

SAVING
LIVES
CHANGING
LIVES



Eswatini Annual Country Report 2018

Country Strategic Plan

2018 - 2019

ACR Reading Guidance



World Food
Programme

Table of contents

Summary	3
Context and Operations	5
Programme Performance - Resources for Results	7
Programme Performance	8
Strategic Outcome 01	8
Strategic Outcome 02	8
Strategic Outcome 03	9
Cross-cutting Results	10
Progress towards gender equality	10
Protection	10
Accountability to affected populations	11
Figures and Indicators	12
Data Notes	12
Beneficiaries by Age Group	12
Beneficiaries by Residence Status	13
Annual Food Distribution (mt)	13
Annual CBT and Commodity Voucher Distribution (USD)	14
Output Indicators	15
Outcome Indicators	17
Cross-cutting Indicators	19
Progress towards gender equality	19
Protection	19
Accountability to affected populations	20

Summary

WFP supports the Government of Eswatini in improving the food and nutrition security of the most vulnerable people impacted by poverty and HIV/AIDS. In addition to the provision of food and nutrition assistance, in 2018 WFP stepped up its capacity-strengthening of government entities. In pursuit of Sustainable Development Goals 2 and 17, WFP helped the Government establish a national social protection system for at-risk groups, including orphans and vulnerable children (OVC) and people affected by HIV and tuberculosis (TB).

At the strategic level, WFP and partners undertook a Zero Hunger Strategic Review, commissioned by the Government to optimize systems and institutions for the eradication of hunger by 2030. Due to be released early 2019, the review will inform WFP Eswatini's Country Strategic Plan, 2020 – 2024.

WFP provided a social safety net to 55,000 children under eight years of age attending community-led child-care centres - Neighbourhood Care Points (NCPs). Owing to their increasing numbers, it reached more children than planned in 2018. Local volunteers manage the NCPs, giving children early access to education and health care, recreational activities and WFP-provided nutritious meals five days a week.

In the spirit of south-south cooperation, WFP facilitated a visit by government officials to the Global Child Nutrition Foundation (GCNF) in Tunis, Tunisia, with a view to their helping to develop a pilot Home-Grown School Feeding (HGSF) project: local smallholder farmers supplying food for school meals. The pilot, to start in early 2019, should improve local production and access to nutritious foods.

Another strategic focus area in 2018 built on WFP assistance to the national HIV response, by supporting the integration of nutrition into health service provision. As lead partner for the design and implementation of the Nutrition Assessment, Counselling and Support (NACS) programme since its inception in 2011, WFP continued to apply the approach in 12 health facilities. The programme aims to ensure nutrition recovery and improved adherence to anti-retroviral therapy (ART) and TB medication. WFP supported over 1,200 malnourished people and their families in 2018, one-third of the planned number to be assisted. In April, NACS implementation was halted by severe funding constraints. After the programme ended, health workers noted increases in treatment defaults, malnutrition and related illnesses and deaths.

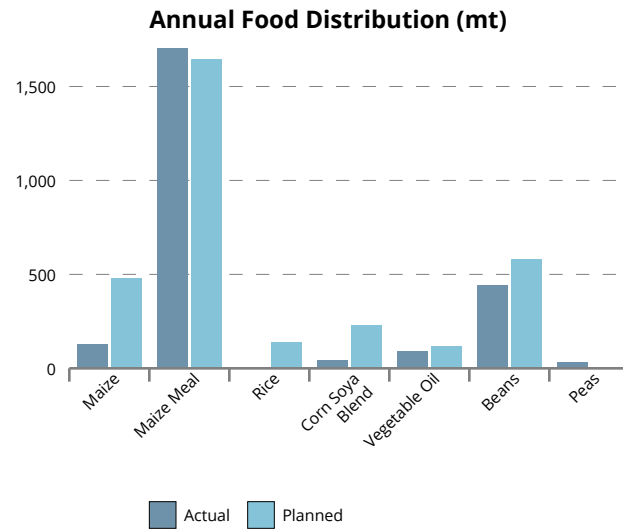
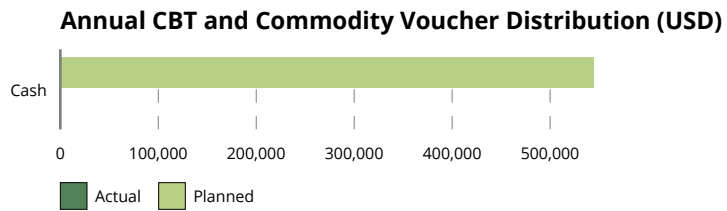
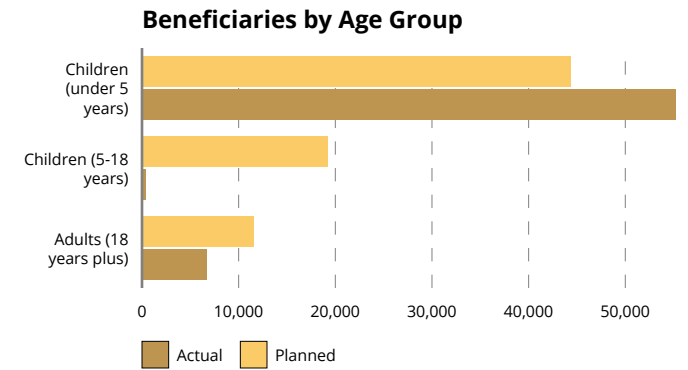
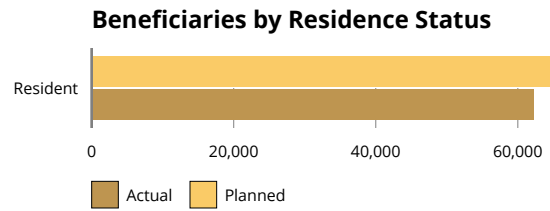
Throughout the year, WFP experienced significant difficulty mobilizing resources for nutrition interventions, partly due to insufficient evidence of achievement for advocacy purposes. WFP started a Nutrition Impact Study to generate evidence, with a view to inform sustainable transition of operational and financial responsibilities to the Ministry of Health.

