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## Eswatini country strategic plan (2020–2024)

Duration	1 January 2020–31 December 2024
Total cost to WFP	USD 26,284,469
Gender and age marker*	3

\* <http://gender.manuals.wfp.org/en/gender-toolkit/gender-in-programming/gender-and-age-marker/>

### Executive summary

Eswatini is a land-locked lower-middle-income country with a population of 1.1 million. It ranks 144th of 189 countries on the 2017 Human Development Index and 141st of 160 countries with a Gender Inequality Index rating of 0.569.

With 26 percent of the adult population infected, Eswatini has the highest rate of HIV prevalence in the world. Women are disproportionately affected, with 35 percent living with HIV compared to 19 percent of men. Over 46 percent of the population is under the age of 20<sup>1</sup> and 58 percent of children under the age of 17 are orphaned and vulnerable due to AIDS.<sup>2</sup>

The proportion of people living in poverty remains very high, with poverty levels having decreased from 63 percent in 2010 to 58.9 percent in 2018. Notwithstanding a high gross domestic product per capita of USD 3,850, Eswatini, with a Gini coefficient of 51.5,<sup>3</sup> has the tenth highest income inequality in the world. Seventy percent of the rural population lives below the national poverty

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<sup>1</sup> Eswatini Central Statistical Office. *2017 Population and Housing Census, Preliminary Results*. (Not available online.)

<sup>2</sup> Joint United Nations Programme on HIV and AIDS. 2018. *Eswatini HIV Estimates and Projections Report*.

<sup>3</sup> World Bank. *Data: Eswatini: GINI index*. <https://data.worldbank.org/indicator/SI.POV.GINI?locations=SZ>

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#### Focal points:

Ms L. Castro  
Regional Director  
Southern Africa  
email: [lola.castro@wfp.org](mailto:lola.castro@wfp.org)

Ms C. Byenkya  
Officer-in-Charge  
email: [cissy.byenkya@wfp.org](mailto:cissy.byenkya@wfp.org)

line and 25 percent is considered extremely poor.<sup>4</sup> Owing to structural inequalities, woman-headed households are more likely to be poor and have restricted access to productive assets,<sup>5</sup> employment opportunities, education and health services.

The level of hunger is classified as “serious” in the 2018 Global Hunger Index, where Eswatini has a score of 22.5. In addition, annual vulnerability analyses indicate that an average of 35,451 very poor and poor households have experienced food insecurity in the past 10 years; a similar number of households (35,349) have been identified as “extremely poor” in a quantitative assessment of social assistance.

The national strategy for sustainable development and inclusive growth through 2030 and the strategic road map for 2019–2022, which guide the development and economic recovery of Eswatini, recognize the critical dimensions of human development, including poverty reduction, employment creation, gender equity and social integration. The key priority sectors include agriculture, agro-processing, social assistance and emergency preparedness and response.

The Eswatini zero hunger strategic review reveals that poverty is closely associated with hunger and gender inequality. Gaps in policy enforcement, legal frameworks and the allocation of resources limit the effectiveness of social protection programmes in addressing hunger, women’s empowerment and HIV. Insufficient capacities undermine the efficiency of programme design, implementation and knowledge management, while weak institutional coordination causes duplication of efforts and hinders the development of complementary policy implementation.

This country strategic plan is aligned with the Government’s priorities with regard to achieving food and nutrition security, with a focus on gender-transformative and HIV-sensitive actions. It is based on three pillars with the following outcomes:

- *Strategic outcome 1:* Vulnerable people in shock-affected areas are able to meet their basic food and nutrition needs during times of crisis;
- *Strategic outcome 2:* Smallholder farmers, particularly women, have enhanced capacities to supply structured markets with nutritious foods by 2024;
- *Strategic outcome 3:* By 2030 equitable, integrated and shock-responsive social protection systems are accessible to vulnerable populations, particularly women, children, adolescent girls and people living with HIV.

WFP will pursue its shift to providing technical assistance, services and coordination support for national food and nutrition security policies and programmes through gender-transformative approaches that enable progress on gender equality and the empowerment of women and girls. Nutrition-sensitive programming will guide the various interventions in the CSP portfolio. Safe, accessible and responsive feedback and complaint mechanisms will be mainstreamed throughout the CSP. The prominence of technical support and capacity strengthening reflects efforts to engage in evidence generation and a gradual transition to sustainable national ownership.

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<sup>4</sup> Eswatini Central Statistical Office. 2018. *2016/2017 Eswatini Household Income and Expenditure Survey (EHIES): Key findings report*.

<sup>5</sup> According to a 2018 vulnerability assessment and analysis report released by the Eswatini vulnerability assessment committee in July 2018, 51 percent of female-headed households have access to arable land, compared to 57 percent of male-headed households.

[http://www.ipcinfo.org/fileadmin/user\\_upload/ipcinfo/docs/Eswatini\\_VAC\\_Annual\\_Assessment\\_Report2018.pdf](http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/Eswatini_VAC_Annual_Assessment_Report2018.pdf).

## Draft decision\*

The Board approves the Eswatini country strategic plan (2020–2024) (WFP/EB.2/2019/7-A/2) at a total cost to WFP of USD 26,284,469.

### 1. Country analysis

#### 1.1 Country context

1. Eswatini is a land-locked lower-middle-income country with a population of 1.1 million.<sup>6</sup> It ranks 144th of 189 countries on the Human Development Index<sup>7</sup> and 141st of 160 countries on the Gender Inequality Index, with a rating of 0.569.<sup>8</sup>
2. Despite Eswatini's considerable achievements in HIV treatment, such as antiretroviral therapy (ART) coverage of 82 percent and a significant reduction in mother-to-child transmission,<sup>9</sup> the country still has the highest HIV prevalence in the world, with 26 percent of the adult population infected.<sup>10</sup> Women are disproportionately affected, with 35 percent of all women living with HIV compared to 19 percent of men.<sup>11</sup> About 59 percent of orphans in the country have lost parents to HIV- and AIDS-related deaths.<sup>12</sup>
3. Pervasive structural disparities have led to gender inequalities that disadvantage women, and the country's dual legal system, which is based on a constitutional legal framework and traditional and customary laws, provides women and girls with limited protection. This is evident in the limited access of women to economic opportunities, productive assets, agricultural value chains and education and health care.<sup>13 14</sup> Over 25 percent of women 25 years and older and 50 percent of women 15–24 are unemployed.<sup>15</sup> Female-headed households, children and the elderly are disproportionately affected by poverty, food insecurity and disease.
4. Eswatini is a food-deficit country. Only half the national grain requirements are met with local supplies owing to productivity of only 1.5 tonnes per hectare, which is low compared to the ideal of 4–6 tonnes per hectare.<sup>16</sup> Production is constrained by frequent droughts, inadequate farming technologies, low investment in inputs and equipment, and structural barriers preventing access to formal markets. Food losses are high, an average of

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\* This is a draft decision. For the final decision adopted by the Board, please refer to the decisions and recommendations document issued at the end of the session.

<sup>6</sup> Eswatini Central Statistical Office. 2017. *2017 Population and Housing Census: Preliminary Results*. (Not available online.)

<sup>7</sup> United Nations Development Programme. *Human Development Indices and Indicators. 2018 Statistical Update*. [http://hdr.undp.org/sites/default/files/2018\\_human\\_development\\_statistical\\_update.pdf](http://hdr.undp.org/sites/default/files/2018_human_development_statistical_update.pdf).

<sup>8</sup> United Nations Development Programme. Gender Inequality Index. <http://hdr.undp.org/en/composite/GII>.

<sup>9</sup> National Emergency Response Council on HIV and AIDS and the Joint United Nations Programme on HIV/AIDS. 2018. *Eswatini HIV Estimates and Projections Report 2018*. (Not available online.)

<sup>10</sup> United States President's Emergency Plan for AIDS Relief. 2018. *Swaziland Country Operational Plan 2018. Strategic Direction Summary*. <https://www.pepfar.gov/documents/organization/285864.pdf>.

<sup>11</sup> National Emergency Response Council on HIV and AIDS and the Joint United Nations Programme on HIV/AIDS. 2018. *Eswatini HIV Estimates and Projections Report 2018*. (Not available online.)

<sup>12</sup> *Ibid.*

<sup>13</sup> Eswatini Vulnerability Assessment Committee. 2018. *Annual Vulnerability Assessment and Analysis Report 2018*. [http://www.ipcinfo.org/fileadmin/user\\_upload/ipcinfo/docs/Eswatini\\_VAC\\_Annual\\_Assessment\\_Report2018.pdf](http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/Eswatini_VAC_Annual_Assessment_Report2018.pdf).

<sup>14</sup> According to a 2018 vulnerability assessment and analysis report ([http://www.ipcinfo.org/fileadmin/user\\_upload/ipcinfo/docs/Eswatini\\_VAC\\_Annual\\_Assessment\\_Report2018.pdf](http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/Eswatini_VAC_Annual_Assessment_Report2018.pdf)) released by the Eswatini Vulnerability Assessment Committee in July 2018, 51 percent of female-headed households have access to arable land, compared to 57 percent of male-headed households.

<sup>15</sup> International Labour Organization. *ILOSTAT: Country profiles*. <https://ilostat.ilo.org/data/country-profiles/>.

<sup>16</sup> WFP. 2018. *Eswatini zero hunger strategic review*. (Not yet available online.)

