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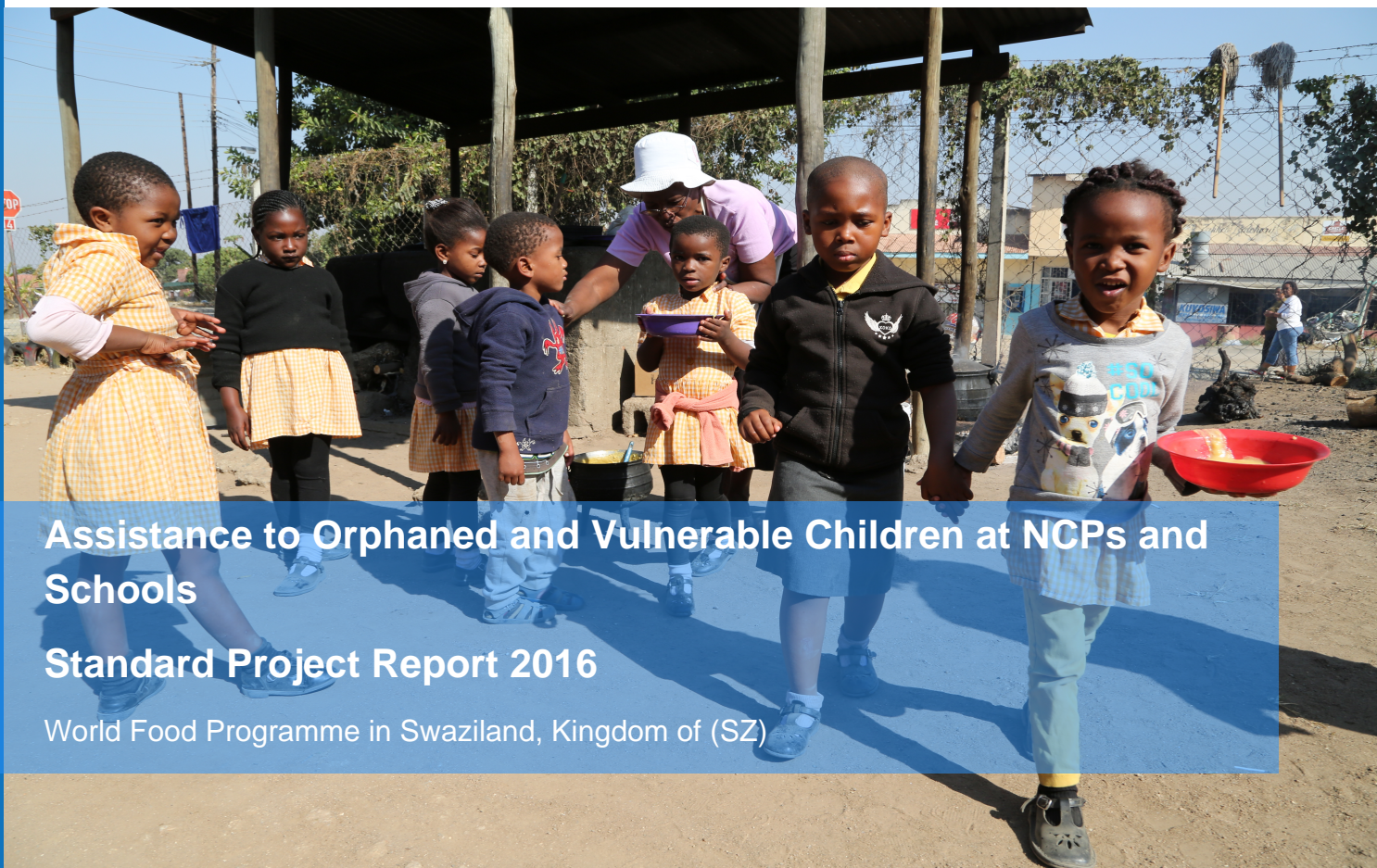
**Contact Info**

**Margherita Coco**  
margherita.coco@wfp.org

**Country Director**  
**Alberto Mendes**

**Further Information**

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



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

**Standard Project Report 2016**

World Food Programme in Swaziland, Kingdom of (SZ)



**World Food Programme**

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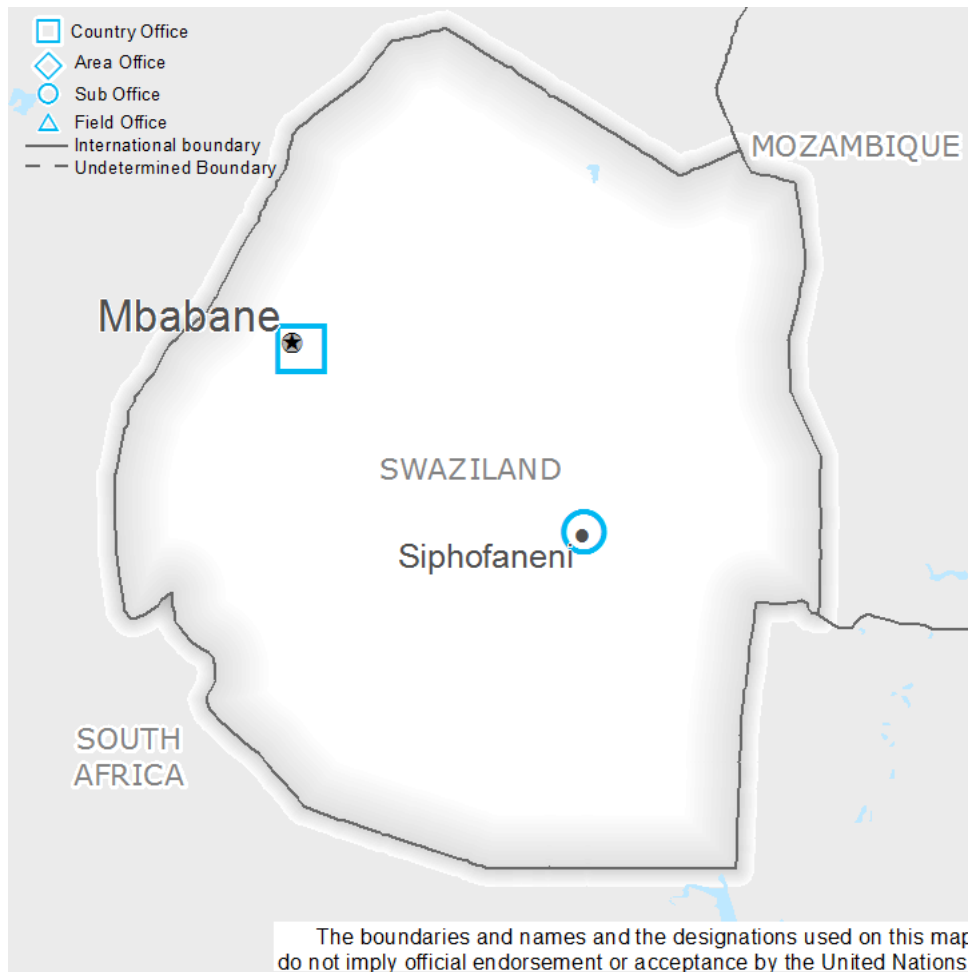
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# Country Context and WFP Objectives



## Country Context

The Kingdom of Swaziland has a population of 1.1 million people and ranks 150 out of 188 in the 2015 Human Development Index. Despite its status as a lower middle-income country, 63 percent of Swazis live below the national poverty line.