WFP continued to support the Government in disaster preparedness, response and resilience-building, and began developing a comprehensive food and nutrition monitoring system to function as an information bank for future decision-making and programming.

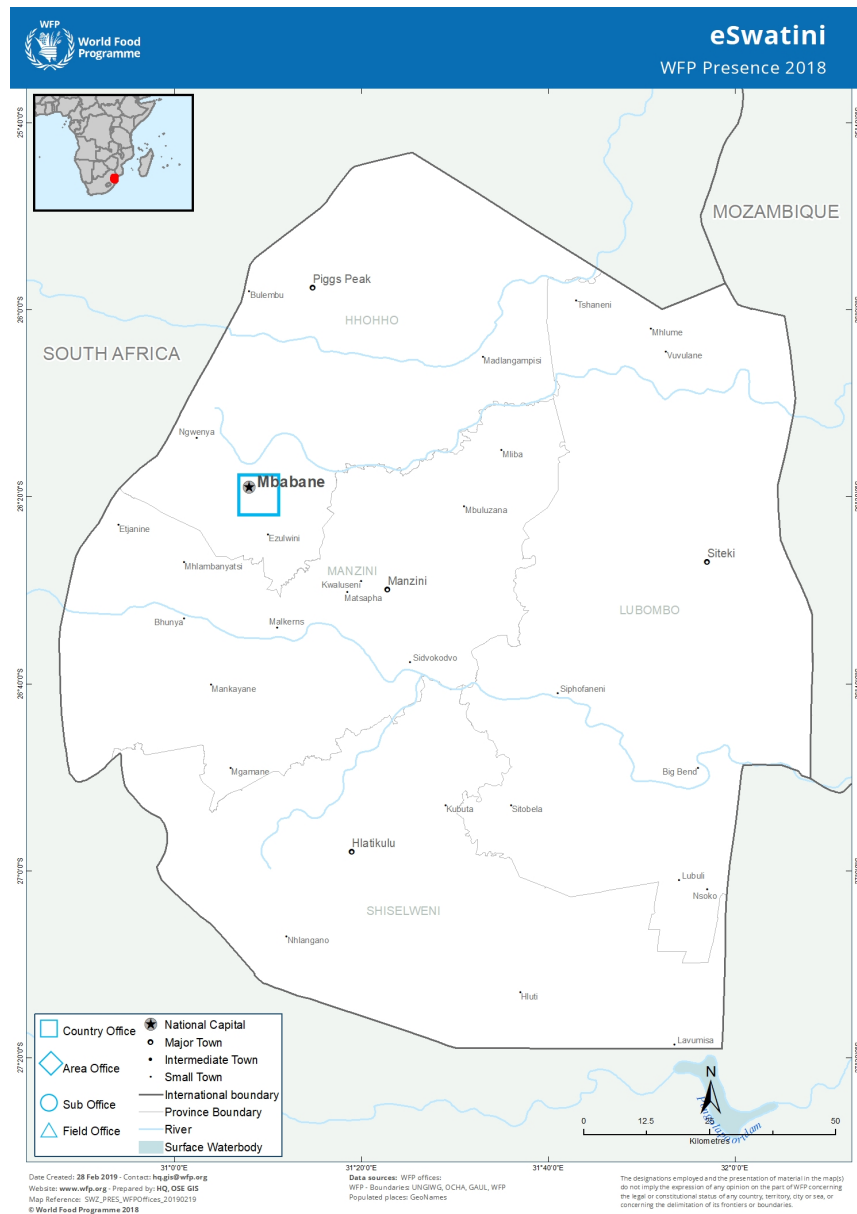
Strategic partnerships with government ministries, local and international NGOs, academia, the private sector and UN agencies deepened and widened during the year, underscoring a shared commitment to zero hunger by 2030.

62,270
total beneficiaries
in 2018

51% female 49% male



Context and Operations



The Kingdom of Eswatini is a landlocked country with a population of 1.1 million, 46 percent under the age of 20. Despite its status as a lower middle-income country, 70 percent of the rural population live below the national poverty line and 25 percent are extremely poor. The distribution of wealth is particularly skewed and gender inequality is pronounced.

Eswatini has a very high HIV prevalence, affecting 26 percent of the population between the ages of 15-49. Life expectancy is 58.3 years, and 45 percent of children are orphaned or vulnerable, mainly due to the impact of HIV/AIDS. Chronic malnutrition is a primary concern: 26 percent of children aged 0 - 59 months are stunted.