- 30 percent, as a result of material and financial waste throughout the value chains, and climate change projections suggest that erratic rainfall patterns during the cropping season will worsen.<sup>17</sup>
5. Smallholder agriculture remains the backbone of rural livelihoods in Eswatini, with over 70 percent of the country's people, 60 percent of whom are women, relying on subsistence farming. Despite having a prominent role in the food system, women enjoy limited access to – and control over – the benefits accruing from production. Customary practices restrict their access to the land, agricultural extension services, credit, infrastructure, technology and markets that are crucial to enhancing their productivity and livelihoods. The majority of smallholder farmers engage in labour-intensive farming practices, which results in high opportunity cost that further disadvantage women in the agricultural sector.
  6. The prevalence of food insecurity is a result of the high poverty levels in the country and leaves the poorest people chronically vulnerable. Low household incomes coupled with high food prices make access to food a challenge for those people. Analyses of poverty and food insecurity shows that 25 percent of the population is extremely poor and has experienced food insecurity in the past 10 years.<sup>18</sup> An estimated 14 percent of the population was food-insecure in 2018, which represents a 23 percent decline compared to 2017.<sup>19</sup> Poverty and food insecurity have been linked to an increased risk of HIV infection, decreased adherence to ART and high rates of malnutrition. Food-insecure women and adolescent girls are more likely to engage in negative coping mechanisms, such as high-risk sexual practices, than food-secure women.<sup>20</sup>
  7. HIV and AIDS have destabilized families and communal support systems, as evidenced by a dramatic increase in the number of vulnerable children and households headed by children and elderly people. National estimates indicate that there are presently 90,127 orphans and vulnerable children (OVC) in Eswatini.<sup>21</sup> OVC either have HIV or are negatively affected by the epidemic, and their caregivers often suffer from ill health and economic challenges that result in reliance on elderly family members, the community or the Government to provide the support and protection that they need. Traditional gender roles impose on women and girls a double burden of domestic work, including caring for sick family members and maintaining agricultural productivity, often at the expense of their education.
  8. Women are underrepresented in leadership and decision-making positions in the public and private sectors. Only 6 percent of parliamentarians are women, which may help to explain why the Eswatini legislative framework is deficient in terms of inclusion, service delivery, resources, commitment and accountability. Gender-based violence (GBV), sexual abuse and discriminatory sexual behaviour and practices affect one in three women and girls, with almost half of all women and girls reporting having been abused by the age of 18 and almost half of all women experiencing some form of sexual violence in their lifetimes.<sup>22</sup>

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<sup>17</sup> *Ibid.*

<sup>18</sup> Data from reports of the Swaziland vulnerability assessment committee from the period 2009–2018 and from the 2017 household income and expenditure survey.  
[http://www.ipcinfo.org/fileadmin/user\\_upload/ipcinfo/docs/Eswatini\\_VAC\\_Annual\\_Assessment\\_Report2018.pdf](http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/Eswatini_VAC_Annual_Assessment_Report2018.pdf).

<sup>19</sup> Eswatini vulnerability assessment committee. *Annual Vulnerability Assessment and Analysis Report 2018*.  
[http://www.ipcinfo.org/fileadmin/user\\_upload/ipcinfo/docs/Eswatini\\_VAC\\_Annual\\_Assessment\\_Report2018.pdf](http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/Eswatini_VAC_Annual_Assessment_Report2018.pdf).

<sup>20</sup> Rebecca Fielding-Miller and others. 2014. "There is hunger in my community": a qualitative study of food security as a cyclical force in sex work in Swaziland. <https://www.ncbi.nlm.nih.gov/pubmed/24460989>.

<sup>21</sup> National Emergency Response Council on HIV and AIDS and the Joint United Nations Programme on HIV/AIDS. 2018. *Eswatini HIV Estimates and Projections Report 2018*. (Not yet available online.)

<sup>22</sup> Swaziland Action Group Against Abuse. <http://www.swagaa.org.sz/gender-based-violence/>.

A sexual offences and domestic violence law was enacted in July 2018 to provide legal protection for women and girls against domestic or sexual violence; however, it coexists with traditional and customary laws that hinder the realization of gender equality.

9. The Eswatini constitution provides a firm foundation for enhancing the welfare of the poor and vulnerable.<sup>23</sup> The ratification of several international instruments pertaining to social protection demonstrates the Government's political will. The Government spends the equivalent of 2.2 percent of gross domestic product (GDP) on social protection, including cash grants for vulnerable groups, school meals, free primary education and free basic health services. A 2012 World Bank study<sup>24</sup> found the welfare schemes in Eswatini to be underdeveloped and wanting in terms of harmonization between programmes and administrative systems. Institutionalized accountability arrangements and programme integration, together with a transition from manual to electronic administration processes, could collectively contribute to efficient and effective social safety nets.

## 1.2 Progress towards Sustainable Development Goal 2

### Targets

10. The national strategy for sustainable development and inclusive growth through 2030 outlines the Government's commitment to achieving SDG 2.
11. *Access to food (SDG target 2.1)*: Food insecurity among poor rural households, and among women in particular, is linked to poverty, the limited availability of land and decision-making powers, the pervasive effects of HIV/AIDS and increasing climate-related shocks. The drivers of food insecurity are dependence on rain-fed crop production, low farming productivity and incomes, poorly integrated markets, the existence of monopolies<sup>25</sup> and the high cost of food and agricultural inputs.<sup>26</sup>
12. A 2018 estimate indicates that over 25 percent of households do not consume protein-rich foods, 50 percent do not consume iron-rich foods and 22 percent spend over 75 percent of their income on food.<sup>27</sup> Lubombo and Shiselweni are the worst-affected regions, with a large share of poor and extremely poor households, low productivity due to recurrent dry spells and relatively high food prices.<sup>28</sup> An estimated 14 percent of the population was acutely food-insecure in 2018.<sup>29</sup>
13. *End malnutrition (SDG target 2.2)*: Chronic malnutrition affects 26 percent of children under 5, a situation classified as "medium severity" by the World Health Organization (WHO). Stunting has many different causes related to mother and child health, vitamin A intake, infant and young child feeding practices, water, sanitation and hygiene conditions and

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<sup>23</sup> Vulnerable populations include women and girls, including adolescents, orphaned children, child-heads of household, people living with HIV or tuberculosis and the elderly, on account of the legislative and socioeconomic disadvantages caused by poverty, gender inequality and HIV.

<sup>24</sup> World Bank. 2012. *Swaziland: Using Public Transfers to Reduce Extreme Poverty*.

<http://documents.worldbank.org/curated/en/461681468118484258/pdf/739730REPLACEM00Box374301B00PUBLIC0.pdf>.

<sup>25</sup> According to the 2016 *Swaziland Market Assessment Report* published by the Ministry of Agriculture, the price of maize meal, the staple food, was 25 percent higher than the average regional price in September 2016, owing to an overregulated and inefficient maize grain market under the monopolistic control of the National Maize Corporation. <https://reliefweb.int/sites/reliefweb.int/files/resources/wfp290133.pdf>.

<sup>26</sup> FAO and WFP. 2015. *Special Report: FAO/WFP Crop and Food Security Assessment Mission to Swaziland*. <http://www.fao.org/3/a-i4797e.pdf>.

<sup>27</sup> *Ibid.*

<sup>28</sup> Data from reports of the Swaziland vulnerability assessment committee from the period 2009–2018, and from the Household Income and Expenditure Survey 2017.

<sup>29</sup> *Ibid.*

practices, access to nutritious food and poverty. About 42 percent of children under 5 suffer from iron deficiency and 40 percent of pregnant women and girls are anaemic. Two percent of children under 5 suffer from wasting and 5.8 percent are underweight. About one third of infants age 6–23 months do not receive the recommended minimum dietary diversity,<sup>30</sup> and dietary diversity is low or moderate for 78 percent of households. Economic losses due to hunger are estimated at 3.1 percent of GDP.<sup>31</sup>

14. *Smallholder productivity and incomes (SDG target 2.3)*: Post-harvest losses are estimated at 30 percent of all food produced,<sup>32</sup> and inefficient supply chains contribute to high costs that discourage smallholder production. As a result, although farming is an important source of food for poor rural households, they are unable to meet their food needs through their own production. Increasing climate-related impacts disproportionately affect the production capacity of women because they have less access to agricultural resources, such as land, extension services and inputs, with which to adapt to variability and change. Women's adaptive capacity is also inhibited by gendered social norms.
15. Given that a high percentage of producers are women, they could play a key role in reducing food losses at the production, post-harvest and processing stages were it not for the fact that they face many barriers that prevent them from doing so. These include a lack of knowledge on the standards limiting produce acceptance at the market level, limited access to tools for efficient processing and storage, and exclusion from producer associations through which products are stored.
16. The land tenure system hampers the diversification of crop production and investment in agricultural infrastructure because most smallholders only have access to national land allocated by tribal chiefs in accordance with national law and traditional customs. Discriminatory customary practices based on gender and marriage limit women's rights to own land and personal property. Under national law and traditional customs, women only have access to land through their husbands or male relatives. Limiting land rights for women – the primary agricultural producers – further hampers food security.
17. *Sustainable food systems (SDG target 2.4)*: According to the findings of the zero hunger strategic review, food supply systems face persistent structural inefficiencies that hamper improvements and sustainability. In addition, established food systems are threatened by environmental factors such as climate shocks and land degradation. The National Maize Corporation is the sole entity responsible for interventions in formal local markets and the management of staple food imports to meet local demand. Its monopoly of the grain market negatively affects smallholder farmers, who have few alternative markets. To overcome persistent barriers, investments are required to improve agricultural practices, irrigation systems, natural resource management, supply chain efficiency and research. Technical support and financing are required to support crop diversification, maize production, agro-processing, grain storage, strategic food reserves and alternative income-generating activities for smallholder farmers.

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<sup>30</sup> *Ibid.*

<sup>31</sup> Government of Eswatini and others. 2013. *The Cost of Hunger in Swaziland: Implications of Child Undernutrition for the Implementation of the National Poverty Reduction Strategy In Swaziland: The Social and Economic Impact of Child Undernutrition in Swaziland*. [https://reliefweb.int/sites/reliefweb.int/files/resources/swaziland\\_report\\_16\\_july\\_1%20%281%29.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/swaziland_report_16_july_1%20%281%29.pdf).