Swaziland has a very high HIV prevalence, affecting 26 percent of the population between the ages of 15-49. Life expectancy is 49 years and 45 percent of children are orphaned or vulnerable. Chronic malnutrition is a major concern in Swaziland: stunting affects 26 percent of children under five years. Among children under 5 years, 2 percent are wasted and 6 percent are underweight. The Cost of Hunger in Swaziland report found that 3 percent of Gross Domestic Product (GDP) is lost annually to child malnutrition.

Swaziland is ranked 128 out of 188 countries in the Gender Inequality Index. Factors contributing to increased vulnerability among women and girls include poor access to income generating opportunities and social services; and gender-based violence.

Swaziland is also vulnerable to drought, primarily in the south-east and nearly 77 percent of Swazis rely on subsistence farming for their livelihoods. In 2015/16, Southern Africa experienced the driest agricultural season of the past 35 years as a result of the El Niño phenomenon. Swaziland was one of the countries in the region hardest hit by the drought. The exceptional lack of precipitation, compounded by the impact of poor rainfall the previous year, resulted in significant losses of rain-fed yields, underperforming irrigated crops, and poor pasture conditions. This has contributed to an increasingly vulnerable situation, with food insecurity affecting over 30 percent of the Swazi population and 350,000 people in need of food assistance.

Gross domestic product (GDP) growth decelerated from 6.5 percent in the early 1990s, decreasing to an estimated 1.3 percent in 2016, significantly below the targeted 5 percent annual average growth rate. Significant reduction of revenues from the Southern Africa Custom Union (SACU) in 2016 and the depreciation of the South Africa's Rand to which the Swaziland Lilangeni is pegged have negatively affected the economic outlook of the country.

## Response of the Government and Strategic Coordination

WFP is cognizant of the priorities of the Government of Swaziland as enshrined in its National Development Strategy (NDS), the Poverty Reduction Strategy and Action Programme (PRSAP); therefore programmes are designed and are aligned with national development plans and the UNDAF (2016-2020); and the Sustainable Development Goals (SDGs).

As a result of the high prevalence rate of HIV in the country, the Government is committed to enrolling and retaining clients on anti-retroviral therapy (ART) and tuberculosis (TB) treatment, part of the country's development goal of improving life expectancy from 49 years to 60 years. As a strategy to support access and adherence to HIV treatment, nutrition has been prioritized in the extended Multi-sectoral National Strategic Framework for HIV and AIDS (eNSF) under the strategic programme interventions for people living with HIV (PLHIV). It is also a key activity in the National Health Sector Strategic Plan II. WFP's nutrition interventions build on current assistance in the national HIV response, with the aim to support nutrition services to strengthen adherence to ART and TB treatment, emphasizing further decentralization and integration into health services.

Swaziland is part of the Scaling Up Nutrition (SUN) movement and has recognized chronic malnutrition as one of the primary development challenges. Under the Government Programme of Action (2013-2018) and Swaziland Development Index, stunting reduction targets have been set. WFP is a leading partner in developing the capacity of the Government to address childhood undernutrition and is the country SUN multilateral convener. In collaboration with other United Nations (UN) agencies, WFP supported the Government in developing a comprehensive national Stunting Action Plan, including a Nutrition Advocacy and Communications Strategy that lay out concrete actions to strengthen the multi-sectoral approach to mother and child nutrition. WFP also supported the development of the National Food and Nutrition Policy. Efforts towards the country's development goal of reducing stunting to 10 percent by 2022, has started to produce results - in four years, the stunting rate for children under five reduced by almost five percent, from 30.9 percent in 2010 to 25.5 percent in 2014.

In the coordination of humanitarian action, the Government of Swaziland, through the National Disaster Management Authority (NDMA), has the primary role in the initiation, coordination, and implementation of humanitarian assistance in the country. The NDMA, in collaboration with the humanitarian community in the country, has adopted a sectoral approach as the coordination structure for all emergencies, and the framework is articulated in the National Multi-Hazards Contingency Plan.

For effective coordination of the drought response, an inter-sectoral coordination platform to facilitate bi-weekly inter-cluster coordination meetings was put in place, chaired by the NDMA and co-chaired by the UN. In response to the El Niño induced drought, a state of emergency was declared in February 2016 and the Government launched the National Emergency Response Mitigation and Adaptation Plan (NERMAP) and requested financial and technical support to implement the plan.

Within the United Nations Country Team (UNCT) humanitarian action is coordinated by the Resident Coordinator supported by the Office for the Coordination of Humanitarian Affairs, to ensure synergy among humanitarian actors. For the purposes of the drought response, a drought UN Technical Working Group is in place for joint planning and review of activities and is chaired by WFP.

## Summary of WFP Operational Objectives

The drought emergency coincided with WFP's initiative to review its strategic direction in Swaziland, mainly focusing on the provision of technical assistance to the Government to achieve full national ownership of food and nutrition security initiatives. While this strategic shift remains a priority for WFP in Swaziland, the occurrence of the drought required WFP to prioritize the emergency response. Since the start of the crisis, WFP supported the national response leveraging on its strengths by providing humanitarian assistance to vulnerable groups affected by the El Niño induced drought as well as providing support in the endeavor to understand the impact of the drought through various assessments.

In 2016, WFP's programmatic priorities in Swaziland focused on emergency assistance to drought-affected people, as well as to improve food security and livelihoods of the most vulnerable people affected by HIV and AIDS and

poverty. WFP assisted the Government in providing:

- Nutrition assessments, counseling, and support to people living with HIV and AIDS, tuberculosis (TB), as well as, pregnant and lactating women with moderate acute malnutrition, while also supporting their families with a monthly household ration.
- WFP supported the Government to provide safety nets for young orphans and vulnerable children.
- WFP's technical assistance contributed to developing comprehensive strategies to address child undernutrition, particularly to prevent stunting.

All WFP projects aimed to support the Government's capacity to manage food and nutrition security interventions, with the objective to gradually hand over food and nutrition initiatives to the Government of Swaziland.