High dependence on rain-fed maize production, very low incomes among rural smallholders and high-priced food and agricultural inputs, as well as high rates of HIV/AIDS among wage-earners, are the main drivers of food insecurity.

Eswatini is a food-deficit country and vulnerable to drought. An estimated 77 percent of Eswatini rely on subsistence farming for their livelihoods. The country scored 22.5 on the 2018 Global Hunger Index, suffering a level of hunger classified as "serious". Access to food fluctuates considerably.

In 2015/16, Eswatini experienced its driest agricultural season in 35 years, causing a significant drop in crop production and poor pasture conditions. It has not fully recovered from the subsequent El Niño drought emergency. Some 16 percent of the population were food insecure during the lean season (October 2017 - March 2018) owing to reduced income opportunities and low agricultural output.

Annual economic growth has halved since 2012 and prospects to 2021 appear modest, with forecasters projecting yearly Gross Domestic Product (GDP) expansion averaging just 1.7 percent.

The Government is experiencing fiscal challenges that negatively impact service delivery and vulnerability levels in most sectors. The country's open economy is closely linked to that of South Africa and was heavily impacted by the latter's technical recession in 2018.

The Government has sought to address these challenges by borrowing abroad, drawing down reserves, selling treasury bonds and expanding the domestic tax base. The last quarter of 2018 saw significant increases in the fiscal deficit and public indebtedness. Pursuit of these policies could push the public debt to 35 percent of GDP by 2020, from 18 percent in 2016.

Mounting indebtedness increases the risk of macroeconomic instability and an erosion of the Government's ability to invest in infrastructure for development that could compromise service delivery in education and health care.

Legal frameworks, policy enforcement and resource allocation are inadequate, with the public service suffering capacity deficiencies, not least in the areas of data collection and analysis for evidence-based decision-making and in technical skills for programme design and implementation.

There is no comprehensive social protection policy addressing the needs of the extremely poor or the unemployed. Without adequate safety nets, vulnerable children and their families are easily caught in a cycle deepening malnutrition.

A new cabinet appointed in November has developed strategies for economic recovery. A National Development Strategy will continue to guide the country's development agenda.

Eswatini has a limited number of development partners. The United States, through USAID and the President's Emergency Plan for AIDS Relief (PEPFAR), and the EU contribute most, with the European Development Fund (2014-2020) focusing its support on agriculture and social protection.

The United Nations in Eswatini has adopted the Delivering as One approach, and subscribes to the priorities outlined in the Swaziland United Nations Development Assistance Framework, 2016 – 2020.

All WFP projects seek to bolster the Government's capacity to manage food and nutrition security interventions and achieve zero hunger. They support people living with HIV/AIDS and tuberculosis, and their families, as well as pregnant and lactating women. In 2018, WFP supported the Ministry of Economic Planning and Development in the elaboration of a Zero Hunger Strategic Review, which is a blueprint for eradicating food insecurity in Eswatini.

Working towards Sustainable Development Goal 17, WFP supports the Government by providing a safety net for Orphans and Vulnerable Children, while its technical assistance helps the formulation of strategies to tackle child undernutrition, particularly stunting.

The Southern African Regional Climate Outlook Forum forecasted a high probability regional El Niño event in 2018/9, which would trigger the late onset of the agricultural season. Meanwhile, the November 2018 update to the vulnerability assessment and analysis prepared by the Integrated Phase Classification Technical Working Group projected increased food insecurity during the ongoing lean season, requiring food assistance. The T-ICSP was therefore revised in late 2018 to include a new crisis response strategic outcome (SO3) to enable WFP to respond to lean season needs.

WFP maintains a keen focus on strengthening the capacity of government entities in the areas of food security monitoring and analysis so as to better inform disaster preparedness and response, resilience-building and social

transfers programmes.

Programme Performance - Resources for Results

In 2018, WFP's resourcing situation was particularly constrained. Japan was the largest contributor, followed by South Africa. Most donor funding was directed to the Orphans and Vulnerable Children (OVC) programme, which expanded. Nutrition interventions, only 18 percent resourced, had to be suspended. Multilateral funding constituted 8 percent of total contributions, and was invested in capacity strengthening initiatives in the area of nutrition and the OVC programme.

Cash funding was key to purchasing commodities from the region and reducing delivery times. Savings were also realised by the procurement of pulses from Malawi. An in-kind donation of rice for the OVC programme was confirmed by Japan and is due to arrive in 2019. A volunteer funded through the Japan International Cooperation Agency supports the Country Office on programme monitoring and communications.

The classification of Eswatini as a lower middle-income country and the limited donor presence pose resource mobilization challenges. The Government, WFP's primary partner, continued to face fiscal constraints arising from reduced revenue from the Southern African Customs Union and a poorly performing economy. These constraints also limited the availability of domestic resources for nutrition activities.

In mitigation, WFP continued to explore alternative funding opportunities, including the possibility of increased engagement by the private sector. Partnerships that could serve as platforms for joint resource mobilization were strengthened, and a proposal for a grant from UNAIDS Unified Budget, Results and Accountability Framework submitted. Joint advocacy with the Government yielded contributions from Japan to be used for poverty reduction through food assistance.

In early 2018, WFP continued to implement the PEPFAR-funded emergency drought relief: nutritional support to people living with HIV/AIDS and OVC programme participants. In February and March, it added a household ration component, increasing the number of people reached to over 117,000.