<sup>32</sup> Swaziland National Agricultural Investment Plan (SNAIP), April 2015. (Not yet available online.)



### **Macroeconomic environment**

18. Despite its lower-middle-income status and ambition to emerge as a “first world country” by 2022,<sup>33</sup> Eswatini faces considerable structural challenges, and efforts to boost growth and foster social and economic transformation have had mixed results.<sup>34</sup> Economic growth has decelerated from an average of 4.4 percent per annum in the period 2012–2014 to an estimated 1.7 percent in 2019, and the medium-term outlook is 1.8 percent.<sup>35</sup> This falls below the 5 percent annual growth necessary to eradicate poverty by 2030.<sup>36</sup> The socio-economic challenges impeding growth include high public debt, fiscal consolidation, inflationary pressures from food prices and high HIV/AIDS prevalence, which reduces the labour supply and productivity while increasing social and health-care costs.<sup>37</sup>
19. Eswatini is vulnerable to recurrent climate-related and external shocks. The 2015–2016 El Niño induced drought, the worst in 50 years, caused a 40 percent drop in the production of maize, the staple food in Eswatini. The economy is reliant on regional growth and Southern African Customs Union (SACU) inflows that represent 42 percent of its earnings.<sup>38</sup> SACU revenues have been declining in recent years, putting pressure on the Government’s fiscal policies.
20. Increased social expenditure and improved spending efficiency, particularly in health and education, could lead to a reduction in inequality, and well-designed, expanded and appropriately targeted social safety nets could reduce poverty.<sup>39</sup>

### **Key cross-sectoral linkages**

21. In Eswatini, challenges to achieving zero hunger are directly linked to poverty, as highlighted in the zero hunger strategic review. In addition to SDGs 2 and 17, this country strategic plan (CSP) will therefore contribute also to targets linked to SDGs 1 (no poverty), 3 (good health and well-being), 4 (quality education) and 5 (gender equality).
22. *By 2030, reduce at least by half the proportion of [people] of all ages living in poverty in all its dimensions (SDG target 1.2):* The poverty rate has decreased gradually from 69 percent in 2000 to 63 percent in 2010 and 59 percent in 2017.<sup>40</sup> The main drivers of poverty are structural causes of unemployment and income inequality, which affect the rural population in particular. The labour force participation rate is lower among women (46 percent) than among men (55 percent). The unemployment rate is high, at 26 percent, with the bulk of employment opportunities found in low-value-added activities, particularly subsistence agriculture. While heads of household are evenly split by gender, with 50.5 percent of the

<sup>33</sup> Government of Eswatini. *National Development Strategy 1998–2022*. <http://www.tralac.org/files/2012/12/Final-Poverty-Reduction-Strategy-and-Action-Plan-for-Swaziland.pdf>.

<sup>34</sup> International Monetary Fund. 2017. Country Report No. 17/274. <https://www.imf.org/en/Publications/CR/Issues/2017/09/11/Kingdom-of-Swaziland-2017-Article-IV-Consultation-Press-Release-Staff-Report-and-Statement-45240>.

<sup>35</sup> World Bank. *Eswatini*. <https://data.worldbank.org/country/eswatini>.

<sup>36</sup> Government of Eswatini and UNDP. 2016. *Swaziland’s Transition Report from the MDGs to the SDGs*. (Not available online.)

<sup>37</sup> World Bank. 2018. *Performance and Learning Review of the Country Partnership Strategy for Eswatini for the Period FY15–FY18*. <http://documents.worldbank.org/curated/en/103841535772640382/text/Swaziland-Eswatini-PLR-final-08022018-08082018.txt>.

<sup>38</sup> African Development Bank. 2019. *Southern Africa Economic Outlook 2019*. [https://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/2019AEO/REO\\_2019\\_-\\_Southern\\_africa.pdf](https://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/2019AEO/REO_2019_-_Southern_africa.pdf).

<sup>39</sup> International Monetary Fund. 2017. Country Report No. 17/274. <https://www.imf.org/en/Publications/CR/Issues/2017/09/11/Kingdom-of-Swaziland-2017-Article-IV-Consultation-Press-Release-Staff-Report-and-Statement-45240>.

<sup>40</sup> Eswatini Central Statistical Office. 2017. *2017 Population and Housing Census: Preliminary Results*. (Not available online.)

population living in male-headed households and 49.5 percent in female-headed households, the latter constitute 53 percent of poor households and 56 percent of extremely poor households, and there are few dedicated social protection policies or programmes to support them.

23. *By 2030, end the epidemics of AIDS [and] tuberculosis [...] and combat [...] other communicable diseases (SDG target 3.3):* While HIV prevalence in Eswatini remains the highest in the world, national incidence declined from 238 per 1,000 in 2014 to 136 per 1,000 in 2017. ART coverage reaches more than 75 percent of affected people, thus contributing to a decline in AIDS-related deaths. In 2017, women and girls aged 15–24 years were five times more likely to be living with HIV than young men.<sup>41</sup> GBV and gender-power inequity in relationships limit the ability of women and adolescent girls to negotiate safe sex and have a negative impact on adherence to treatment. The burden of HIV/AIDS is skewed towards women, with more than 35 percent of females between the ages of 15 and 49 years infected, compared to 19 percent of men and boys.<sup>42 43</sup>
24. The high HIV and tuberculosis prevalence among pregnant and lactating women and girls has direct consequences for the nutrition status of their children. It is estimated that 5 percent of people receiving ART and 18 percent of those initiating tuberculosis treatment are acutely malnourished.<sup>44</sup> As men living with HIV or tuberculosis are generally slow to seek treatment, they are more likely than women to be malnourished when they receive the treatment. The cost of hunger is estimated at 3.1 percent of GDP,<sup>45</sup> the economic losses being a result of the long-term effects of undernutrition on cognitive capacities, particularly of children, and the consequences for health, education and economic productivity.
25. *By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and [...] effective learning outcomes (SDG target 4.1) and [...] have access to quality early childhood development, care and pre-primary education so that they are ready for primary education (SDG target 4.2):* Inequalities between girls and boys persist in the Eswatini education system. Access to secondary schools, which is not free of charge, is especially limited for girls.<sup>46</sup> OVC rarely progress to secondary education, even though there are education grants available for them to do so. Early motherhood, with 77 in every 1,000 live births attributed to adolescent girls, the distance away from secondary schools and poor quality infrastructure are barriers to continuing education.

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<sup>41</sup> National Emergency Response Council on HIV and AIDS and the Joint United Nations Programme on HIV/AIDS. 2018. Eswatini HIV Estimates and Projections Report 2018. (Not available online).

<sup>42</sup> *Ibid.*

<sup>43</sup> *Ibid.*

<sup>44</sup> Eswatini Ministry of Health and WFP. 2016. *Assessment on the malnutrition prevalence in HIV, TB and pregnant and lactating women in Swaziland.* (Not available online.)

<sup>45</sup> [Government of Eswatini and others. 2013. The Cost of Hunger in Swaziland: Implications of Child Undernutrition for the Implementation of the National Poverty Reduction Strategy in Swaziland: The Social and Economic Impact of Child Undernutrition in Swaziland.](https://reliefweb.int/sites/reliefweb.int/files/resources/swaziland_report_16_july_1%20%281%29.pdf) [https://reliefweb.int/sites/reliefweb.int/files/resources/swaziland\\_report\\_16\\_july\\_1%20%281%29.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/swaziland_report_16_july_1%20%281%29.pdf).

<sup>46</sup> Although primary school net enrolment rates have reached over 94 percent, the secondary school enrolment rate is just over 51 percent. Eswatini Central Statistical Office. 2018. *2016/2017 Eswatini Household Income and Expenditure Survey (EHIES): Key findings report.* (Not available online.)



26. The 2018 National Education and Training Sector Policy prioritizes early childhood care, development and education (ECCDE). A dedicated ECCDE policy is currently under discussion; it is aimed at ensuring adequate financial investment to support the universal provision of school meals at early childhood institutions, including for out of school OVC and gradually expanding to accommodate all children age 3–6. A national food security in schools framework established in 2013 covers the provision of meals to primary and secondary schoolchildren.
27. *End all forms of discrimination against all women and girls everywhere (SDG target 5.1), and eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation (SDG target 5.2):* Eswatini's constitutional legal framework, customary laws and traditional beliefs and practices undermine equality between men and women. There are still inequalities in the labour market in some regions, with women systematically denied equal access to jobs.<sup>47</sup> The unequal division of unpaid care and domestic work and discrimination in public office remain barriers. Affording women equal rights to economic resources, such as land and property, is vital to achieving SDG 5 and to reducing food and nutrition insecurity.
28. Culturally, men in Eswatini, similarly to other sub-Saharan countries, hold a more powerful position in society than women. Some cultural practices may condone GBV, hamper access by survivors to effective remedies and reparations and prevent perpetrators from being held accountable.<sup>48</sup> A sexual offences and domestic violence law was adopted in 2018, but further legislative and policy reform and enforcement are required to fight GBV effectively.<sup>49</sup>

### 1.3 Hunger gaps and challenges

#### ***Policy design and implementation***

29. The findings of the zero hunger strategic review highlight that while the country has numerous sectoral policies in place, there are gaps in policy enforcement, legal frameworks and the allocation of resources that reduce the effectiveness of social safety nets in equitably addressing poverty, gender equality and HIV-related challenges. The country has limited capacity for the design and implementation of social safety net programmes.<sup>50</sup> The draft national food and nutrition policy and the national social assistance policy that are currently being developed have still to be aligned with the national strategy for sustainable development and inclusive growth through 2030. Duplication of efforts can be mitigated through institutional coordination, which will enhance the development of complementarities.