During the reporting period, WFP implemented:

**Immediate Response Emergency Operation: IR-EMOP 200954 (April 2016 – July 2016)**, was launched to provide emergency assistance to the most vulnerable households affected by the El Niño induced drought with targeted general distributions (GD) through in-kind food distribution. The project was the precursor as WFP was preparing for the full-scale response through the EMOP which was launched in June 2016.

**Emergency Operation: EMOP 200974 (June 2016 – April 2017)**, provides emergency assistance to the most vulnerable households affected by the El Niño induced drought with targeted general distributions (GD) through in-kind food and cash-based transfers (CBT). The project supports the Government's response under the National Emergency Response Mitigation and Adaptation Plan (NERMAP) and aims at improving and stabilize household food consumption for drought-affected groups. Secondly, the EMOP supported the strengthening of the national Early Warning, Disaster Management and Response and Food Security Monitoring systems and the capacity of the National Disaster Management Authority (NDMA).

**Development project: DEV 200353 (January 2012 – June 2017)** implemented in partnership with the Ministry of Health, assisted PLHIV, TB, and pregnant and lactating women while also supporting their families, by providing nutrition assessments with care and support services. It contributed to improving the quality of life for these clients by improving their nutritional recovery, treatment success and survival rate. WFP also provides support to their families through a monthly household ration consisting of maize, pulses and vegetable oil to complement the client support and help families cope with the costs of care. It also aims at capacity strengthening of the Ministry of Health and the Swaziland National Nutrition Council (SNNC) with the view to handing over the implementation of the project in the future. Capacity development efforts focus on project management, monitoring and reporting, storage and inventory management.

**Development project: DEV 200422 (November 2012 – December 2017)** provides nutritious meals to orphans and vulnerable children (OVC) in pre-school age attending community-led day care centres called neighbourhood care points (NCPs), across the country. The project aims to increase OVC access to nutritious food and basic social services, such as early childhood education, psychosocial support and basic health services provided at the NCPs. It also aims to strengthen the capacity of the Government to provide assistance to OVC with the prospect of eventually handing over the project. In consideration of the increased needs as consequence of the drought, the Government of Swaziland has requested WFP to continue the project.

# Country Resources and Results

## Resources for Results

In 2016, WFP's operations in Swaziland expanded significantly due to the emergency response to assist the most vulnerable populations affected by the El Niño induced drought. WFP simultaneously maintained its on-going development projects (DEVs). The fast expansion of operations brought considerable funding challenges. However, WFP was able to diversify the overall donor base compared to previous years.

WFP immediately started advocating for funding to the emergency response and it managed to mobilize resources from pooled funding mechanisms specialized in rapid response, including the United Nations' Central Emergency Response Fund (CERF). This enabled WFP to launch an immediate response operation (IR-EMOP) in May 2016 that assisted the most vulnerable people before scaling up through the main emergency operation (EMOP).

A majority of donor contributions were confirmed in the second half of the year enabling WFP to procure food commodities for delivery in the third and fourth quarters of the year. Due to donor flexibility and a conducive local context, WFP was able to introduce cash-based transfers (CBT) under the EMOP in addition to in-kind food distributions, which enabled WFP to tailor its response to more efficiently meet the needs of the people it served in targeted locations. WFP was also able to attract funding from non-traditional donors for the two development projects.

In October 2016, WFP received a request from the Government of Swaziland to provide assistance to an additional 100,000 people during the lean season, increasing the number of people who required assistance by WFP under the EMOP to 250,000 people. To address the increased requirement, WFP advocated for additional resources, by engaging in further dialogue with the donor community, arranging donor visits and producing additional advocacy and visibility material.

While the increased resource mobilization efforts did attract some additional funding, WFP was unable to scale up as per planned projections by December 2016. To account for the growing needs during the lean season, even with reduced resources WFP increased the number of beneficiaries reached by food distributions in December by 22 percent. The number of beneficiaries planned to be reached through cash-based transfers was significantly increased, however, due to limited resources the expansion of assistance through CBT was not possible by December 2016.

In order to address the constrained resources on the development project 200353, WFP prioritized and was able to maintain the provision of nutritious specialized food, Super Cereal, to malnourished clients throughout the year; while the distribution of the household food ration were temporary on hold from July to October.

Limited resources were available in 2016 for development project 200422, and the assistance to OVC had to be halted in May. However, joint resource mobilization efforts from the government and WFP have resulted in positive response from the donor community and WFP plans to resume activities in early 2017.

The categorization of Swaziland as a lower middle-income country and the limited presence of donors in the country poses challenges for resource mobilization efforts. However, WFP applied a number of mitigation actions to reduce this risk: it strengthened its resource mobilization strategy and engaged in further dialogue with non-traditional donors to WFP Swaziland, identifying funding opportunities that allowed for the implementation of both food and cash-based transfers.

WFP with the United Nations Country Team (UNCT) and Delivering as One, started rolling out a Business Operational Strategy (BOS). The BOS is a framework guiding UN business operations at the country level by eliminating the duplication of processes within business operations. It facilitates the strategic planning, management, monitoring and reporting of the UNCT's joint support to programme delivery through common business operations to support delivery of the United Nations Development Assistance Framework (UNDAF).

While the framework will make most headway in 2017, some improvements have already taken place in 2016. For example, Information Technology (IT) services have established an inter-agency IT backup support (IT Support provided to other agencies in case of absence of focal IT personnel) and have implemented a common communications infrastructure (new common fibre link for faster internet access at affordable rates).

## Achievements at Country Level

WFP focused on supporting the delivery of national development goals by strengthening food and nutrition security for the most vulnerable people, particularly those facing challenges of food insecurity, chronic malnutrition, and HIV. WFP's long-term objective in the country is to transition from a partner supporting direct implementation to a strengthened advocacy and advisory role. In 2016, however, with the widespread impact of the El Niño induced drought, WFP provided large-scale emergency assistance to drought-affected people, while simultaneously maintaining the ongoing development projects.

In response to the El Niño induced drought WFP was able to swiftly expand interventions and collaborate effectively with partners and donors. WFP was able to provide emergency assistance for up to 152,967 people affected by the drought, of which 30,879 people received cash-based transfers (CBT). This was the first time WFP introduced CBT in its operations in Swaziland, and its successful implementation can be attributed to strong partnerships forged with implementing partners and service providers, and a conducive context with well-functioning local markets in the areas where cash transfers were provided. By the end of the year, WFP improved and stabilized household food consumption considerably for drought affected people.

DEV 200353 and DEV 200422 combined 74,212 vulnerable people were reached with nutritious foods. In addition, WFP enhanced the Government's capacity to manage food and nutrition interventions, including food security assessments and monitoring and emergency preparedness and response. WFP also continued to build the capacity of the Ministry of Health to integrate nutrition services into Swaziland's maternal and child health services by providing technical assistance, management, coordination and monitoring of the Food by Prescription programme.