WFP experienced severe difficulty raising resources for its nutrition interventions. Its main partner in government, the Ministry of Health's Swaziland National Nutrition Council was undergoing an organizational re-alignment and not fully functional. Insufficient data and evidence for advocacy purposes also contributed to the poor resource mobilization environment.

Capacity strengthening activities were funded at only one-third of planned levels, compromising the intended transitioning of WFP programmes to national ownership.

Resources available for Strategic Outcome 1 were particularly limited. As a result, food assistance to people living with HIV and TB had to be halted in April. Assistance via cash-based transfers was planned, but could not be effected for lack of funding. About 4,000 HIV/TB clients and 20,000 of their family members were deprived of WFP assistance. Evidence shows that HIV clients who do not have sufficient food are highly likely to default on their ART regimes, compromising their treatment and exposing them to medical complications. Capacity strengthening under the same Outcome was severely undermined.

Resources were prioritized in line with WFP's strategic focus to support the Government's creation of safety nets. Strategic Outcome 2 represented 71 percent of the overall 2018 budget and enabled WFP to promote access to early childhood development and pre-primary education to over 55,000 orphans and vulnerable children through the provision of on-site meals.

Programme Performance

Strategic Outcome 01

Children under five, ART, TB and PMTCT clients in Eswatini have improved nutritional status in line with national targets by 2022

Chronic malnutrition is a primary concern in Eswatini. High child stunting rates co-exist with high overweight rates among both children and adults: the so-called “double burden”. Undernutrition affects people living with HIV (PLHIV) and/or TB. Twelve percent of those receiving anti-retroviral therapy (ART) and 33 percent of those starting TB treatment are acutely malnourished. Standard guidance on nutrition strongly recommends Nutrition Assistance, Counselling and Support (NACS) to improve ART adherence. Yet there is still little evidence of the impact of nutrition support on clinical outcomes for PLHIV and TB clients in Eswatini.

Activities contributing to this strategic result focused on the treatment of malnutrition in ART, TB, and/or PMTCT (preventing mother-to-child transmission) clients; improving food security in malnourished client households; and strengthening the capacity of the Ministry of Health to coordinate and implement nutrition programmes.

In line with national priorities for the HIV response and to address malnutrition, WFP continued to implement NACS, formerly known as Food by Prescription, in 12 major hospitals and health centres across the country. Almost 1,200 malnourished people were reached with 43 mt of Super Cereal Plus, while some 7,000 of their family members were given food rations both to help offset the cost of accessing health services and minimise the sharing of clients’ specialized nutritious foods.

NACS implementation was halted in April 2018 due to lack of resources. While WFP engaged in extensive funding advocacy, no further contributions were received. The suspension of NACS meant that WFP reached only about one-third of the targeted 3,800 malnourished clients and 23,000 family members.

Outcome data could only be collected during distributions. January-to-March data indicated poor nutritional recovery rates attributable to a range of factors, including a prolonged hot and dry lean season. Information on appropriate food usage and good nutrition practices continued to be routinely shared during distributions.

WFP monitored the 12 hospitals and health centres after NACS ended. Anecdotal evidence indicated immediate negative impacts:

- an increasing number of malnourished PLHIV and malnutrition-related deaths;
- an increasing incidence of malnutrition-related illnesses; and

- increasing numbers of ART defaulters.

Between April and December average monthly ART defaults rose by 27 percent. Health workers and clients cited lack of food and the punishing side-effects of taking ARVs on an empty stomach as the main reasons for non-adherence, underscoring a damaging reversal of hard-won gains.

In the January-April period WFP provided other NACS services as part of the PEPFAR-funded emergency drought relief project, targeting PLHIV and OVCs in the most food-insecure areas (as identified by the Swaziland Vulnerability Assessment Committee). The PEPFAR project included treatment of malnutrition in children between 6 months and 15 years. Nearly 1,000 malnourished clients received specialized nutritious food while 25,000 OVCs were provided with ready-to-use supplementary food.

As the 2017 Swaziland Comprehensive Health and Nutrition Survey found, lean season hunger contributed to an increase in malnourished ART and TB patients, a worrying development given the prospect more frequent and severe climate change-induced droughts in the future.

WFP is aware of the need to generate evidence of the impact of nutrition interventions for PLHIV and TB so as to be able to better advocate for their incorporation into government safety nets programmes. A Nutrition Impact Study, started in 2018, is to be finalised in the first half of 2019.

A major impediment to the implementation of nutrition activities were leadership gaps at the Swaziland National Nutrition Council (SNNC), which led to a delay in the formal approval of revised Food by Prescription guidelines and in the formation of a technical working group on nutrition. Still, WFP was able to provide technical assistance to SNNC on the mentoring and coaching of health workers. Capacity strengthening efforts focused on project oversight, monitoring and reporting, and storage and inventory management. WFP also contributed to the salaries of the Food by Prescription assistants.

Several other capacity-strengthening measures were undertaken with the Ministry of Health. WFP supported a restructuring of a nutrition team; assisted the integration of nutrition indicators into the ministry’s client management information system and the mainstreaming of nutrition into the national HIV strategic framework 2018-2023; and helped with the formulation of an emergency nutrition preparedness plan in the event of an El Niño occurrence.

