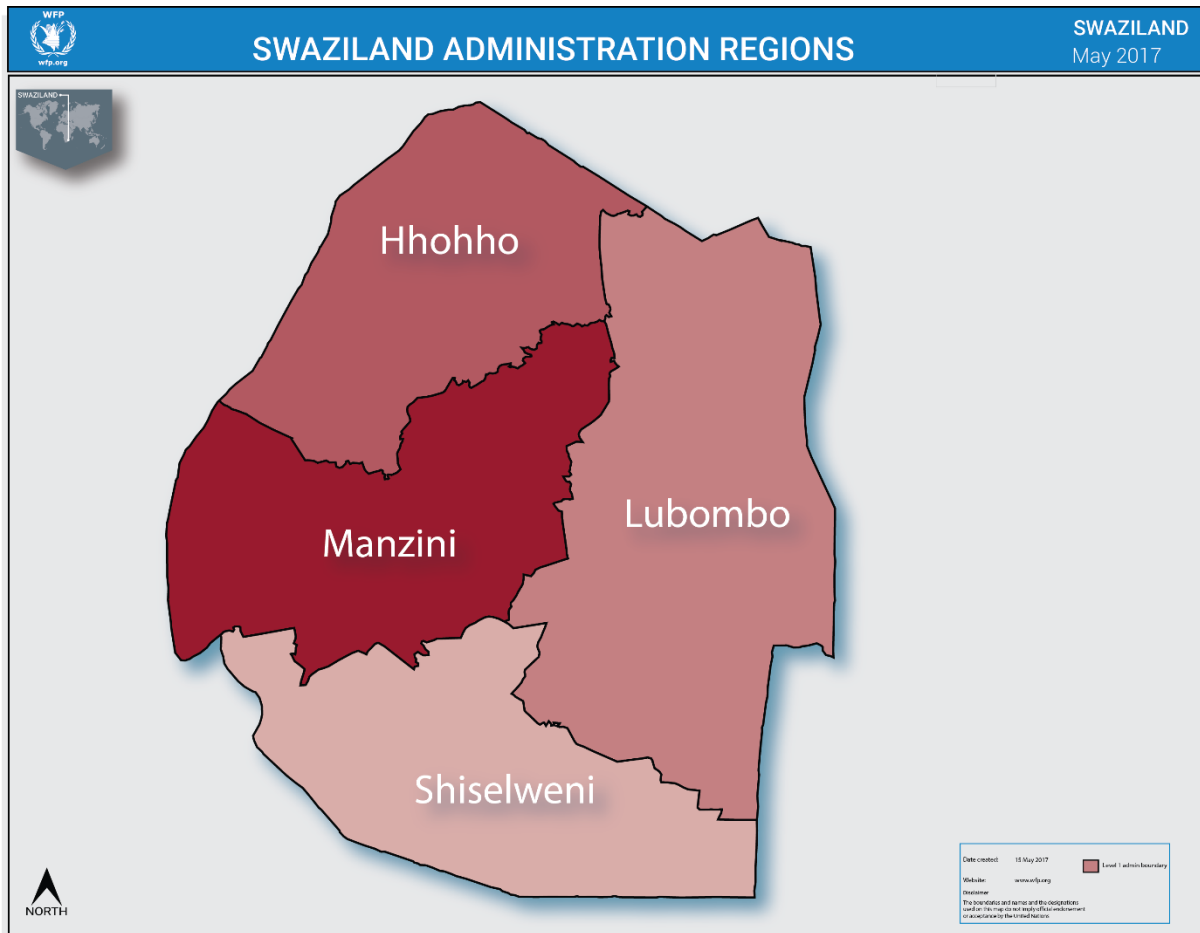
ANNEX II: INDICATIVE COST BREAKDOWN

COST BREAKDOWN OF THE REVISION (US\$)							
Strategic Outcomes		Transfer	Implementation	Adjusted DSC	Sub-total	ISC (6.5%)	TOTAL
Strategic Outcome 1				<i>(no figures in the grey cells)</i>			(393 512)
	Increase	(393 512)	0				
[SR2 / SDG target 2]							
Root Causes	Revised Total	1 662 746	311 071				1 973 817
Strategic Outcome 2		191 493	0				191 493
	Increase						
[SR2 / SDG target 2]							
Resilience Building	Revised Total	3 003 450	134 183				3 137 632
CSP		(202 019)	0	0	(202 019)	(13 131)	
Increase							(215 150)
CSP		6188 391	535 955	681 491	7 405 837	481 379	
Revised Total							7 887 216

OVERALL CSP COST BREAKDOWN, FOLLOWING THE REVISION (USD)						
WFP Strategic Results / SDG Targets	SR 2	SR 5	-	-	-	TOTAL
WFP Strategic Outcomes	Strategic Outcome 1	Strategic Outcome 2	Strategic Outcome 3	Strategic Outcome 4	Strategic Outcome 5	
Focus Area	ROOT CAUSES	RESILIENCE BUILDING	-	-	-	
Transfer	2 192 570	3 995 821	-	-	-	6 188 391
Implementation	325 666	210 289	-	-	-	535 955

Adjusted DSC (%)	286 196	395 295	-	-	-	681 491
Sub-total	2 804 432	4 601 405	-	-	-	7 405 837
ISC	182 288	299 091	-	-	-	481 379
TOTAL	2 986 720	4 900 496	-	-	-	7 887 216

ANNEX III: MAP



ANNEX IV: ACRONYMS

AIDS	Acquired Immune-Deficiency Syndrome
ART	Anti-Retroviral Therapy
CBT	Cash-based transfers
CFSAM	Crop and Food Security Assessment Mission
COMET	Country office monitoring and evaluation tool
CRF	Corporate Results Framework
CSP	Country Strategic Plan
DHS	Demographic and Health Survey
DOTS	Directly Observed Treatment Short-course
DPMO	Deputy Prime Minister's Office
ENSF	Extended National Strategic Framework for HIV and AIDS (2014-18)
EU	European Union
FAO	Food and Agriculture Organization
GDP	Gross Domestic Product
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHI	Global Hunger Index
HDI	Human Development Index
HIV	Human Immune-Deficiency Virus
JICA	Japan International Cooperation Agency
T-ICSP	Transitional Interim Country Strategic Plan
MDG	Millennium Development Goals
MICS	Multiple indicator cluster survey
M&E	Monitoring and Evaluation
MT	Metric Tonnes
NACS	Nutrition Assessment, Counselling and Support
NCP	Neighbourhood Care Point
NDMA	National Disaster Management Agency
NDS	National Development Strategy
NERCHA	National Emergency Response Council on HIV and AIDS
OVC	Orphans And Vulnerable Children
PEPFAR	President's Emergency Plan For AIDS Relief
PLHIV	People Living With HIV
PMTCT	Prevention of mother-to-child transmission
PRSAP	Poverty Reduction Strategy and Action Plan
SHIES	Swaziland Household Income And Expenditure Survey
SNNC	Swaziland National Nutrition Council
SUN	Scaling Up Nutrition
VAC	Vulnerability Assessment Committee
TB	Tuberculosis
UNAIDS	Joint United Nations Program On HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
UNFPA	United Nations Fund For Population Activities
WFP	World Food Programme
WHO	World Health Organization