WFP's achievements in 2016 demonstrated emergency response readiness while simultaneously supporting capacity strengthening with local partners to eventually transition food and nutrition security interventions to the government. Despite operational limitations, particularly for the DEV projects, funding challenges were met with a strong resource mobilization strategy that diversified overall funding for WFP's activities in Swaziland.

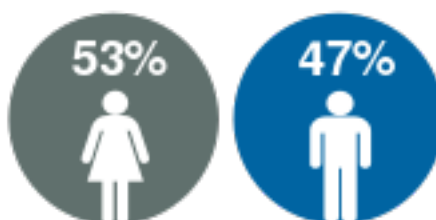
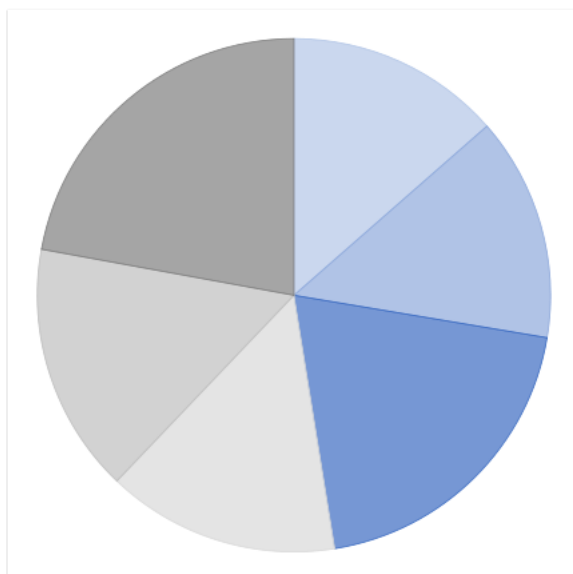


### Annual Country Beneficiaries

Beneficiaries	Male	Female	Total
Children (under 5 years)	30,772	33,311	64,083
Children (5-18 years)	32,025	35,783	67,808
Adults (18 years plus)	45,015	50,273	95,288
<b>Total number of beneficiaries in 2016</b>	<b>107,812</b>	<b>119,367</b>	<b>227,179</b>

Country Beneficiaries by Gender and Age

- Children (under 5 years)
- Children (5-18 years)
- Adults (18 years plus)
- Children (under 5 years)
- Children (5-18 years)
- Adults (18 years plus)



## Annual Food Distribution in Country (mt)

Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Development Project	744	5	10	439	-	1,198
Single Country EMOP	5,426	571	1,248	-	-	7,245
Single Country IR-EMOP	785	71	175	-	-	1,031
<b>Total Food Distributed in 2016</b>	<b>6,956</b>	<b>646</b>	<b>1,433</b>	<b>439</b>	<b>-</b>	<b>9,474</b>



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

Project Type	Cash	Value Voucher	Commodity Voucher
Single Country EMOP	610,510	-	-
<b>Total Distributed in 2016</b>	<b>610,510</b>	-	-

## Supply Chain

Swaziland is a net importer of food commodities and produces less than its total cereal requirements. This was particularly accentuated in 2016 due to the El Niño induced drought, maize production was 64 percent lower than the previous year and lowest recorded in decades.

In 2016, WFP procured in total 11,422 mt of commodities for operations. In addition to direct procurement processes, WFP's Global Commodity Management Facility (GCMF) was utilized, to access pre-positioned reserves in the Southern Africa region. WFP reduced the lead time for procurement and receipt of food commodities as well as supporting procurement at competitive prices, hence maximizing the available resources. In 2016, WFP procured 85 percent of food through the GCMF. To guarantee the food safety and quality, independent food inspection companies were appointed to conduct quality inspections of the food in the country of origin.

Swaziland is a landlocked country hence, regional and international procured commodities enter through neighbouring countries. Good road networks facilitated efficient transport of food to storage facilities and WFP used external contractors for transportation of food commodities. WFP has one main warehouse, located in Siphofaneni, in the Lubombo region.

Due to the expansion of WFP's emergency operations in 2016 the country office procured more than three times the commodities compared to the previous year. WFP successfully handled the rapid expansion of operations, by introducing improvements to its storage management system and infrastructure. Storage capacity was increased by 20 percent and improvements were made to the quality of the storage tents by replacing five units and repairing two to avoid water leakage; the accessibility to the storage units was improved, and the handling capacity increased by doubling the number of trucks that can be loaded or offloaded at any one time.

Under development project (DEV) 200353, WFP delivered food commodities to health facilities with secure storage spaces. Assistance to orphans and vulnerable children (OVCs), through DEV 200422 was provided through many small distribution sites called neighbourhood care points (NCPs), throughout the country. This capillary distribution allowed WFP to reach national coverage, this mode of operating posed transportation challenges, as some NCPs are remote, hard to reach and have limited on-site storage capacities, requiring WFP to deliver a maximum of two months requirements at any one time.

In 2016, WFP minimized delays in deliveries by strengthening coordination between transporters, WFP warehouse and field monitoring staff, to identify and maintain solutions for timely food deliveries.

Efforts to increase supply chain efficiency and reducing costs included:

- The introduction of a new contract system which allowed WFP to use more transporters per location thus mitigating the risk of relying on the availability of only one transporter;
- The engagement of a new handling company at the warehouse that introduced an automated conveyor system for loading and off-loading of consignment in boxes, such as vegetable oil, significantly reducing handling time and potential damages to the packaging of commodities with the manual system;
- The regular review of expenditure and availability of resources for transport, storage, and handling.

Good working relations with contracted transporters as well as good food handling practices by WFP ensured that food reached beneficiaries in timely and safe manner. In 2016, WFP Swaziland recorded insignificant post-delivery losses, of less than 0.01 percent. To maintain good overall handling of commodities, the country office conducted training with cooperating partners and staff managing food at health facilities and neighbourhood care points. Training included information sessions on standard operating procedures for first in, first out (FIFO) storage practices and offered technical support to improve logistics planning for food commodities during provision of assistance.

In 2016, WFP introduced cash-based transfers (CBT) for the first time in its programme operations. WFP conducted assessments to expand its knowledge base of the financial services, mobile payments and banking platforms that are available in the country and could possibly be used for cash interventions. Thanks to recommendations from these assessments, WFP was able to select the most cost-effective option for delivery of CBT in terms of beneficiary reach. The selected service provider facilitated distribution of cash to beneficiaries through e-money cash accounts, allowing people to receive money from local mobile money agents in their communities as opposed to having to travel longer distances to bank facilities. This delivery mechanism also mitigated against risks involved with physical handling of cash. To mitigate the risk that limited expertise and insufficient human resources at country level to implement the CBT, WFP staff received targeted training on CBT and shared knowledge with its cooperating partners. Technical support was leveraged from the expertise available at regional and headquarters level.