Strategic Outcome 02

The national social protection system in Eswatini is able to target and assist the most food insecure and nutritionally vulnerable populations throughout the year, including in response to shocks



A staggering 45 percent of Emaswati children are orphans and vulnerable children (OVCs), largely due to HIV and AIDS. The OVCs are the most vulnerable population group, with one in four having lost one or both parents. Some 38 percent of rural households include at least one orphan. Lack of proper care is exacerbated by the fact that many of the adults in an extended family are HIV-positive or living with AIDS. The vulnerability of such children is pronounced long before the death of a parent or guardian. With the death, they often experience loss of identity, deeper hunger and more limited learning opportunities. Without adequate care and support, many are exposed to exploitative child labour and abuse, and increased vulnerability to HIV infection. HIV-affected children are less likely to attend school, and more likely to perform poorly when they do.

While Eswatini lacks a comprehensive social protection policy, the Government recognizes the need for a coherent approach to the issue. This Strategic Outcome targets the most food insecure and nutritionally vulnerable populations throughout the year, including in shock-response situations.

While there are sufficient policies and frameworks in place to address food and nutrition challenges, implementation of them remains deficient. WFP aims to assist the Government in creating well-targeted, evidence-based, nutrition-sensitive and expandable safety nets that equitably benefit women, men, girls and boys according to their respective needs.

In 2018, WFP provided a safety net for 55,000 OVCs of pre-primary school age by providing food assistance at Neighbourhood Care Points (NCPs). Some 1,700 of these day-care centres run by community volunteers were reached with almost 2,000 mt of food: cereals, pulses and fortified vegetable oil. The on-site meals programme also supports access to early education, health care and other services for both boys and girls. WFP reached more OVCs than planned in 2018 because growing food insecurity and poverty pushed their numbers up.

Rations were reduced at times due to funding constraints, with one meal a day having to be provided instead of the planned two. No food distributions were effected in May or June. And no nutrient-fortified Super Cereal could be provided during the year due to operational constraints.

Along with direct nutrition support, WFP provided training to more than 2,000 volunteer community caregivers on commodity management, good nutrition practices and gender and protection issues.

WFP explored with the Government sustainable, shock-responsive solutions to food insecurity, considering a range of safety net policies and operations, including a national school meals programme.

WFP helped review the national school feeding framework, including its capacity to expand in times of crisis and links with local food producers. A pilot Home-Grown School Feeding project, partly funded by WFP, is to be launched in early 2019. Funding constraints and a strike by Eswatini's schoolteachers' union meant that most trainings planned for 2018 for school staff and education ministry personnel had to be postponed to 2019.

WFP provided technical assistance to government entities to strengthen food security monitoring and analysis so as to better inform disaster preparedness and response as well as resilience and social transfers programming. Working with FAO, WFP engaged with the Government to strengthen its early warning systems. The development of a comprehensive food and nutrition monitoring system, to function as an information bank for future decision-making and programming, was initiated.

WFP continued to support the mainstreaming of nutrition, gender and protection analysis into food security assessments. Training sessions were organised for some 50 government officials involved in the country's Vulnerability Assessment and Analysis, and Integrated Phase Classification (IPC) analysis.

These activities are in line with the current United Nations Development Assistance Framework (2016 – 2020).

WFP worked with other UN agencies, particularly FAO and WHO, in providing additional support on food security and social protection issues.

One of WFP's priorities is to support institutional strengthening so that its programmes can be sustainably handed over to the Government.

Strategic Outcome 03

Targeted food insecure households in Eswatini are able to meet their basic food and nutrition requirements in times of shock

Strategic Outcome 3 'Targeted food insecure households in Eswatini are able to meet their basic food and nutrition requirements in times of shock' was introduced through a budget revision in late 2018 in response to the ongoing lean season and a predicted El Niño event in the region. However, activities under this Strategic Outcome were not implemented during the reporting year. Implementation will be carried out in 2019, and WFP continues to support the Government in disaster preparedness, response and resilience-building.

Cross-cutting Results

Progress towards gender equality

Improved gender equality and women's empowerment among WFP-assisted population

The Kingdom of Eswatini ranked 141 out of 188 countries in the 2017 Gender Inequality Index. Women and girls endure disproportionate vulnerability to poverty and disease due to legislation that does not adequately protect them; poor access to income-generation opportunities, education and health services; and gender-based violence. Women have particularly poor access to land, hindering them from engaging in farming and thereby exacerbating food insecurity. Women are disproportionately affected by HIV, with a prevalence of 32 percent compared to 20 percent for men.

Gender was mainstreamed into the design and implementation of WFP's Interim Country Strategic Plan and into its assessment, research and technical assistance work in the country.

The interrelationship between HIV, malnutrition and transactional sex in Eswatini is well documented. Gender analysis was therefore used to inform behavioural change communication. Both women and men were targeted for counselling about good nutrition and proper food use with a view to boosting adherence to HIV treatment.

Information on the role of women in decision-making about the use of food rations at household level was collected by Food by Prescription assistants at health facilities. While specific output data could not be collected as no post-distribution monitoring was carried out in 2018 because of severe funding constraints, anecdotal evidence indicated little change from previous years: women remained the primary decision-makers about the use of food assistance. This is consistent with cultural norms in Eswatini.