#### ***Social protection system***

30. Eswatini allocates 12 percent of its GDP to social spending, including for education and health, which is a rather small share compared to other sub-Saharan lower-middle-income countries.<sup>51</sup> to the amount spent on social protection, including cash grants for vulnerable groups and school meals, free primary education and basic health services, is only

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<sup>47</sup> United Nations Development Programme. *Eswatini*. <http://www.sz.undp.org/content/eswatini/en/home/sustainable-development-goals/goal-5-gender-equality.html>.

<sup>48</sup> See [http://uir.unisa.ac.za/bitstream/handle/10500/22617/dissertation\\_dzinavane\\_tm.pdf?sequence=1&isAllowed=y](http://uir.unisa.ac.za/bitstream/handle/10500/22617/dissertation_dzinavane_tm.pdf?sequence=1&isAllowed=y) and <http://www.csvr.org.za/pdf/Gender%20Based%20Violence%20in%20South%20Africa%20-%20A%20Brief%20Review.pdf>.

<sup>49</sup> International Commission of Jurists. 2018. *Achieving Justice for Gross Human Rights Violations in Swaziland: Key Challenges*. <https://www.icj.org/wp-content/uploads/2018/05/Swaziland-GRABaselineStudy-Publications-Reports-Thematic-reports-2018-ENG.pdf>.

<sup>50</sup> *Swaziland United Nations Development Assistance Framework 2016–2020*. [https://www.unicef.org/about/execboard/files/Swaziland\\_DPDCPSWZ3\\_UNDAF\\_2016-2020\\_March\\_5\\_2015.pdf](https://www.unicef.org/about/execboard/files/Swaziland_DPDCPSWZ3_UNDAF_2016-2020_March_5_2015.pdf).

<sup>51</sup> International Monetary Fund. 2017. *Expenditure Assessment Tool*. <https://www.imf.org/en/Publications/TNM/Issues/2017/04/27/Expenditure-Asset-Tools-44797>.

2.2 percent of GDP, and the amount spent on the social assistance system, for income support to the elderly, disability grants and a pilot social grant for OVC is less than 1 percent.

31. Significant social protection reforms were recently introduced, but gaps in coverage remain. There is no comprehensive social protection policy framework that addresses the needs of vulnerable groups; welfare schemes are underdeveloped and wanting in terms of harmonization between programmes and administrative systems; specific attention should be paid to the needs of adolescent girls, who are vulnerable to negative coping mechanisms.

### ***Sustainable food security and nutrition programmes***

32. Gaps in programme design, delivery and monitoring result in high costs and compromise the efficiency, effectiveness and sustainability of food systems. Efforts are being made by the Ministry of Education and Training, with technical support from WFP, to source food for the national school feeding programme from local women smallholder farmers with the aim of boosting local agriculture and strengthening local food systems. To improve the nutrition outcomes of the targeted groups, WFP will adopt nutrition-sensitive approaches and encourage women smallholder farmers to produce nutrient-dense and diverse crops.
33. The Nutrition Assessment, Counselling and Support programme, previously known as the Food by Prescription programme, is the regional flagship nutrition support programme for malnourished children and adults living with HIV and receiving ART and tuberculosis treatment, as well as for their families. Supported by WFP since 2012, and implemented through the Ministry of Health, the programme remains critical for people living with HIV (PLHIV). It faces significant financial constraints, with no funding anticipated from government or donors. Through the CSP WFP will support the Government in documenting the impacts of nutrition support on the outcomes of ART and tuberculosis treatment with a view to generating evidence and fostering advocacy for investment in the programme.

## **1.4 Key country priorities**

### ***Government***

34. The CSP is anchored in the national strategy for sustainable development and inclusive growth through 2030 and incorporates relevant SDG targets. It addresses critical dimensions of human development, including poverty reduction, employment creation and gender equity, by prioritizing the empowerment of women, social integration and environmental protection. The Eswatini Strategic Road Map 2019–2022 highlights agriculture, agro-processing, social assistance and emergency preparedness and response among the key sectors and priority themes that must be addressed in order to achieve the SDG targets and build human capital in the country.
35. The Government's vehicle for promoting food crop diversification as a key strategy for enhancing sustainable agriculture, alleviating poverty and improving food and nutrition security is the National Agricultural Investment Plan. The 2016–2018 multisectoral stunting action plan promotes nutrition-specific and nutrition-sensitive interventions; the National Children's Policy (2008) addresses the protection of OVC, recognizing that education and food and nutrition security are essential children's rights; and the National Education and Training Sector Policy (2018) prioritizes ECCDE. WFP will work with the Government to ensure that the neighbourhood care points currently serving as day-care centres are formally integrated into ECCDE in order to address the complexity that defines the livelihoods of OVC.
36. The social protection policy currently being developed is aimed at providing a comprehensive, inclusive, financially viable social security system with strengthened health-care coverage and social assistance frameworks. The 2018–2022 national multi-sectoral strategic framework for HIV and AIDS prioritizes

the economic empowerment of adolescent girls and young women and social protection for OVC.

37. The Government's disaster management policy calls for a strong institutional basis for the implementation of enhanced early warning, disaster preparedness and effective responses. The 2017–2022 National Strategy and Action Plan to End Violence in Eswatini guides a multi-sectoral response to GBV in a context of increasing abuse of women and children.

### **United Nations and other partners**

38. Net official development assistance received in 2016 amounted to USD 152 million, of which 82 percent was allocated to the health and population sectors.<sup>52</sup> The largest programmes are funded by the Government of the United States of America, through the United States Agency for International Development (USAID) and the United States President's Emergency Plan for AIDS Relief, which focuses on the prevention and treatment of HIV/AIDS, including care for people living with HIV, and by the European Union, through the European Development Fund (EDF) National Indicative Programme (2014–2020), which prioritizes the agriculture sector, with a focus on food security and social protection. The Global Fund to Fight AIDS, Tuberculosis and Malaria is another major player in the response to HIV/AIDS and tuberculosis. Other development partners include the African Development Bank, the Arab Bank for Economic Development in Africa, the World Bank and the Governments of Japan, through the Japan International Cooperation Agency, Kuwait and Taiwan Province of China.
39. The CSP is aligned with government policy frameworks, including the 2010 National Gender Policy and the 2012 national HIV prevention policy, which will also guide the United Nations sustainable development cooperation framework for 2021–2025 in contributing to the attainment of the 2030 Agenda on Sustainable Development. The United Nations' "Delivering as one" approach, which was adopted in 2015, has the potential to enhance the impact of United Nations support in a context of limited resources by strengthening institutional capacities through policy design, planning and programming, such as through joint programming and resourcing within the unified budget, results and accountability framework.
40. The partners to the Government in the areas of food and nutrition security, livelihoods and social protection, in addition to WFP, are the Food and Agriculture Organization of the United Nations (FAO), the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and WHO, as well as the World Bank, the European Union and the Government of Japan. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has resident representation in Eswatini. Partner engagement in the field of nutrition is limited to a focus on treatment and nutrition-sensitive initiatives through technical assistance.

## **2. Strategic implications for WFP**

### **2.1 WFP's experience and lessons learned**

41. A summary of evaluation evidence published in 2018,<sup>53</sup> complemented by internal programme reviews, showed that WFP has pursued sustainable solutions in Eswatini through the provision of technical support for the development of core policies and

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<sup>52</sup> Organization for Economic Cooperation and Development Assistance Committee. *Geographical Distribution of Financial Flows to Developing Countries 2018: Disbursements, Commitments, Country indicators*.

[https://read.oecd-ilibrary.org/development/geographical-distribution-of-financial-flows-to-developing-countries-2018\\_fin\\_flows\\_dev-2018-en-fr#page1](https://read.oecd-ilibrary.org/development/geographical-distribution-of-financial-flows-to-developing-countries-2018_fin_flows_dev-2018-en-fr#page1).

<sup>53</sup> WFP. 2018. *Summary of evaluation evidence. Eswatini 2011–2018*. (Not available online.)

the national social protection framework, particularly in regard to school feeding. WFP implemented a school feeding programme in Eswatini from 1970 to 1991, covering an estimated 176,000 children. Since 1992, the Government has assumed full financial and managerial responsibility for the programme. From 2002 to 2010, WFP provided a daily hot meal to 240,000 children through direct implementation on behalf of the Government, taking into account the burden of HIV at the time.

42. WFP has been gradually shifting from the role of an operational partner implementing food and nutrition assistance to that of a service provider supporting the Government in the pursuit of sustainable and equitable food security and nutrition programmes. This is evidenced by the fact that, since 2010, WFP's role in the school feeding programme has been to provide technical support and supply chain services when requested by the Government.
43. Working with primary producers, including women smallholder farmers, WFP seeks through its activities to enhance productive safety nets that enable nutritious foods to be made available to people in need. Access for the vulnerable populations at high risk of malnutrition will be enhanced through partnerships within programmes aimed at enhancing livelihood empowerment and expanding household incomes.
44. In appreciation of the predominantly female face of hunger in Eswatini, and drawing on its extensive experience in food and nutrition security, WFP will support the Government in making the social protection systems shock-responsive and gender-sensitive.
45. As gender is a key determinant of the vulnerability affecting food security in the country, gender-transformative approaches will be applied across all activities with a view to changing negative coping behaviours, reducing the risk of GBV, confronting the stigma of HIV/AIDS and tuberculosis and supporting the economic empowerment of adolescents and women. A comprehensive partnership approach that helps to address the root causes of the inequalities resulting from gender disparity will be established within the Gender Consortium, whose membership includes the Gender Coordination Unit of the Deputy Prime Minister's Office and civil society actors such as Gender Links, the Swaziland Action Group Against Abuse, the Eswatini branch of Women and Law in Southern Africa and traditional leaders and groups.