## Annual Food Purchases for the Country (mt)

Commodity	Local	Regional/International	Total
Beans	-	73	73
Corn Soya Blend	-	143	143
Maize	-	1,155	1,155
Peas	-	102	102
Vegetable Oil	-	204	204
<b>Total</b>	-	<b>1,677</b>	<b>1,677</b>
<b>Percentage</b>	-	<b>100.0%</b>	

## Annual Global Commodity Management Facility Purchases Received in Country (mt)

Commodity	Total
Beans	92
Corn Soya Blend	100
Maize	7,306
Peas	1,654
Vegetable Oil	592
<b>Total</b>	<b>9,745</b>

## Implementation of Evaluation Recommendations and Lessons Learned

In 2016, WFP commissioned a centralized operation evaluation of Development Project (DEV) 200353, Food by Prescription (FBP), with the purpose to provide accountability and learning for the future design and implementation of the project. The evaluation completed by an external evaluation firm in September 2016 provided an independent overview of the impact of the operation. The project review indicated positive results overall, it also provided recommendations on areas that can be improved. The evaluation acknowledged that WFP is the only development partner with experience and know-how in implementing the project in Swaziland and is uniquely positioned to

continue the programme and further strengthen the capacity of government counterparts.

The evaluation made the following key recommendations:

1. WFP to promote and support stronger integration of nutrition assessment, counselling and support (NACS), provided through the FBP, into health services, including incorporation of key programme indicators into the national Health Management Information System (HMIS);
2. WFP to work with Ministry of Health on the development of a handover strategy with clear timelines and responsibilities;
3. WFP to explore use of alternative transfer modalities (cash or vouchers);
4. WFP to promote stronger linkages to livelihood activities for graduating clients.

Following the evaluations, WFP strengthened stakeholder engagement in a series of ongoing technical assistance projects and consultations to prepare for eventual handover and to ensure informed decision-making about the programme design. In the last quarter of 2016, WFP supported the review of the FBP guidelines. WFP also engaged in discussions with higher management at Ministry of Health, who has acknowledged that financial responsibilities for the FBP programme should be gradually included in Government's budget. WFP will continue to implement the evaluation recommendations in 2017 and will include relevant activities in its Interim Country Strategic Plan (ICSP).

In 2016, WFP also continued to implement recommendations of the external operation evaluation of DEV 200422, supporting orphans and vulnerable children (OVC) conducted in 2014. The evaluation found that WFP should strengthen its advocacy for continued provision of social safety nets targeting OVC and a multi-sectoral approach to social protection. In 2016, WFP extended DEV 200422 through 2017 following an agreement with the government that the assistance needed to be maintained, while further engagement continues to support an enabling environment to ensure sustainable comprehensive services for OVC. WFP has been an active partner in social protection coordination, working together with the Social Welfare department in the Deputy Prime Minister's office.

Lessons learned from nutrition technical assistance initiatives included the added value of partnering with UN agencies with complementary strengths, and the continued need to advocate for high-level engagement to ensure nutrition coordination mechanisms, policy frameworks, and action plans are functioning optimally. In 2016, WFP together with partners continued to support the development of a multi-sectoral national Stunting Action Plan and a nutrition advocacy strategy.

From the drought response, WFP learned that there is still an important role for WFP to play in disaster preparedness, response and resilience, particularly leveraging on its global and local technical expertise. A Lessons Learned exercise from the WFP L3 Southern Africa El Niño Emergency is planned to be conducted in early 2017.

# Project Objectives and Results

## Project Objectives

Swaziland has a high HIV prevalence and some 45 percent of Swazi children are estimated to be orphans and vulnerable children (OVC). The pandemic has affected the family structure and has increased the number of households headed by the elderly, particularly women, greatly contributing to the high number of OVC in the country.

Despite substantial investments by the Government and development partners in social protection, the country's social protection system is currently fragmented and some vulnerable groups, such as non-school age OVC, are not adequately covered by national safety net programmes. WFP provided food and nutrition assistance to out of school OVC attending community-led day care centres called neighbourhood care points (NCP) through development (DEV) project 200422. WFP's social protection interventions ultimately aspire to support the Government in developing a national social protection system which will contribute to ensuring that vulnerable groups are able to meet their basic food and nutrition needs. The main objectives of this development projects are:

- To increase OVC access to nutritious food and basic social services, such as early childhood education, psycho-social support and basic health services provided at NCPs.
- To strengthen the capacity of the Government to provide assistance to OVC with the prospect of eventually handing over the project.

The project is in line with WFP Strategic Objective 4 of the WFP Strategic Plan (2014-2017) which seeks to reduce undernutrition and break the intergenerational cycle of hunger.

Assistance to OVC directly contributes to the Government priorities outlined in the family strengthening and impact mitigation thematic area of the extended National Strategic Framework for HIV and AIDS (eNSF) for 2014-18 and aligns with priorities of the National Development Strategy and the Government of Swaziland's National Plan of Action for Children (2011-2015). The project contributes to the United Nations Development Assistance Framework (2016 – 2020). The project contributes towards Sustainable Development Goals (SDG) 2 and 17.



## Approved Budget for Project Duration (USD)

Cost Category	
Capacity Dev.t and Augmentation	155,895
Direct Support Costs	1,939,268
Food and Related Costs	13,977,111
Indirect Support Costs	1,125,059
<b>Total</b>	<b>17,197,333</b>

## Project Activities

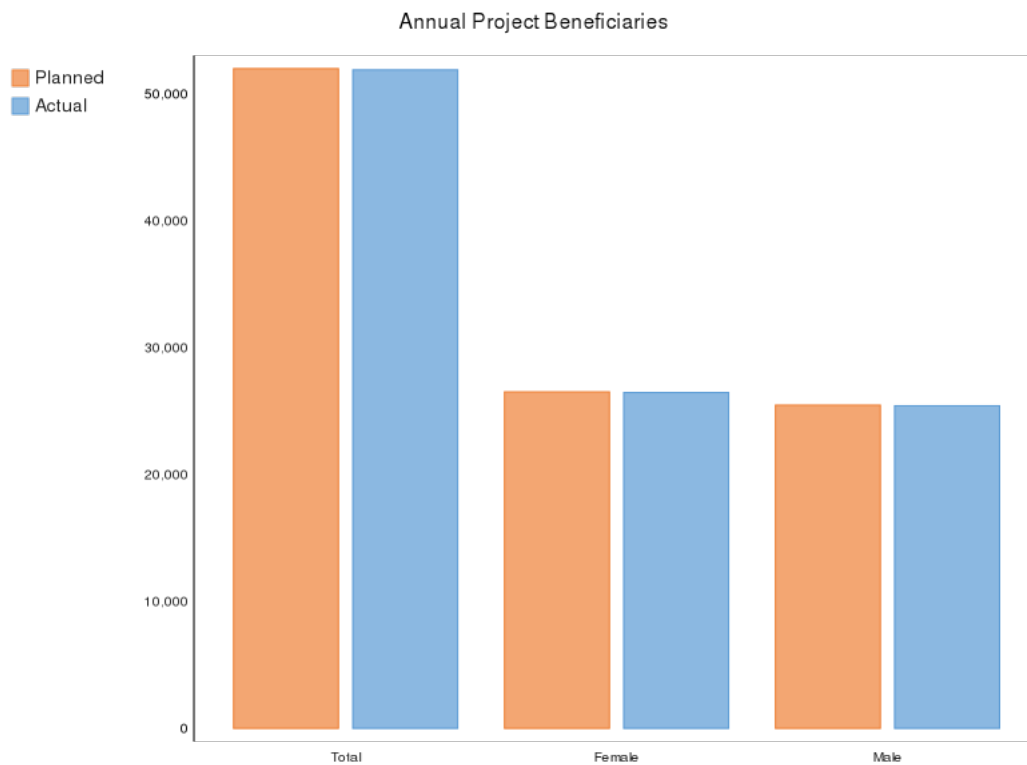
- Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger.
- Outcome 1: Increased equitable access to and utilization of education.
- Activity 1: Distribution of nutritious food to orphans and vulnerable children (OVC) registered at neighbourhood care points (NCP).