To promote women's empowerment and achieve sustainability of gender interventions beyond WFP-supported projects, encouraging the Government to embrace a coherent approach to social protection was prioritised. Activities under Strategic Outcome 2 promote gender equality by fostering equal access to education. Neighbourhood Care Points (NCPs) prepare both boys and girls for primary education and the Government's provision of free primary education allows girls from resource-constrained families to attend, and not be overlooked in favour of boys.

WFP will continue to monitor the ratio of boys and girls receiving assistance. NCP attendance records show relative balance: 51 percent girls and 49 percent boys. By attending NCPs young girls spend their earliest and most vulnerable years in a safe, food-secure environment. The availability of meals at NCPs also minimises for them the problem of unequal sharing of food at home.

Technical advice was provided to the Government on the development of the Home-Grown School Feeding project that will prioritise, among other things, the empowerment of women.

WFP continued to support the Eswatini Vulnerability Assessment Committee to incorporate gender into its analyses.

Protection

Affected populations are able to benefit from WFP programmes in a manner that ensures and promotes their safety, dignity and integrity

WFP works to ensure the protection of people and communities through the provision of assistance in a safe and dignified way and the empowerment of women and children.

The main protection issues in Eswatini are largely gender-based. One in three women and girls experience some form of sexual abuse before the age of 18.

WFP and cooperating partner personnel received training on the prevention of sexual exploitation and abuse in humanitarian assistance contexts. WFP works closely with the Deputy Prime Minister's Office to integrate protection into national policies and programmes.

To protect clients' confidentiality under Strategic Outcome 1, all information about recipients under HIV and TB programmes are reported to WFP through Food by Prescription assistants on behalf of the clients.

Distribution sites are monitored to ensure they are safe and easily accessible. Distributions start early enough in the day to enable recipients return home before dark.

In previous years, clients had reported feeling vulnerable travelling long distances to and from health facilities, especially when returning with food assistance. Efforts were made to minimize protection risks by increasing the number of food distribution points.

The protection indicator could not be measured in 2018 as distributions under the Nutrition, Assessment, Counselling and Support programme were halted in April and no post-distribution monitoring was conducted due to funding constraints.

Clients did not experience any security issues at health facilities or while travelling to and from them, according to Food by Prescription assistants.

During the PEPFAR-funded drought-emergency response, a cash-based transfer (CBT) system was introduced to minimise risks and mitigate the negative effects

of stigma arising from collecting food rations known to be part of a PLHIV or TB treatment programme.

Under Strategic Outcome 2, WFP aims to protect OVCs, the country's most vulnerable population group.

Because Neighbourhood Care Points (NCPs) are located within communities, children only travel short distances, and during daytime hours, minimizing the risk of security incidents. Volunteer care-givers are sensitized about child protection, and on how to report issues to WFP and local leaders. One domestic abuse case was reported to WFP by a care-giver at the end of the year and referred to the social welfare department.

Accountability to affected populations

Affected populations are able to hold WFP and partners accountable for meeting their hunger needs in a manner that reflects their views and preferences

WFP routinely briefed intended food assistance recipients on eligibility criteria and entitlements prior to distributions.

It organised training sessions for cooperating partner personnel and government officials to encourage them to share adequate information with beneficiaries about why they were being included in projects and the composition and duration of assistance. Guidance on the availability and use of client feedback mechanisms was also provided.

While Nutrition Assistance, Counselling and Support (NACS) programme distributions lasted, such information was passed on to recipients at the counselling stage. Food by Prescription assistants followed up with clients to ensure they understood project objectives and what assistance was to be received. Field monitors reported that clients remained well-informed.

Beneficiary feedback was passed on to WFP staff during monitoring visits. Key issues included lack of information on the impact of nutrition, as evidenced by persistently high default rates. It was crucial for beneficiaries to understand the importance of adherence to treatment and the role of nutrition in treatment outcomes. A nutrition intervention initiative started by WFP in 2018 has a strong focus on behaviour change communication, education and sensitization about malnutrition prevention.

At Neighbourhood Care Points, field monitor assistants frequently advised care-givers on accountability issues, although high turnover of caregivers was a challenge in this regard. Any issues are relayed by field monitor assistants in monthly monitoring reports, so that WFP can take requisite action.

Under the PEPFAR-funded project, group discussions were convened with guardians of food assistance recipients before and during distributions.

To promote accountability to affected populations in programme implementation and the design of new programmes, feedback and lessons learned from previous experience are routinely taken into account.

Figures and Indicators

Data Notes

Summary

Cover page photo © WFP/Theresa Piorr

Children enjoying nutritious meals provided by WFP at one of Eswatini's community-run child care centres called Neighbourhood Care Points

Strategic outcome 01

All hyphens (outputs) equal zero. No implementation due to lack of funds as described in narrative.

Strategic outcome 02

All hyphens (outputs) equal zero. No implementation due to lack of funds as described in narrative.

Progress towards gender equality

2018 actuals could not be collected as no post-distribution monitoring was done due to overall funding constraints (as elaborated in narrative).

Protection

2018 actuals could not be collected as no post-distribution monitoring was done due to overall funding constraints (as elaborated in narrative).

Accountability to affected populations

2018 actuals could not be collected as no post-distribution monitoring was done due to overall funding constraints (as elaborated in narrative).