## **2.2 Opportunities for WFP**

46. The primary focus of the CSP will be the provision of technical support to assist the Government in achieving transformative social protection by, as articulated in the draft social assistance policy, "protecting the most vulnerable people with transfers and free services, promoting sustainable livelihoods and transforming policy and legislation regulations". WFP will support the Government in the implementation of the social assistance policy, using that policy as the framework for achieving zero hunger through effective social and productive safety nets. Using an integrated approach, WFP will provide technical expertise and other services to contribute to strengthening the systems and capacities of government institutions and other partners for refining the design and implementation of nutrition-sensitive, HIV-sensitive and shock- and gender-responsive social safety net interventions.
47. Technical support for the national school feeding programme will focus on linking the programme to local markets through a two-year proof-of-concept pilot of a home-grown school feeding (HGFS) model to demonstrate the viability of a government scale up of the model to cover pre-primary, primary and secondary schoolchildren nationwide from 2022 onwards. Through the pilot, WFP aims to demonstrate how the performance of food systems can be enhanced by reinforcing smallholder value chains to ensure that schoolchildren have access to a stable supply of nutritious foods.

## 2.3 Strategic changes

48. WFP will expand its technical assistance and coordination support for government policies, systems and programmes, with a strengthened advocacy and advisory role. The focus will be on upstream, high-impact support that will contribute to strengthening the Government's capacity to implement effective and efficient programmes to deliver nationally owned and domestically funded hunger solutions. WFP will support evidence generation to enhance advocacy for – and the resourcing of – national social safety net interventions. As part of the CSP, WFP will work with the Government to strengthen its capacity for monitoring and thus measuring progress towards achievement of the SDGs.
49. Building on the support that WFP provided to the Food by Prescription programme in the period 2012–2017, and informed by evidence of the relationship between HIV and vulnerability to food and nutrition insecurity, the Government is expected to make the necessary programme and other adjustments to improve sustainability. WFP will support the Government with technical assistance instead of through direct implementation of nutrition activities.
50. The pace of the handover of programmes to the Government will be outlined in the CSP and will be determined by progress in capacity and systems strengthening efforts.

## 3. WFP strategic orientation

### 3.1 Direction, focus and intended impacts

51. The CSP for 2020–2024 is informed by the zero hunger strategic review and is the result of WFP's consultations with the Government, development partners, the beneficiaries and other stakeholders. It will support the Government's efforts to achieve SDG 2 targets through three integrated outcomes:
  - The Government's capacity to respond equitably to the immediate needs of shock-affected people is enhanced, while the resilience of affected communities of vulnerable people, including women and adolescent girls (who are at risk of HIV infection, GBV and transactional sex) is strengthened through improved national shock-responsive social protection programmes;
  - The institutional demand associated with school meals is leveraged to support smallholder production and access to markets through local purchasing, with a focus on women and activities adapted to their needs; and
  - The social protection strategy is reinvigorated through the prioritization of productive safety nets that provide an opportunity to address food and nutrition insecurity, promote household production and improve the livelihoods of those left furthest behind, particularly vulnerable women, young people and PLHIV; the feasibility of home-grown approaches for school feeding is demonstrated; and support is provided for implementation of associated policy frameworks.
52. The CSP affirms gender equality as a fundamental pillar of the interventions through a productive approach with purpose-designed gender-transformative activities.<sup>54</sup> Lessons learned on gender dynamics from WFP interventions will guide the formulation of strategies for social and behaviour change. Activities will be designed to empower women

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<sup>54</sup> The gender-transformative outcome will seek to challenge and contribute to the transformation of rigid gendered norms and relations by examining, questioning and proposing changes to address the imbalances of power between men and women.

and adolescent girls and to enable progress on gender equality.<sup>55</sup> WFP will participate in a pilot project on social accountability conducted by the Ministry of Health to improve access to safe feedback mechanisms for affected and vulnerable populations.

53. As a multilateral convener for the Scaling Up Nutrition Movement, WFP will remain a key player and promote multisectoral nutrition-sensitive programming together with FAO, UNFPA, UNICEF, WHO and various non-governmental organizations. This will include sensitization on school health education for school health teachers, advocacy for food fortification and nutrition screening implemented through the national school feeding programme. Sexual and reproductive health and rights and advocacy for nutrition activities in emergency responses by the National Disaster Management Agency (NDMA) will be supported.

### **3.2 Strategic outcomes, focus areas, expected outputs and key activities**

#### ***Strategic outcome 1: Vulnerable populations in shock-affected areas are able to meet their basic food and nutrition needs during times of crisis***

54. WFP will retain the capacity to respond, at the Government's request, when the magnitude of a crisis exceeds the Government's capacity. In the interest of crisis response, this strategic outcome aims to provide a shock-responsive safety net to address the immediate needs of affected people (informed by gender and age) during times of crisis and early recovery. WFP will provide technical support to strengthen the Government's emergency preparedness capacity and equitable early warning systems.
55. As the need for direct implementation by WFP in the area of crisis response diminishes, this outcome will be linked to the introduction of gender-responsive, climate-smart, productive safety nets and will include the provision of integrated transfer packages aimed at protecting affected households' livelihoods, building their resilience and promoting access to diversified nutritious foods.

#### ***Focus area***

56. The focus area of this strategic outcome is crisis response.

#### ***Expected output***

57. This outcome will be achieved through the following output:
- targeted shock-affected households, including those with young children and/or affected by HIV, receive food and/or cash-based transfers to meet basic food and nutrition needs and support early recovery through national social protection frameworks

#### ***Key activity***

*Activity 1: Provide food and/or cash-based transfers to food-insecure populations affected by shocks, including children.*

58. When acute food insecurity needs exceed the response capacity of the Government due to shocks, WFP will provide life-saving food assistance aimed at covering basic food requirements for affected food-insecure households to prevent the deterioration of their nutrition status and to facilitate early recovery. Food and/or cash-based transfers (CBTs) will be provided to the most vulnerable women, girls, boys and men and those with special needs who are at risk of malnutrition. Targeting criteria will also consider demographic factors associated with vulnerability, such as female-, child- and elderly-headed households,

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<sup>55</sup> The activities will promote gender equality by addressing interpersonal, socio-cultural, structural and community-related factors that influence gender attitudes and behaviours. The overall goal is to empower women to actively participate in decision making that affects their economic development, as well as on nutrition issues.



and socio-economic indicators such as the health status of, among others, household members with disabilities and living with HIV.

59. This activity will be implemented in coordination with NDMA, the Department of Gender and Family Issues, local government authorities and other partners. WFP will collaborate with UNAIDS, UNFPA, UNICEF and partner non-governmental organizations, which will provide targeted individuals with support in the form of sensitization and knowledge transfers on nutrition-sensitive approaches through social and behaviour change communication (SBCC) on topics such as child feeding and care practices, gender equality, protection, sexual and reproductive health rights and HIV prevention. To accelerate recovery, WFP will work in coordination with the Ministry of Agriculture and FAO to provide complementary agricultural inputs.

***Strategic outcome 2: Smallholder farmers, particularly women, have enhanced capacities to supply structured markets with nutritious foods by 2024***

60. This strategic outcome will seek to contribute to the improvement of smallholder productivity and incomes through support for government capacity strengthening for the implementation of gender- and nutrition-sensitive, shock-responsive social safety nets. It will leverage the implementation of a pilot HGSP model that links the national school feeding programme to local markets as a means of demonstrating the benefits of the model for government scale-up. Through that programme, WFP seeks to promote predictable smallholder access to institutional markets, with an integrated package of services adapted to the needs of women. WFP will work in partnership with the National Agricultural Marketing Board, the Eswatini Dairy Board, the Eswatini Water and Agricultural Development Enterprise, the National Maize Cooperation, the Eswatini National Agriculture Union and the Eswatini Farmers' Cooperative Union, as well as with the relevant non-governmental organizations working in the field of women's empowerment.
61. WFP will support the Ministry of Education and Training in developing technical expertise for increased local purchasing of food commodities from smallholder farmers; in facilitating and operationalizing linkages to provide integrated packages of services informed by gender-specific capacity constraints; and in developing robust information management and evidence generation capacities. The support will be provided in coordination with the Ministry of Agriculture, and in partnership with United Nations agencies, such as FAO, development partners and the relevant non-governmental and civil society organizations working on increased smallholder farmer productivity to meet the needs in structured markets, including schools.
62. Under this outcome, smallholders, particularly women, will benefit from improved access to markets, enhanced incomes and increased resilience to shocks. Vegetable gardening and small-scale livestock rearing will be promoted at the household and community level for women, PLHIV and people receiving treatment for tuberculosis, through a nutrition-sensitive lens, to sustaining consumption of diversified diets, reducing engagement in negative coping mechanisms and enhancing capacity to supply schools with fresh produce. WFP will support the establishment of gender-responsive, farmer-friendly, early warning and climate information systems.

***Focus area***

63. The focus area of this strategic outcome is resilience building.

**Expected outputs**

64. This strategic outcome will be achieved through three outputs:
- smallholder farmers, particularly women, benefit from improved knowledge and strengthened capacities in climate-smart agriculture practices, marketing and post-harvest management to improve productivity, livelihoods and food and nutrition security;
  - local populations benefit from improved knowledge in behavioural and agricultural practices to enhance production and consumption of diversified, nutritious foods; and
  - smallholder farmers benefit from evidence-based and well-coordinated policies and programmes to improve productivity and incomes.