Development Project 200422 assisted 52,000 OVC of pre-primary school age attending 1,594 neighbourhood care points (NCP) in all four regions of Swaziland. The programme provided nutritious meals and improved access to other services, such as psycho-social support and early childhood education.

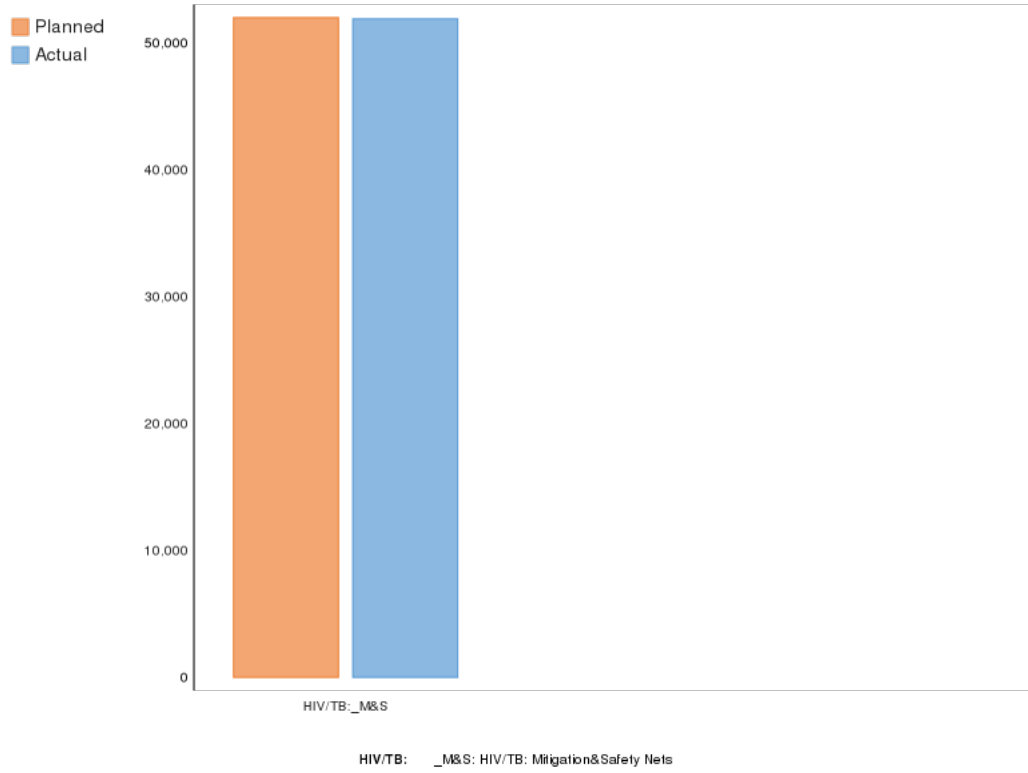
NCPs provided a safe place for boys and girls, many of whom live with relatives or in child-headed households, to equally access early education and basic care services. These children are too young to attend primary school, and caregivers cannot afford to send them to private pre-schools or daycare centres. Volunteer caregivers who manage the NCPs provided services such as early childhood education and links to basic health care, as many of the children cannot yet access other social safety nets, such as school meals or education grants, available to older OVC in primary schools.

WFP aimed to provide OVC with two meals per day on weekdays, composed of Super Cereal, a nutrient-fortified corn soya porridge, for breakfast and maize meal, peas and fortified vegetable oil for lunch. WFP standards, as well as the nutritional guidelines for NCPs and school feeding issued by the Swaziland National Nutrition Council (SNNC), determined the quantity and type of ration.

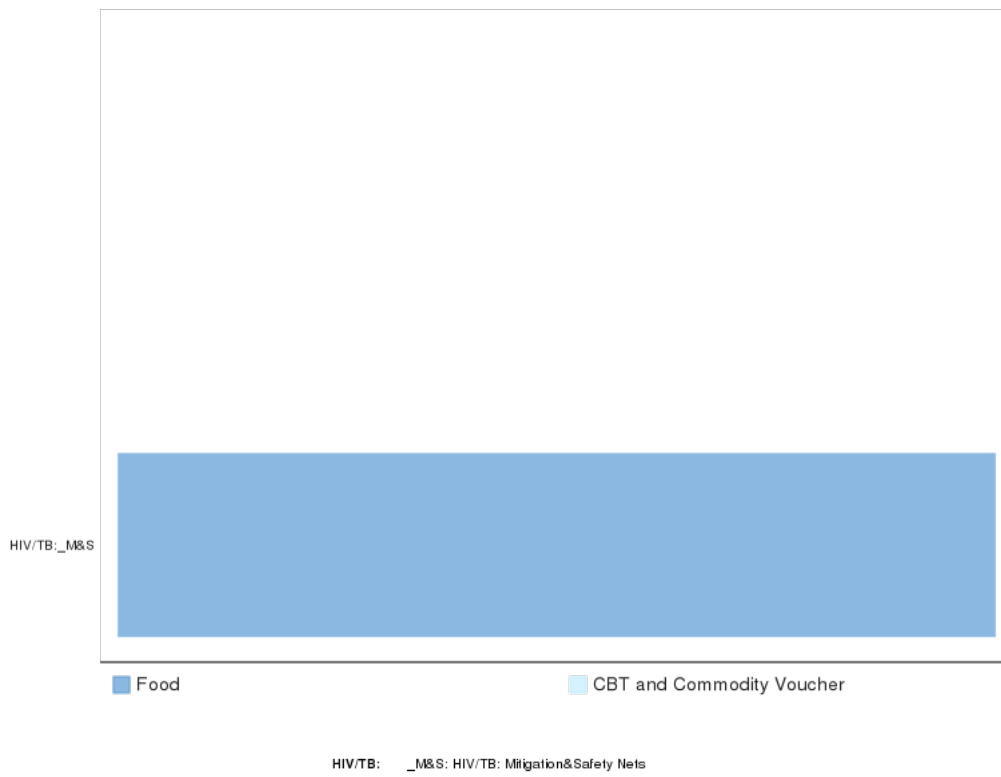
However, due to extremely limited resources in 2016, OVC assistance consisted of one or two commodities at a time, with the distribution of fortified foods being prioritized (Super Cereal and Maize Meal).