Beneficiaries by Age Group

Beneficiary Category	Gender	Planned	Actual	% Actual vs. Planned
Total Beneficiaries	male	35,292	30,450	86.3%
	female	39,797	31,820	80.0%
	total	75,089	62,270	82.9%
By Age Group				
Adults (18 years plus)	male	5,426	3,153	58.1%
	female	6,118	3,555	58.1%
	total	11,544	6,708	58.1%

Beneficiary Category	Gender	Planned	Actual	% Actual vs. Planned
Children (5-18 years)	male	9,021	184	2.0%
	female	10,153	201	2.0%
	total	19,174	385	2.0%
Children (under 5 years)	male	20,845	27,113	130.1%
	female	23,526	28,064	119.3%
	total	44,371	55,177	124.4%

Beneficiaries by Residence Status

Residence Status	Planned	Actual	% Actual vs. Planned
Resident	75,088	62,270	82.9%

Annual Food Distribution (mt)

Commodities	Planned Distribution (mt)	Actual Distribution (mt)	% Actual vs. Planned
Strategic Result 1: Everyone has access to food			
Strategic Outcome: Targeted food insecure households in Eswatini are able to meet their basic food and nutrition requirements in times of shock			
Maize	0	0	-
Vegetable Oil	0	0	-
Beans	0	0	-
Strategic Result 2: No one suffers from malnutrition			
Strategic Outcome: Children under five, ART, TB and PMTCT clients in Swaziland have improved nutritional status in line with national targets by 2022			
Maize	204	129	63.2%
Corn Soya Blend	231	43	18.8%
Vegetable Oil	14	14	101.2%
Beans	34	0	-
Peas	0	18	-
Strategic Result 5: Countries have strengthened capacity to implement the SDGs			
Strategic Outcome: 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			

Commodities	Planned Distribution (mt)	Actual Distribution (mt)	% Actual vs. Planned
Maize	275	0	-
Maize Meal	1,647	1,703	103.4%
Rice	137	0	-
Vegetable Oil	103	79	77.0%
Beans	549	445	81.1%
Peas	0	16	-

Annual CBT and Commodity Voucher Distribution (USD)

Modality	Planned Distribution (CBT)	Actual Distribution (CBT)	% Actual vs. Planned
Strategic Result 1: Everyone has access to food			
Strategic Outcome: Targeted food insecure households in Eswatini are able to meet their basic food and nutrition requirements in times of shock			
Cash	0	0	-
Strategic Result 2: No one suffers from malnutrition			
Strategic Outcome: Children under five, ART, TB and PMTCT clients in Swaziland have improved nutritional status in line with national targets by 2022			
Cash	544,479	0	-

Output Indicators

Detailed Indicator	Unit	Target Value	Actual Value	% Achieved
Strategic Result 2: No one suffers from malnutrition				
Strategic Outcome 01: Children under five, ART, TB and PMTCT clients in Eswatini have improved nutritional status in line with national targets by 2022				
Output C: At risk populations, including children under 5, TB and HIV patients benefit from the government's improved ability to coordinate, integrate and implement nutrition services and interventions in order to address nutritional requirements and enhance access to health services				
Act 02. Provide capacity strengthening and technical assistance to government entities responsible for the coordination and provision of nutrition services				
Number of counterparts staff members trained in food security monitoring systems	individual	24.0	-	0.0
Number of technical assistance activities provided	unit	4.0	3.0	75.0
Output E: At risk populations, including children under 5, TB and HIV clients benefit from the government's improved ability to coordinate, integrate and implement nutrition services and interventions in order to address nutritional requirements and enhance access to health services				
Act 02. Provide capacity strengthening and technical assistance to government entities responsible for the coordination and provision of nutrition services				
Number of men receiving WFP-supported nutrition counselling	individual	494.0	494.0	100.0
Number of women receiving WFP-supported nutrition counselling	individual	624.0	624.0	100.0
Strategic Result 5: Countries have strengthened capacity to implement the SDGs				
Strategic Outcome 02: The national social protection system in Eswatini is able to target and assist the most food insecure and nutritionally vulnerable populations throughout the year, including in response to shocks				
Output A: Targeted orphans and vulnerable children receive adequate and sufficient food in order to meet their basic food and nutrition needs and access quality early childhood development and pre-primary, primary and secondary education				
Act 04. Provide nutritious meals to orphans and vulnerable children in pre-primary Neighbourhood Care Points (NCPs), primary and secondary schools, including through a Home-Grown School Feeding programme				
Number of existing schools assisted with infrastructure rehabilitation or construction works	school	1660.0	1699.0	102.3
Output C: Food insecure people 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 and strengthen resilience to shocks				
Act 05. Provide capacity strengthening and technical assistance to government entities that manage and use food security monitoring and analysis				
Number of government staff members trained in food security monitoring systems	individual	56.0	50.0	89.3
Number of technical assistance activities provided	unit	2.0	2.0	100.0

Detailed Indicator	Unit	Target Value	Actual Value	% Achieved
Output C: Food-insecure people 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				
Act 03. Provide capacity strengthening and technical assistance to government entities involved in social protection				
Number of government/national partner staff receiving technical assistance and training	individual	5.0	-	0.0
Number of technical assistance activities provided	unit	2.0	-	0.0
Output C: School children 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 and contributes to improved access to education				
Act 03. Provide capacity strengthening and technical assistance to government entities involved in social protection				
Number of cooks trained in nutrition and healthy cooking	individual	600.0	-	0.0
Number of technical support activities provided in schools	activity	2.0	-	0.0
Output E: School children 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 and contributes to improved access to education				
Act 03. Provide capacity strengthening and technical assistance to government entities involved in social protection				
Number of caregivers (female) who received messages/training on health and nutrition	individual	1494.0	1426.0	95.4
Number of caregivers (male) who received messages/training on health and nutrition	individual	166.0	158.0	95.2