**Key activity**

*Activity 2: Strengthen the capacities of smallholder farmers, particularly women, to supply nutritious foods to structured markets, including schools.*

65. WFP will facilitate access for women smallholder farmers to financing, inputs and technical assistance for the adoption of climate-smart agricultural practices and will promote the growing of drought-tolerant, high-value and diversified nutritious crops. To support the integration of gender equality into those approaches, interventions will focus on such matters as:
- production cost analysis, procurement guidelines, analysis of demand and supply and contracting of farm suppliers;
  - the organization of smallholder farmers into groups such as cooperatives to achieve economies of scale (production, inputs and services);
  - smallholder capacity assessment and tailored training in production techniques, food quality and safety, post-harvest handling, buyer contracts, marketing and business skills;
  - the provision of low-cost household and school-based storage options;
  - vocational training and mentoring on processing, value addition and packaging and distribution; and
  - training on gender equality.
66. The support provided will be adapted specifically to empower women and complemented by gender-transformative activities. It will explore the interconnected nature of culture and gender roles as well as the dynamics surrounding the changeability of gender roles.
67. Technical assistance will include support advocacy for improved access to financing, productive assets and agriculture inputs and efforts to reduce post-harvest losses and to enable enhanced decision making. SBCC will be used to promote the production and consumption of diversified nutrient-rich foods.

***Strategic outcome 3: Vulnerable populations, particularly women, children, adolescent girls and people living with HIV, have access to integrated and shock-responsive social protection systems by 2030***

68. Strategic outcome 3 is the backbone of the CSP. Drawing on WFP's core competencies in the area of food and nutrition security, WFP support will seek to influence the development of an effective and efficient integrated social protection system that is shock-responsive and nutrition-, HIV-, and gender-responsive. The diverse safety nets will be expandable and

scalable in times of crisis, employing holistic, multi-stakeholder approaches and inculcating productive aspects.

69. WFP will contribute to the enhancement of the capacity of the Deputy Prime Minister's office to implement a social protection policy framework that embodies the following components of a sustainable system:
- a holistic social intervention system that responds to gender and age vulnerabilities across the life cycle;
  - institutionalized and accessible social assistance through legislative, accountability, transparency and collaborative mechanisms;
  - interventions that enhance socio-economic activities and generate income;
  - a robust social assistance management, administrative and delivery system; and
  - access to social justice through monitoring, evaluation and social accountability.
70. The pilot HGSF model linking the national school feeding programme to local markets will be leveraged as a safety net that is scalable in times of crisis and capable of addressing the needs of the most vulnerable boys and girls in pre-primary, primary and secondary education. The pilot will seek to ensure that the children benefitting from it have access to nutritionally balanced diets, nutrition education and girl-friendly sanitation facilities, thereby contributing, in partnership with UNFPA, to enhanced protection, well-being and development. The school feeding programme seeks to stimulate local markets and unlock women's economic potential. WFP's support for the ECCDE policy and the implementation framework will seek to enhance the role of schools as ECCDE care centres and to expand the national school feeding programme to include and support out-of-school OVC age 3–6 through established neighbourhood care points, which are not currently considered part of the formal education system.
71. WFP's support for the setting up of holistic, integrated social protection frameworks and programmes will contribute to enhanced emergency preparedness and response. This approach will also facilitate the integration of safety nets promoting early recovery and resilience building. WFP engagement will include initiatives for developing unified and/or integrated registries of social protection programmes.

**Focus area**

72. The focus area of this strategic outcome is resilience.

**Expected outputs**

73. This outcome will be achieved through five outputs:
- targeted schoolchildren, including out of school OVC, receive nutritious school meals throughout the year linked to local sources that meet their basic food and nutrition needs and support access to education;
  - schoolchildren, including out of school OVC, benefit from strengthened government capacity to implement a nutrition-sensitive, shock-responsive national school feeding programme to improve education and nutrition outcomes;
  - vulnerable populations, particularly children, women, people living with HIV and tuberculosis clients benefit from improved government capacity to design and implement evidence-based social protection policies, strategies and programmes;
  - targeted communities, including people living with HIV, caregivers of children and adolescents access knowledge and adopt practices that will improve their nutritional status and contribute to enhanced nutrition outcomes and

- shock-affected populations benefit from improved government capacity in vulnerability analysis and mapping, early warning and disaster preparedness to scale up existing social protection programmes in times of crisis.

### **Key activity**

*Activity 3: Provide evidence and strengthen national systems and capacities for designing and implementing nutrition-sensitive and shock-responsive social protection programmes, including school feeding.*

74. WFP's support for the national school feeding programme will draw on the findings of the ongoing external evaluation, which will guide the review of the National Framework for Food Security in Schools, to include the universal implementation of a school meals scheme under the new ECCDE policy. Technical expertise will be provided, through partnerships, in areas including:
  - adjustments to the national school feeding programme to ensure that it is efficient, effective, equitable and sustainable, including by establishing linkages to smallholder farmers using the HGSF model; improving diversified food intake in schools by advocating that government provide complementary food types (vegetables, iodized salt, peanut butter and milk) as well as by encouraging school gardens and community participation in the programme; and analysing the cost of developing an investment case for the scale up of HGSF approaches;
  - strengthening institutional arrangements for the financing, management and implementation of the programme; and
  - ensuring linkages and complementarities with other social protection schemes.
75. While WFP is working on the strengthening of national systems and capacities to operate social protection programmes, including through the ownership and financing of national care points for pre-primary schoolchildren, 24,392 schoolchildren and 55,000 OVC will benefit from direct assistance from WFP in the form of food transfers from the HGSF pilot. The pilot will seek to provide a learning platform from which lessons learned can be applied to the refinement of the HGSF programme that will be handed over to the Government. In addition it will seek to refine the ECCDE approach prior to the transfer of the programme to government control over the course of the CSP.
76. WFP will collaborate with UNAIDS, UNFPA, UNICEF and other partners to provide packages of services to targeted communities, including in the areas of school-based nutrition, sexual and reproductive health rights and protection education. WFP has facilitated the establishment of an HGSF steering committee, which includes representatives of key ministries (those responsible for agriculture, education and health), NGOs and farmer organizations, and participates as a technical partner. The steering committee is responsible for high-level coordination of activities, while school feeding committees, chaired by teachers serving as school feeding focal points and including the participation of selected community members and cooks, coordinate at the school level.
77. WFP technical assistance, advisory services and guidance will contribute to the improved management of CBTs and productive safety nets to protect and promote the livelihoods of vulnerable populations. National early warning, disaster management and response and food security analysis capacity and practices will be strengthened through the development of a comprehensive monitoring system that feeds into a databank. Further steps will include enhancing the capacity of the Eswatini Vulnerability Assessment Committee and NDMA to improve monitoring, analysis, early warning, interpretation of data and response for crisis-affected people. This will require an improved institutional framework for better

coordinating partners in disaster preparedness and response, including in early warning and action.

### 3.3 Transition and exit strategies

78. The exit strategy for the CSP is embedded in strategic outcome 3 and focuses on sustainable transfers and services to the most vulnerable households by equitable and effective social protection systems. It is anticipated that the reinforcement of the operational institutional framework as a result of WFP technical assistance will enable the implementation of evidence-based programmes that use the evidence to inform decision making and advocacy for resource mobilization. WFP is seeking to strengthen the capacity of the Ministry of Education and Training to scale up the HGSF model across the country and leverage it to empower women smallholder farmers and address the nutrition needs of pre-primary schoolchildren and OVC.
79. WFP transfers to affected populations are expected to be reduced gradually over the course of the CSP as the Government's capacity to respond directly is enhanced. Gender equality and women's empowerment will be fostered by ensuring that smallholders have improved and equitable access to structured markets, thus contributing to enhanced livelihoods and access to nutritious foods. Adapting production methods to include climate-smart techniques will boost their resilience to climate shocks.
80. Given the entrenched structural factors underpinning poverty, inequality and food insecurity, the CSP will represent a bold step towards addressing these challenges that might take a long time to address. Both the direct and indirect support for programmes linked to food and nutrition security is envisaged to continue beyond the life of the CSP, as WFP's role changes with the evolving circumstances until zero hunger is achieved.

## 4. Implementation arrangements

### 4.1 Beneficiary analysis

81. Trend analysis<sup>56</sup> has been used to estimate the number of people that will require lean season assistance in the event of drought or other climatic shock. Vulnerability-based targeting will serve to confirm the actual number of food-insecure beneficiaries in need of assistance.
82. The direct beneficiaries under strategic outcome 2 will be the smallholder farmers, particularly women, with improved access to structured markets, including through the national school feeding programme, which targets some 460,000 primary and secondary schoolchildren. Some 24,390 schoolchildren and 55,000 OVC will benefit from direct WFP transfers in schools during the transition period prior to the handover of the programme to the Government.

Strategic outcome	Activity	Girls	Boys	Women	Men	Total
1	1	26 115	26 319	37 727	33 918	<b>124 079</b>
2	2			6 000	6 000	<b>12 000</b>
3	3 (HGSF)	11 806	12 586	0	0	<b>24 392</b>

<sup>56</sup> Long-term trends in shock years for peak lean season (October–March), according to annual vulnerability assessment and analysis data from the period 2009–2018.