Annual Project Beneficiaries by Activity



Modality of Transfer by Activity





## Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Corn Soya Blend	841	299	35.5%
Maize Meal	1,373	447	32.6%
Peas	366	-	-
Vegetable Oil	69	0	0.4%
<b>Total</b>	<b>2,649</b>	<b>746</b>	<b>28.2%</b>

## Operational Partnerships

WFP partnered with the Office of the Deputy Prime Minister (DPMO) and the Ministry of Tinkhundla Administration and Development (MTAD).

Under the national strategy for neighbourhood care points (NCP), MTAD is the government ministry responsible for coordinating NCP services at all levels. WFP's partnership with MTAD enabled improved access to communities and strengthened the support to NCPs and caregivers. DPMO offered several safety nets for orphans and vulnerable children (OVC), including educational grants for school-aged OVC, and a pilot cash transfer programme for OVC. However, there remains a gap in services for the youngest OVC who are not yet of school age. The assistance provided by WFP at NCPs contributed to access to social services for all vulnerable children.

In early 2016, WFP partnered with Save the Children to monitor implementation of all NCP initiatives, including the meals for OVC. This partnership extended WFP's ability to monitor the project and better support caregivers by increasing the frequency of on-site visits in two of the most remote areas in Swaziland. The site visits ensured that caregivers were informed of good practices to deliver quality services for OVC. The partnership contributed to community awareness and support of caregivers through outreach to local leaders and citizens.

WFP also participated in the UN Social Protection Working Group, where UN agencies worked with the Government to enhance the national social protection system. Together with the Working Group members, WFP advocated for a national social protection system that is inclusive of the most vulnerable children and promoted linkages between nutrition and social protection programmes to maximise their effectiveness in supporting children to grow up to lead healthy, productive lives.

WFP worked with the National Emergency Response Council on HIV and AIDS (NERCHA), the coordinating body of the national HIV and AIDS response, to advocate for HIV-sensitive social protection programmes. WFP implemented the project in partnership with UN agencies as part of the joint support to the national HIV and AIDS response, within the UNDAF framework. The project contributed to the UNDAF output aimed to strengthen the HIV health sector to deliver quality HIV treatment, care and support services.

## Performance Monitoring

WFP Swaziland's Monitoring and Evaluation (M&E) plan details how all monitoring activities are to be implemented. The M&E plan is in line with the project logical framework and includes information on staffing, monitoring coverage, processes, output and outcome monitoring, and resources required for monitoring.

WFP field monitoring assistants made regular visits to the 1,594 neighbourhood care points (NCP) for routine monitoring from January to May 2016. WFP did not actively monitor the project from June to December 2016 as the operation was temporarily on hold due to the lack of resources. However, during the suspension period, WFP's monitoring staff occasionally visited some of the NCPs to assess if they were still functional. Only a few were found functional and were providing small amounts of food assistance provided by other organisations.

WFP conducted routine process monitoring visits to assess adherence to procedures of food preparation (quality and quantity), food storage, the condition of NCP structures, availability and condition of water (to ensure that it is acceptable for cooking) and usage of backyard gardens. WFP provided technical assistance to NCP caregivers in

food management and registration of beneficiaries. They liaised with community leaders on issues pertaining to the operation of NCPs and processed feedback on activities.

In addition to monthly distribution reports, WFP collected a set of basic indicators to measure progress, while specific beneficiary data was collected by the NCP caregivers.

Outcome monitoring was carried out by caregivers at the NCPs who collected information on children's enrolment and attendance. WFP collected the information on attendance on a monthly basis and enrolment information annually. As OVC are too young to be interviewed, WFP collected information on children's safety through discussion with the caregivers.

## Results/Outcomes

### Outcome 1:

- Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger.
- Outcome 1: Increased equitable access to and utilization of education.
- Activity: Distribution of nutritious food to orphans and vulnerable children (OVC) registered at neighbourhood care points (NCP).

Two indicators measured whether outcomes were achieved:

1. Gender ratio: ratio of girls to boys enrolled in WFP assisted NCPs.
2. Attendance rate in WFP-assisted NCPs.

The information collected from NCPs showed that almost all of the enrolled children attended the NCPs on a daily basis - 99 percent of girls and 98 percent of boys. The gender ratio of girls to boys enrolled at NCPs is 1:1.02, and demonstrated equal access to meals and the complementary services to support children.

The high attendance rate is an improvement from 2015, although it only reflects the first half of 2016 when WFP provided food at the NCPs. It could be associated with increased food insecurity at the household level as a result of the El Niño induced drought, which is likely to have affected vulnerable households hosting OVC more, and therefore children were more likely to attend the NCPs to access food.

Observations by WFP field monitors also show that most OVCs were able to access early childhood education and there was at least one teacher among the caregivers in most NCPs. Health motivators also visit the NCPs to carry out growth monitoring among the children.

## Progress Towards Gender Equality

This operation aimed to promote gender equality by enabling equal access to education. Key gender-sensitive indicators for this project included sex-disaggregated outcomes related to neighbourhood care points (NCP) enrollment and attendance, which in 2016 showed gender balanced access to education.

NCPs prepare both boys and girls for primary education and the Government's provision of free primary education allows girls from resource-constrained families to attend primary school without being overlooked in favour of educating boys. The programme contributed to the achievement of the national vision for primary education: "attainment of quality in educational opportunity for all pupils of school going age irrespective of their socioeconomic background, with the ultimate goal of enhancing their productive capacity, thus improving the quality of their lives."

WFP's provision of on-site meals at NCPs may also avoid the issue of unequal sharing of food within the household, which is a risk when food is provided as a take-home ration.

## Protection and Accountability to Affected Populations

Due to the young age of orphans and vulnerable children (OVC), interviewing the beneficiaries about safety conditions is discouraged. However, caregivers provided valuable insights into the security situation of OVC attending neighbourhood care points (NCPs). Volunteers were sensitized on child protection and how to report issues to WFP and local leaders.