Outcome Indicators

Target / Location	Modalities	Activities	Gender	Base Value	Latest Follow Up	Year End Target	CSP End Target	Date/Source/Means of Collection
Strategic Result 2 - No one suffers from malnutrition								
Strategic Outcome 01: Children under five, ART, TB and PMTCT clients in Eswatini have improved nutritional status in line with national targets by 2022								
Outcome Indicator: MAM Treatment Default rate								
eSwatini	NTA: Provide nutrition treatment services to malnourished clients on ART, TB and/or PMTCT treatment and provide food & cash transfers to households of malnourished clients on ART, TB and/or PMTCT treatment	Food	male	17.64	47.54	<15.00	<15.00	Base Value: 2017.12, Secondary data, Desk-based Latest Follow-up: 2018.03, WFP programme monitoring, WFP Monitoring Year end Target: 2018.12 CSP end Target: 2019.06
			female	18.36	43.56	<15.00	<15.00	
			overall	18.00	45.45	<15.00	<15.00	
Outcome Indicator: MAM Treatment Recovery rate								

Target / Location	Modalities	Activities	Gender	Base Value	Latest Follow Up	Year End Target	CSP End Target	Date/Source/Means of Collection
eSwatini	NTA: Provide nutrition treatment services to malnourished clients on ART, TB and/or PMTCT treatment and provide food & cash transfers to households of malnourished clients on ART, TB and/or PMTCT treatment	Food	male	57.82	45.90	>75.00	>75.00	Base Value: 2017.12, Secondary data, Desk-based Latest Follow-up: 2018.03, WFP programme monitoring, WFP Monitoring Year end Target: 2018.12 CSP end Target: 2019.06
			female	60.18	54.95	>75.00	>75.00	
			overall	59.00	50.65	>75.00	>75.00	

Cross-cutting Indicators

Target / Location	Modalities	Activities	Gender	Base Value	Latest Follow Up	Year End Target	CSP End Target	Date/Source/Means of Collection
Progress towards gender equality								
Improved gender equality and women's empowerment among WFP-assisted population								
Cross-cutting Indicator: Proportion of households where women, men, or both women and men make decisions on the use of food/cash/vouchers, disaggregated by transfer modality / Decisions jointly made by women and men								
eSwatini	Food	NTA: 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	male	-	-	-	-	Base Value: 2017.12 CSP end Target: 2019.06
			female	-	-	-	-	
			overall	18.10	-	-	≥40.00	
Cross-cutting Indicator: Proportion of households where women, men, or both women and men make decisions on the use of food/cash/vouchers, disaggregated by transfer modality / Decisions made by men								
eSwatini	Food	NTA: 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	male	-	-	-	-	Base Value: 2017.12 CSP end Target: 2019.06
			female	-	-	-	-	
			overall	14.50	-	-	≥30.00	
Cross-cutting Indicator: Proportion of households where women, men, or both women and men make decisions on the use of food/cash/vouchers, disaggregated by transfer modality / Decisions made by women								
eSwatini	Food	NTA: 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	male	-	-	-	-	Base Value: 2017.12 CSP end Target: 2019.06
			female	-	-	-	-	
			overall	67.40	-	-	≥30.00	
Protection								
Affected populations are able to benefit from WFP programmes in a manner that ensures and promotes their safety, dignity and integrity								
Cross-cutting Indicator: Proportion of targeted people accessing assistance without protection challenges								

Target / Location	Modalities	Activities	Gender	Base Value	Latest Follow Up	Year End Target	CSP End Target	Date/Source/Mean of Collection
eSwatini	Food	NTA: 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	male	77.00	-	-	≥90.00	Base Value: 2017.12 CSP end Target: 2019.06
			female	77.60	-	-	≥90.00	
			overall	77.30	-	-	≥90.00	
Accountability to affected populations								
Affected populations are able to hold WFP and partners accountable for meeting their hunger needs in a manner that reflects their views and preferences								
Cross-cutting Indicator: Proportion of assisted people informed about the programme (who is included, what people will receive, length of assistance)								
eSwatini	Food	NTA: 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	male	25.60	-	-	≥80.00	Base Value: 2017.12 CSP end Target: 2019.06
			female	23.60	-	-	≥80.00	
			overall	24.50	-	-	≥80.00	
Cross-cutting Indicator: Proportion of project activities for which beneficiary feedback is documented, analysed and integrated into programme improvements								
eSwatini	Food	NTA: 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	male	-	-	-	-	Base Value: 2018.01 CSP end Target: 2019.06
			female	-	-	-	-	
			overall	0	-	-	=100.00	

World Food Programme

Contact info

Theresa Piorr
theresa.piorr@wfp.org

Country director

Cissy Byenkya (OIC)

Cover page photo © WFP/Theresa Piorr

Children enjoying nutritious meals provided by WFP at a community-run child care centre, called Neighbourhood Care Points.

<https://www1.wfp.org/countries/eswatini>