	3 (OVC)	28 335	26 665	0	0	<b>55 000</b>
<b>Total (without overlaps)</b>		<b>58 227</b>	<b>57 721</b>	<b>43 727</b>	<b>39 918</b>	<b>199 593</b>

## 4.2 Transfers

### Food and cash-based transfers

	Strategic outcome 1		Strategic outcome 3	
	Activity 1		Activity 3	
Beneficiary type	Resident	Resident	Schoolchildren (HGSF)	OVC
Modality	Food	Cash-based transfers	Food	Food
Cereals	333.33		150.00	150.00
Pulses	83.33		40.00	40.00
Oil	30.00		7.50	7.50
Salt				
Sugar				
SuperCereal				
SuperCereal Plus				
Micronutrient powder				
Total kcal/day	1 766	1 766	756	756
% kcal from protein	10.5		11.4	11.4
Cash-based transfers (USD/person/day)		0.27		
Number of feeding days per year	180	180	264	264

Food type/cash-based transfer	Total (mt)	Total (USD)
Maize and Rice	11 251	3 666 388
Pulses	2 918	3 494 145
Vegetable oil	761	680 565
<b>Total (food)</b>	<b>14 930</b>	<b>7 841 098</b>
Cash-based transfers		8 020 434
<b>Total (food and cash-based transfer value)</b>	<b>14 930</b>	<b>15 861 532</b>



83. Under activity 1, WFP will provide unconditional CBTs through cash accounts where conditions allow.
84. Under activity 2, WFP will endeavour to facilitate equitable access to markets, financing, inputs, knowledge and capacities for smallholder farmers.
85. Under activity 3, the technical expertise and guidance provided will focus on the design of gender-, HIV- and nutrition-sensitive and shock-responsive social assistance programmes. Food transfers will be provided to OVC and schoolchildren during the transition period to an expanded, fully operational national HGSF programme.

#### ***Capacity strengthening, including South-South cooperation***

86. Strategic investments in capacity strengthening for government entities, key national institutions and relevant civil society and private sector partners will be central to the success of the CSP. Technical assistance from the Brazil Centre of Excellence will be leveraged during implementation of the HGSF pilot. Additional cooperation is envisaged for the productive safety nets with countries such as Ethiopia, and other forms of regional engagement, using a capacity-strengthening framework, will also serve to encourage peer learning.

#### **4.3 Supply chain**

87. Where in-kind food transfers are required to fill national availability gaps, the timely importation of necessary commodities may pose a challenge. Provisions have been made to support the Government and other partners with transport, storage and other supply chain services should the need arise.
88. Under strategic outcome 2, WFP will address supply chain challenges by providing smallholder farmers access to knowledge and equipment for post-harvest handling and storage and markets. Under strategic outcome 3 WFP will explore opportunities to strengthen national capacity in regard to supply chain elements of disaster response, as well as commodity management practices in the HGSF pilot.

#### **4.4 Country office capacity and profile**

89. WFP will continue to adjust its strategic orientation in support of social protection, HGSF and smallholder productivity with a view to addressing the food and nutrition concerns exacerbated by gender inequality and the impact of HIV/AIDS. Staff capacity needs will be assessed to guide the skills development and revision of job profiles required to deal with issues related to CBTs, gender, protection and age analysis, disaster-risk reduction and resilience building. For more effective and efficient service delivery to the Government in the areas of systems management, advocacy and evidence generation, WFP will further develop staff skills in gender mainstreaming and advocacy, monitoring, evaluation and reporting through training, mentoring and coaching support.
90. In line with the WFP Wellness Strategy (2015–2019)<sup>57</sup> objective of promoting and maintaining the highest degree of physical, mental and social well-being of all employees, the country office will seek to provide a safe and healthy working environment that contributes to human dignity and self-fulfilment. WFP will prioritize the health and wellness of its staff members and strive to make an impact on staff wellness to ensure an effective, coordinated and holistic approach to reducing stress and ill health in the workplace. In line with its policy on occupational safety and health (OED2016/003), WFP will develop and implement an effective occupational safety and health management system in the workplace by establishing standards and engaging and sensitizing employees in regard to their

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<sup>57</sup> <https://docs.wfp.org/api/documents/WFP-0000105248/download/>.

responsibility in implementing and maintaining an effective occupational safety and health system, with due consideration given to national safety and health standards in the countries where WFP operates.

#### **4.5 Partnerships**

91. The Government of Eswatini is the defender of the interests of the vulnerable people targeted under the CSP. It has prime responsibility for financial commitments to enhancing sustainable food security and nutrition through systems that are anchored in effective social protection programmes. A partnership action plan will deepen existing collaboration with relevant government counterparts, sister United Nations agencies, non-governmental organizations and private actors. WFP will continue its collaboration with NDMA, which is in charge of initiating, coordinating and implementing humanitarian interventions under the leadership of the Deputy Prime Minister's office. Coordination with the early warning systems network in the health and agriculture sectors will enhance the disaster response plan. Together with the ministries responsible for agriculture and health, and in coordination with FAO, UNICEF and the non-governmental Food Security Consortium, WFP will emphasize resilience building and the promotion of nutrition-sensitive interventions. To promote gender-transformative approaches, WFP will form partnerships with committed and competent entities within the Gender Consortium.
92. Together with the Ministry of Education and Training, and in coordination with the Ministry of Agriculture, partnerships will be strengthened with entities such as the National Maize Corporation, the National Agricultural Marketing Board and the Eswatini Dairy Board in support of an efficient HGSP pilot. FAO participation in such partnerships is key to the strengthening of climate-resilient, market-oriented agriculture.
93. Collaboration with the Social Welfare Department of the Deputy Prime Minister's Office, including the Gender Coordination Unit, and with the Ministry of Education and Training, the Ministry of Agriculture and NDMA will be further enhanced to build sustainable social protection programmes. Relationships will be strengthened with the key players in social protection such as the European Union, the World Bank, UNDP, UNICEF and UN-Women in order to optimize a holistic and integrated approach. Efforts will be made to attract the interest of private sector partners, in particular financial service providers, to facilitate financial education and inclusion, as well as CBTs, within the framework of social protection and welfare programmes.
94. Supporting evidence generation on the impacts of nutrition programmes for PLHIV and people receiving treatment for tuberculosis, WFP will lay the foundations for advocacy and the mobilization of funding by the Ministry of Health, the Swaziland National Nutrition Council and the National Emergency Response Council on HIV and AIDS. The evidence will also condition possible support by USAID, which has expressed interest in sustaining the programmes.

## **5. Performance management and evaluation**

### **5.1 Monitoring and evaluation arrangements**

95. WFP's corporate results framework, corporate evaluation strategy and regional monitoring and evaluation strategies will guide the formulation of a logical framework and plan for gender- and age-sensitive monitoring, review and evaluation. WFP will ensure that performance targets are established in keeping with corporate standards and guidelines and CSP-specific monitoring, learning and accountability requirements. The focus will be on capturing and learning from the positive and negative outcomes of interventions and approaches.

96. The frequency and methodology for collecting indicators will be defined, and person-specific data will be disaggregated by sex and age. Endline outcome data will also be collected and analysed; this will include systematic gender analysis. The use of mobile and remote data collection and reporting technologies will reduce costs and enable real-time monitoring. WFP and partners will jointly implement monitoring activities to increase efficiency and accountability and to facilitate information sharing and learning. WFP has the required staff and financial capacity to implement the planned activities.
97. Lessons learned from the 2015–2016 El Niño drought mitigation project funded by the President's Emergency Plan for AIDS Relief will inform future support for the Government in the implementation of emergency responses. Efforts will be made to link emergency responses involving vulnerable groups, especially households affected by HIV, to livelihood and resilience-building programmes and government social protection systems.
98. The CSP results framework will be aligned with the strategic roadmap for 2019–2022 and adjusted to the next United Nations sustainable development cooperation framework for 2021–2025. WFP will commission a decentralized evaluation of activity 2 in 2021, a mid-term review of the CSP in 2022 and a full CSP evaluation in 2023 to inform the next cycle of programming. The assessments of the relevance, efficiency and effectiveness of WFP support will inform decision making on subsequent technical support and strategic alignment. All the monitoring, reviews and evaluations of the CSP will be gender-responsive to check progress in promoting gender equality and women's empowerment.

## **5.2 Risk management**

### ***Strategic risks***

99. The restrictive political environment may result in more frequent unrest as popular dissatisfaction reflects long-standing political and economic grievances. Nevertheless, the peculiarities of the political system serve to cement royal authority. The next parliamentary election is planned for 2023. Recurrent severe droughts and highly fluctuating food prices could exacerbate food insecurity, affecting an increasing number of households. WFP will maintain its capacity to respond and emphasize, in advising the Government, the need for shock-responsive, scalable social protection programmes. Gender inequalities, if not addressed, pose a risk to sustainable progress towards zero hunger. WFP will advocate and prioritize resources for activities that promote gender equality and women's empowerment. It will also seek to mitigate existing risks, including GBV, through a risk management plan that will be monitored and adjusted accordingly. "Do no harm" sensitization actions, such as through SBCC and safe feedback mechanisms, will be incorporated into the plan.
100. Eswatini's lower-middle-income status, the limited donor presence in the country and difficulties in securing government funding present a risk of insufficient funding for all activities. WFP will work in partnership with government ministries and other stakeholders to provide evidence-based information on the enhanced efficiency required for fund-raising and programme implementation. Strengthening outcome- and impact-oriented evidence in programming will reveal both the positive impact of adequate funding and the gaps requiring greater donor support.
101. With the change in WFP's role in Eswatini, some skills and competencies required to enable efficient and effective support to the Government are lacking. WFP will address this through a "triple-B" approach of building capacity, buying competencies and borrowing skills from partners.

### ***Operational risks***

102. The restrictive economic and budgetary situation, together with the constrained technical capacities of the Government, are the two main elements representing programmatic risks.

These will be addressed by ensuring the involvement of all key players in all phases of CSP development and implementation. Strengthened capacities in evidence-building, which are the foundation for programme proposals, will allow for strong advocacy efforts not only to stimulate increased financial contributions from the Government but also to present cases to the donor community. Alternative funding opportunities will also be sought with the private sector.

103. Smallholder farmers may lack the capacity to meet the demands of the HGSP programme owing to low productivity, losses caused by floods and storms and post-harvest losses. The quality of the commodities provided by smallholder farmers for the school feeding programme may fall short of accepted national food quality and health standards. Delays may occur in supplying schools with commodities purchased from smallholder farmers owing to a lack of clarity and accountability in the process and the responsible entities in each segment of the supply chain. WFP will facilitate the establishment of an interministerial steering group responsible for joint planning and implementation of various aspects of the procurement chain and will ensure that the appropriate skills and capacity are available for the effective implementation of activities.