As NCPs are located within the communities, children travelled short distances exclusively during the day, thereby minimizing the risk of security incidents during the commute. Caregivers reported no safety threats or incidents of insecurity. Furthermore, children at NCPs had access to child safety and protection services, which are part of the minimum package of services as defined by the national NCP strategy.

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

## Story Worth Telling

Nosipho is a 5-year-old girl abandoned by her mother when she was little. She now lives with her uncle and aunt near Manzini in Swaziland. Every day she walks to Zakhele neighbourhood care point (NCP) where she receives two warm meals and basic education, provided by one of the two teachers at the NCP.

Her classmates – Bandile and Wendy – are part of Nosipho's extended family and they live in a compound nearby with a few simple stick-and-mud houses consisting of a single room each. Their family is very poor, the adults do not have proper jobs, nor do they grow their own food to eat.

Nosipho's entire family benefits from the NCP's existence. As they are unable to support themselves throughout the year, they rely heavily on the support and food distributions from various organisations in the area. The caregivers would not know how the family could cope if they were not able to access food from the NCPs and other food assistance programmes.

Bandile, Nosipho and Wendy have been going to the classes at the NCP for two years but even before that, they used to come for lunch.

According to their caregivers, all three children were malnourished when they first got to the NCP. Since they started attending regularly and started receiving WFP's nutritious corn soya blend every day, the care-givers noticed some changes: not only do they now seem to have a healthier weight, their skin has also changed for the better. Bandile used to have very bad sores, which are now gone.

One of the teachers says: "you can tell that some children are really hungry, they are the first ones to run to the pots".

# Figures and Indicators

## Data Notes

Coverage Photo: © WFP/David Orr 'Vulnerable children receiving nutritious on-site meals at Zakhele neighbourhood care point, Manzini'.

## Overview of Project Beneficiary Information

**Table 1: Overview of Project Beneficiary Information**

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Total Beneficiaries	25,480	26,520	52,000	25,430	26,469	51,899	99.8%	99.8%	99.8%
<b>By Age-group:</b>									
Children (under 5 years)	20,384	21,216	41,600	20,344	21,175	41,519	99.8%	99.8%	99.8%
Children (5-18 years)	5,096	5,304	10,400	5,086	5,294	10,380	99.8%	99.8%	99.8%
<b>By Residence status:</b>									
Residents	25,480	26,520	52,000	25,431	26,468	51,899	99.8%	99.8%	99.8%

## Participants and Beneficiaries by Activity and Modality

**Table 2: Beneficiaries by Activity and Modality**

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
HIV/TB: Mitigation&Safety; Nets	52,000	-	52,000	51,899	-	51,899	99.8%	-	99.8%

## Annex: Participants by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
HIV/TB: Mitigation&Safety; Nets	52,000	-	52,000	51,899	-	51,899	99.8%	-	99.8%

## Participants and Beneficiaries by Activity (excluding nutrition)

**Table 3: Participants and Beneficiaries by Activity (excluding nutrition)**

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
<b>HIV/TB: Mitigation&amp;Safety; Nets</b>									
Orphans and vulnerable children receiving food assistance	25,480	26,520	52,000	25,430	26,469	51,899	99.8%	99.8%	99.8%
Total participants	25,480	26,520	52,000	25,430	26,469	51,899	99.8%	99.8%	99.8%
Total beneficiaries	25,480	26,520	52,000	25,430	26,469	51,899	99.8%	99.8%	99.8%

## Project Indicators

### Outcome Indicators

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>SO4 Reduce undernutrition and break the intergenerational cycle of hunger</b>				
<b>Increased equitable access to and utilization of education</b>				
<b>Attendance rate (girls) in WFP-assisted primary schools</b>				
<i>NEIGHBORHOOD CARE POINTS - SWAZILAND, Project End Target: 2017.12, Collected from NCPs registers, Base value: 2013.01, WFP programme monitoring, Baseline survey, Previous Follow-up: 2015.12, WFP programme monitoring, Collected from NCPs registers, Latest Follow-up: 2016.05, WFP programme monitoring, Collected from NCPs registers</i>	>80.00	70.00	79.00	99.00
<b>Attendance rate (boys) in WFP-assisted primary schools</b>				
<i>NEIGHBORHOOD CARE POINTS - SWAZILAND, Project End Target: 2017.12, Collected from NCPs registers, Base value: 2013.01, WFP programme monitoring, Baseline survey, Previous Follow-up: 2015.12, WFP programme monitoring, Collected from NCPs registers, Latest Follow-up: 2016.05, WFP programme monitoring, Collected from NCPs registers</i>	>80.00	70.00	81.00	98.00

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>Gender ratio: ratio of girls to boys enrolled in WFP-assisted pre-schools</b>  NEIGHBORHOOD CARE POINTS - SWAZILAND, <b>Project End Target:</b> 2017.12, Collected from NCPs registers, <b>Base value:</b> 2013.01, WFP programme monitoring, collected from NCPs records, <b>Previous Follow-up:</b> 2015.12, WFP programme monitoring, Collected from NCPs registers, <b>Latest Follow-up:</b> 2016.05, WFP programme monitoring, Collected from NCPs registers	=1.00	1.00	1.06	1.02

## Output Indicators

Output	Unit	Planned	Actual	% Actual vs. Planned
<b>SO4: HIV/TB: Mitigation&amp;Safety; Nets</b>				
Number of institutional sites assisted	site	1,594	1,594	100.0%

## Protection and Accountability to Affected Populations Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
<b>Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site</b>  SWAZILAND, HIV/TB: Mitigation&Safety; Nets, <b>Project End Target:</b> 2017.12, <b>Base value:</b> 2014.12, <b>Previous Follow-up:</b> 2015.12, <b>Latest Follow-up:</b> 2016.12	=100.00	100.00	100.00	100.00

## Partnership Indicators

Cross-cutting Indicators	Project End Target	Latest Follow-up
<b>Number of partner organizations that provide complementary inputs and services</b>  SWAZILAND, HIV/TB: Mitigation&Safety; Nets, <b>Project End Target:</b> 2017.12, <b>Latest Follow-up:</b> 2016.12	=2.00	2.00
<b>Proportion of project activities implemented with the engagement of complementary partners</b>  SWAZILAND, HIV/TB: Mitigation&Safety; Nets, <b>Project End Target:</b> 2017.12, <b>Latest Follow-up:</b> 2016.12	=100.00	100.00

## Resource Inputs from Donors

### Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2016 (mt)	
			In-Kind	Cash
Private Donors	WPD-C-03665-04	Maize	-	136
Swaziland	SWA-C-00006-01	Corn Soya Blend	-	143

Donor	Cont. Ref. No.	Commodity	Purchased in 2016 (mt)	
			In-Kind	Cash
		<b>Total</b>	-	<b>279</b>