## 6. Resources for results

### 6.1 Country portfolio budget

<b>Strategic outcome</b>	<b>Year 1 (2020)</b>	<b>Year 2 (2021)</b>	<b>Year 3 (2022)</b>	<b>Year 4 (2023)</b>	<b>Year 5 (2024)</b>	<b>Total</b>
1	0	4 051 877	4 073 936	4 334 384	4 073 715	<b>16 533 912</b>
2	95 740	75 002	411 926	268 282	151 999	<b>1 002 950</b>
3	4 264 725	3 972 633	172 002	182 998	155 250	<b>8 747 607</b>
<b>Total</b>	<b>4 360 465</b>	<b>8 099 511</b>	<b>4 657 864</b>	<b>4 785 664</b>	<b>4 380 964</b>	<b>26 284 469</b>

104. The total cost of the five-year CSP is USD 26.3 million, considering the needs of the population, historical funding trends and the prospects for specific resourcing opportunities. The focus of the CSP will be on resilience building and addressing poverty and hunger through technical assistance and capacity strengthening. Adequate financial resources will be allocated to the implementation of activities that contribute to gender equality outcomes.
105. The country office will estimate the costs of implementing the gender equality activities and complete an itemized budget for each activity. Thereafter, it will calculate and record the total cost of the gender equality activities for each CSP activity accordingly.

### 6.2 Resourcing outlook

106. Historically, WFP has received consistent donor support for relief and response activities. It is expected that strategic outcome 1 will receive funding from traditional and non-traditional partners. Funding for strategic outcomes 2 and 3 is also expected to be forthcoming, based on contributions that have already been confirmed and additional opportunities currently under discussion. In keeping with the support already extended by various partners for some aspects of the CSP strategic outcomes, the Government of Eswatini has also confirmed its commitment to financing all three outcomes.

### **6.3 Resource mobilization strategy**

107. WFP has had very good engagement with the new Government and will continue to advocate adequate national budget allocations to implement the activities that it intends to support in the CSP. Alternative non-traditional donors, including private sector entities, will be approached. WFP financing proposals will be supported by the anticipated evidence presented in the case for investments. Strengthened collaborative partnerships with United Nations agencies and other partners will serve as a platform for joint resource mobilization efforts and result in more value for money in programme implementation. Affirmative actions that promote sustainable gender equality will form the foundation upon which to mobilize resources and build partnerships for the sustained availability of resources for the CSP.

## LOGICAL FRAMEWORK FOR ESWATINI COUNTRY STRATEGIC PLAN (2020–2024)

**Strategic Goal 1: Support countries to achieve zero hunger**

**Strategic Objective 1: End hunger by protecting access to food**

**Strategic Result 1: Everyone has access to food**

**Strategic outcome 1: Vulnerable populations in shock-affected areas are able to meet their basic food and nutrition needs during times of crisis**

Outcome category:  
maintained/enhanced individual  
and household access to  
adequate food

Nutrition sensitive

Focus area: crisis response

### Assumptions

WFP secures adequate funding to ensure steady pipeline; all required commodities are available

### Outcome indicators

Consumption-based coping strategy index (average)

Food consumption score

### Activities and outputs

- 1. Provide food and/or cash-based transfers to food insecure populations affected by shocks, including children (URT: Unconditional resource transfers to support access to food)**

Targeted shock-affected households, including those with young children and/or affected by HIV, receive food and/or CBTs to meet basic food and nutrition needs and support early recovery through national social protection frameworks (A: Resources transferred)



**Strategic Objective 3: Achieve food security****Strategic Result 3: Smallholders have improved food security and nutrition through improved productivity and incomes**

**Strategic outcome 2: Smallholder farmers, particularly women, have enhanced capacities to supply structured markets with nutritious foods by 2024**

Outcome category: increased smallholder production and sales      Nutrition sensitive

Focus area: resilience building

**Assumptions**

Availability of funds and Government commitment and ownership of the programme

**Outcome indicators**

Economic capacity to meet essential needs

Food purchased from regional, national and local suppliers, as percentage of food distributed by WFP in-country

Number of national food security and nutrition policies, programmes and system components enhanced as a result of WFP capacity strengthening

Percentage of targeted smallholder farmers reporting increased production of nutritious crops, disaggregated by sex of smallholder farmer

Percentage of targeted smallholders selling through WFP-supported farmer aggregation systems

Value and volume of smallholder sales through WFP-supported aggregation systems

**Activities and outputs**

**2. Strengthen the capacities of smallholder farmers, particularly women, to supply nutritious foods to structured markets, including schools (SMS: Smallholder agricultural market support activities)**

Local populations benefit from improved knowledge in behavioural and agricultural practices to enhance production and consumption of diversified, nutritious foods (E: Social and behaviour change communication (SBCC) delivered)

Smallholder farmers benefit from evidence-based and well-coordinated policies and programmes to improve productivity and incomes (C: Capacity development and technical support provided)

Smallholder farmers, particularly women, benefit from improved knowledge and strengthened capacities in climate-smart agriculture practices, marketing and post-harvest management to improve productivity, livelihoods and food and nutrition security (F: Purchases from smallholders completed)

**Strategic Goal 2: Partner to support implementation of the SDGs**

**Strategic Objective 4: Support SDG implementation**

**Strategic Result 5: Developing countries have strengthened capacity to implement the SDGs**

**Strategic outcome 3: Vulnerable populations, particularly women, children, adolescent girls and people living with HIV, have access to integrated and shock-responsive social protection systems by 2030**

Outcome category: 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

**Assumptions**

**Outcome indicators**

Attendance rate

Number of people assisted by WFP, integrated into national social protection systems as a result of WFP capacity strengthening

Partnerships index

Retention rate/drop-out rate

SABER school feeding national capacity

**Activities and outputs****3. Provide evidence and strengthen national systems and capacities for designing and implementing nutrition-sensitive and shock-responsive social protection programmes, including school feeding (SMP: School meal activities)**

Schoolchildren, including out of school orphans and vulnerable children, benefit from strengthened government capacity to implement a nutrition-sensitive, shock-responsive national school feeding programme to improve education and nutrition outcomes (C: Capacity development and technical support provided)

Shock-affected populations benefit from improved government capacity in vulnerability analysis and mapping, early warning and disaster preparedness to scale up existing social protection programmes in times of crisis (C: Capacity development and technical support provided)

Targeted communities, including people living with HIV, caregivers of children and adolescents access knowledge and adopt practices that will improve their nutritional status and contribute to enhanced nutrition outcomes (E: Social and behaviour change communication (SBCC) delivered)

Targeted schoolchildren, including out of school orphans and vulnerable children, receive nutritious school meals throughout the year linked to local sources that meet their basic food and nutrition needs and support access to education (A: Resources transferred)

Targeted schoolchildren, including out of school orphans and vulnerable children, receive nutritious school meals throughout the year linked to local sources that meet their basic food and nutrition needs and support access to education (N: School feeding provided)

Vulnerable populations, particularly children, women, people living with HIV and tuberculosis clients benefit from improved government capacity to design and implement evidence-based social protection policies, strategies and programmes (C: Capacity development and technical support provided)

**GOAL 1: SUPPORT COUNTRIES TO ACHIEVE ZERO HUNGER**

**C.1. 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 indicators**

C.1.1: Proportion of assisted people informed about the programme

C.1.2: Proportion of project activities for which beneficiary feedback is documented, analysed and integrated into programme improvements

**C.2. Affected populations are able to benefit from WFP programmes in a manner that ensures and promotes their safety, dignity and integrity**

**Cross-cutting indicators**

C.2.2: Proportion of targeted people receiving assistance without safety challenges

C.2.3: Proportion of targeted people who report that WFP programmes are dignified

C.2.4: Proportion of targeted people having unhindered access to WFP programmes

**C.3. Improved gender equality and women's empowerment among WFP-assisted population**

**Cross-cutting indicators**

C.3.1: Proportion of households where women, men, or both women and men make decisions on the use of food/cash/vouchers, disaggregated by transfer modality

C.3.2: Proportion of food assistance decision-making entity – committees, boards, teams, etc. – members who are women

C.3.3: Type of transfer (food, cash, voucher, no compensation) received by participants in WFP activities, disaggregated by sex and type of activity

## ANNEX II

INDICATIVE COST BREAKDOWN BY STRATEGIC OUTCOME (USD)				
	Strategic Result 1	Strategic Result 3	Strategic Result 5	Total
	Strategic outcome 1	Strategic outcome 2	Strategic outcome 3	
Focus area	Crisis response	Resilience-building	Resilience-building	
Transfer	13 303 365	478 676	6 529 576	<b>20 311 618</b>
Implementation	121 743	326 275	753 180	<b>1 201 198</b>
Adjusted direct support costs	2 099 692	136 785	930 959	<b>3 167 436</b>
<b>Subtotal</b>	<b>15 524 800</b>	<b>941 737</b>	<b>8 213 716</b>	<b>24 680 252</b>
Indirect support costs (6.5 percent)	1 009 112	61 213	533 892	<b>1 604 216</b>
<b>Total</b>	<b>16 533 912</b>	<b>1 002 950</b>	<b>8 747 607</b>	<b>26 284 469</b>

**Acronyms used in the document**

CBT	cash-based transfer
CSP	country strategic plan
ECCDE	early childhood care, development and education
FAO	Food and Agriculture Organization of the United Nations
GBV	gender-based violence
HGSF	home-grown school feeding
NDMA	National Disaster Management Agency
OVC	orphans and vulnerable children
SBCC	social and behaviour change communication
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization