Fighting Hunger Worldwide

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Further Information
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SPR Reading Guidance

Food by Prescription

Standard Project Report 2016

World Food Programme in Swaziland, Kingdom of (SZ)

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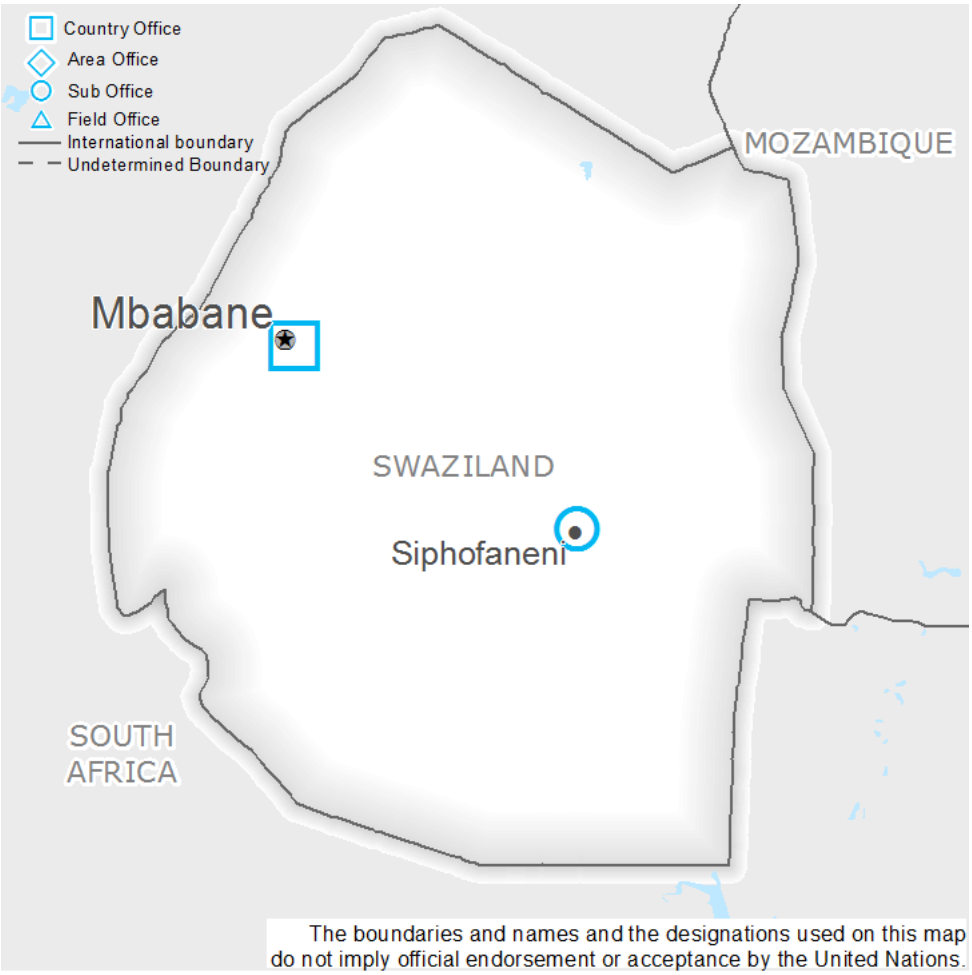


Country Context

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 county'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.

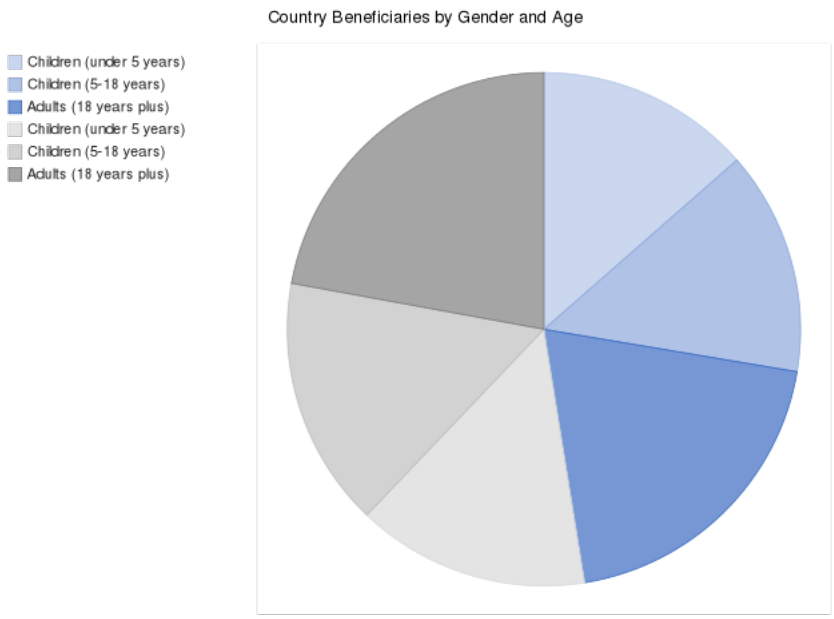
In response to the El Niño induced drought WFP was able to swiftly expand interventions and collaborate effectively with partners and donors. WFP was able to provide emergency assistance for up to 152,967 people affected by the drought, of which 30,879 people received cash-based transfers (CBT). This 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.

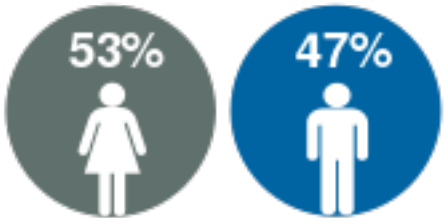
DEV 200353 and DEV 200422 combined 74,212 vulnerable people were reached with nutritious foods. In addition, WFP enhanced the Government's capacity to manage food and nutrition interventions, including food security assessments and monitoring and emergency preparedness and response. WFP also continued 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
Total number of beneficiaries in 2016	**107,812**	**119,367**	**227,179**





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
Total Food Distributed in 2016	**6,956**	**646**	**1,433**	**439**	**-**	**9,474**

Cash Based Transfer and Commodity Voucher Distribution (USD)

Project Type	Cash	Value Voucher	Commodity Voucher
Single Country EMOP	610,510	-	-
Total Distributed in 2016	**610,510**	**-**	**-**

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
Total	**-**	**1,677**	**1,677**
Percentage	**-**	**100.0%**	

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
Total	**9,745**

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

The overall project goal aimed to contribute to improving the quality of life of people on anti-retroviral therapy (ART), people on tuberculosis (TB) treatment, and women seeking prevention of mother-to-child transmission and ante-natal care services by supporting their nutritional rehabilitation and contributing to treatment adherence and success.

WFP worked with the Ministry of Health and the Swaziland National Nutrition Council (SNNC) to develop capacity with the view to handing over the implementation of the Food by Prescription project in the future. In particular, capacity development efforts focused on project management, procurement, storage and inventory management.

The programme aligned with WFP Strategic Objective 4 of the WFP Strategic Plan (2014-2017);

1. To reduce under-nutrition and break the intergenerational cycle of hunger.
2. To contribute to the implementation of the Government's National Comprehensive Package of HIV Care and is integrated into the United Nations Development Assistance Framework (UNDAF 2016-2020), Priority Area two (Equitable and efficient delivery and access to social services).
3. To contribute to the outcome of increasing access to comprehensive HIV treatment, care, and support.
4. To contribute to the achievement of Sustainable Development Goal (SDG) 2, Zero Hunger, and SDG 3, good health and well-being.

Approved Budget for Project Duration (USD)

Cost Category	
Capacity Dev.t and Augmentation	455,392
Direct Support Costs	2,812,107
Food and Related Costs	6,777,966
Indirect Support Costs	703,184
Total	**10,748,649**

Project Activities

Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger.

Outcome 1: Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women (PLW), and school-aged children.

Outcome 2: Improved adherence to anti-retroviral therapy (ART) and success of tuberculosis (TB) treatment.

Activity 1: Provision of nutritional support to ART clients, TB treatment clients, prevention of mother to child transmission (PMTCT) and ante-natal care services clients and provision of food assistance for the clients and their households.

Under the leadership of the Ministry of Health, WFP implemented the Food by Prescription (FBP) project in the 12 main health facilities across the country targeting malnourished clients: on anti-retroviral therapy (ART) and tuberculosis (TB) treatment, and women enrolled into the prevention of mother-to-child transmission (PMTCT)/ante-natal care (ANC). WFP provided individual monthly take-home rations of specialized nutritious food, Super Cereal, to improve their nutritional status in addition to improving treatment outcomes. WFP also provided support to their families through a monthly household ration consisting of maize, pulses and vegetable oil. The household ration complemented the client ration by helping families to cope with the costs of care, increase the likelihood of retention on treatment programmes and to support treatment outcomes.

In 2016, WFP reached 3,988 clients and 22,313 beneficiaries received monthly household rations (76 percent of the planned target). The difference between planned and actual beneficiaries reached is mainly attributed to resource constraints that, particularly in the first half of the year, limited the distribution of rations.

Clients were referred for nutrition support based on their nutritional status, where trained clinicians observed body mass index (BMI) of less than 18.5, mid-upper arm circumference (MUAC) of less than 23cm, or 5 percent weight loss in a month. Based on referrals from a clinician, malnourished clients then received food from FBP dispensaries within the health facilities. Here clients were assisted by FBP assistants, who counseled clients on good nutrition practices and the use of the food rations, so they are aware of how to get the maximum benefit from the nutrition support they receive. Nutrition assessment and counseling continued throughout the client's treatment period, irrespective of enrolment in the FBP programme in order to promote sustainable optimum nutrition practices.

Through the Food by Prescription (FBP) project nutritious rations were also provided to children who had completed treatment through the Government-run Integrated Management of Acute Malnutrition (IMAM) programme to prevent them from relapsing. These fully recovered children were referred from health facilities to the FBP project to receive a monthly stabilization ration of 10 kg of Super Cereal for 3 months. However, following a review of FBP guidelines in consultation with the Ministry of Health, it was decided that this was no longer a necessary support, since children are discharged from IMAM after having reached the target weight and are given two weeks of additional rations of specialized nutritious food. Based on international standards on the use of blended foods for children between 6-59 months, WFP in consultation with Ministry of Health terminated the use of Super Cereal for children 6-59 months within the FBP.

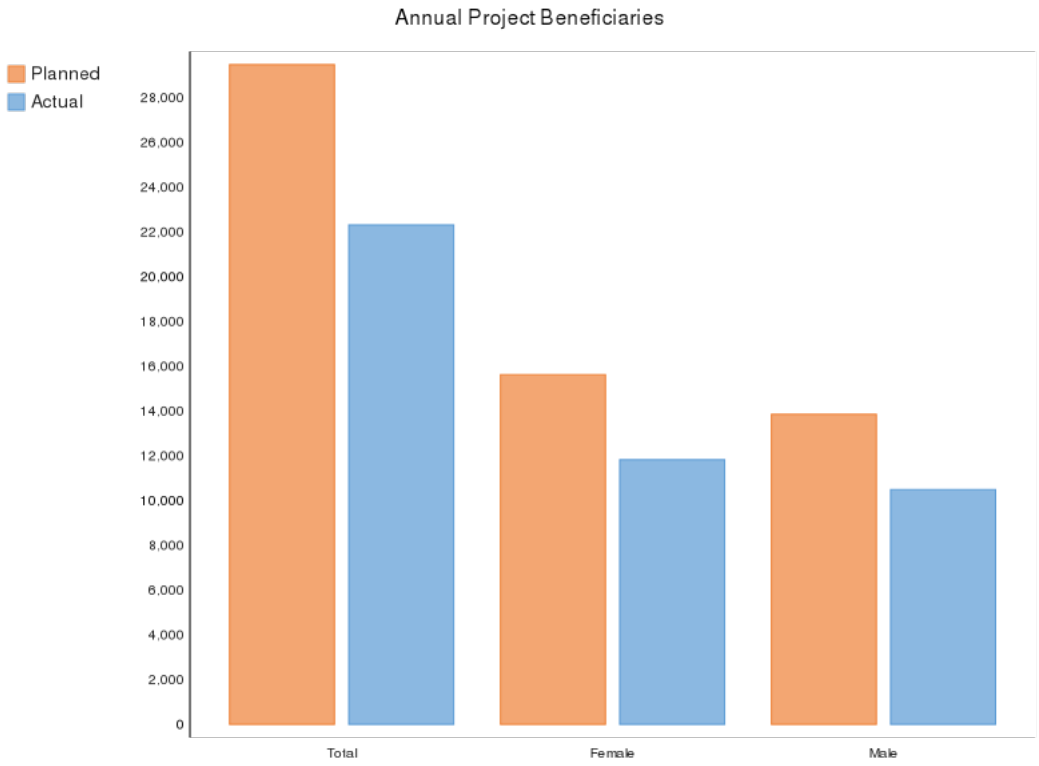
Outcome 3: Ownership and capacity strengthened to reduce undernutrition and increase access to education at regional, national and community levels.

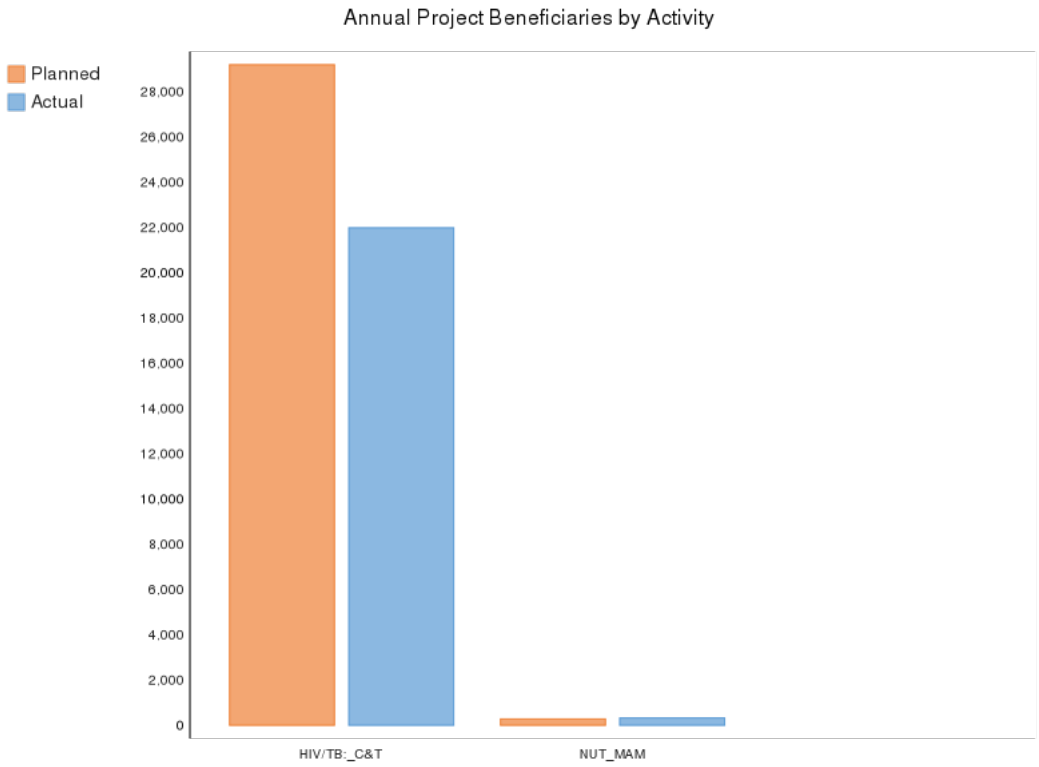
Activity 2: Provision of policy advice and technical assistance.

WFP provided technical assistance to the Ministry of Health and the Swaziland National Nutrition Council (SNNC) throughout the project period, with a view to eventually hand over key aspects by project end. In line with strengthening the implementation of FBP, WFP supported the revision of the FBP guidelines. The revision took into account new developments in the area of malnutrition treatment, as well as the revised guidelines in the treatment of HIV and TB.

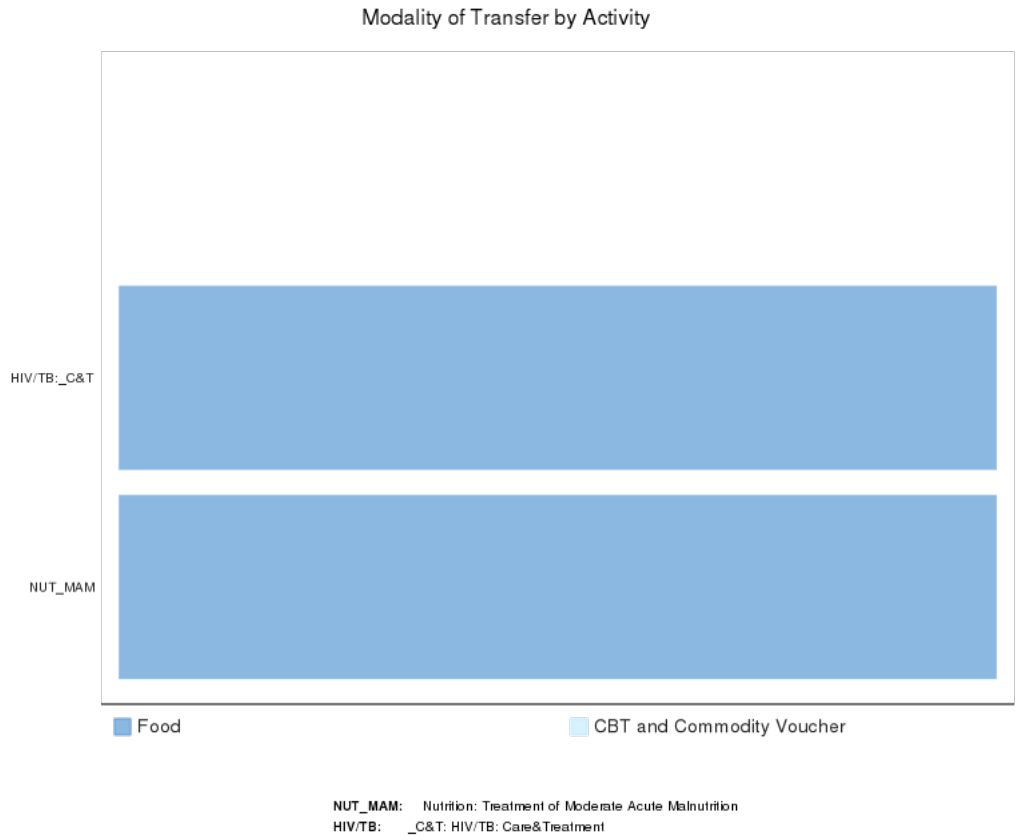
The review of the FBP guidelines was conducted through a consultative process involving different stakeholders, including Ministry of Health, National Emergency Response Council on HIV and AIDS, Swaziland National AIDS Programme (SNAP), National Tuberculosis Control Programme (NTCP), the United Nations International Children's Fund (UNICEF), Swaziland National Network of PLHIV/AIDS and the University of Swaziland. Through this collaboration, WFP successfully advocated for the support of SNAP and NTCP in putting measures in place to reduce FBP defaulters as well as task shifting to better integrate FBP services into ART, TB, PMTCT and antenatal care services.

The 2016 external operation evaluation, found that the objectives of FBP are appropriate to beneficiary needs and the objectives of the Government of Swaziland. It also noted that the design and its underlying purpose for food support to malnourished ART/TB treatment clients are based on a large body of research and that FBP meets an immediate need of highly vulnerable people.





HIV/TB: _C&T: HIV/TB: Care&Treatment
NUT_MAM: Nutrition: Treatment of Moderate Acute Malnutrition



Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Corn Soya Blend	304	140	45.9%
Maize	1,051	297	28.3%
Peas	146	10	6.7%
Vegetable Oil	66	4	6.8%
Total	**1,567**	**451**	**28.8%**

Operational Partnerships

Implementation of the Food by Prescription (FBP) project contributed to the extended National Multi-sectorial HIV and AIDS Framework (eNSF) (2014-2018). The programme objectives aimed to provide a comprehensive package of care and improving the quality of life for people living with HIV (PLHIV) through care and treatment. Nutrition assessment, counseling and support (NACS) services under the project are also included in the HIV response operational plan and national tuberculosis (TB) programme manual. The inclusion of NACS in these policy documents confirmed the importance of nutrition to improve treatment outcomes for HIV and TB clients.

WFP and the Ministry of Health as the main Government counterpart worked together to support the implementation and oversight of activities, by providing human resources and infrastructure in the health facilities and national level management through the Swaziland National Nutrition Council (SNNC). SNNC, embedded within Ministry of Health, provided policy direction, technical backstopping, mentoring and coaching to clinical staff and FBP assistants in health facilities for the implementation of the project. SNNC employed 24 FBP assistants at the health centres and were responsible for their oversight while WFP contributed to the cost for 22 of the 24 FBP assistants. WFP

provided technical assistance to SNNC to improve the capacity of public health facilities to integrate nutrition services into antiretroviral therapy (ART), TB, ante-natal care (ANC), and maternal and child health services. Swaziland National AIDS Programme (SNAP) and National Tuberculosis Control Programme (NTCP) supported mainstreaming of NACS into treatment protocols for both ART and TB services.

In 2016, WFP supported the participation of government representatives at a Regional Nutrition & HIV workshop and a country-to-country learning visit to Malawi. The workshop aimed at enhancing country and government capabilities in nutrition and HIV responses during emergencies and fostered learning through sharing of information on nutrition & HIV programmes to improve effectiveness, efficiency, and sustainability of programmes. The learning visit to Malawi focused on their stunting prevention program.

WFP implemented the project in partnership with United Nations (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 to strengthen the HIV health sector capacity to deliver quality HIV treatment care and support services. WFP together with The United Nations International Children's Fund (UNICEF) advocated the Ministry of Health for the inclusion of the management of moderately malnourished children into the Government-run Integrated Management of Acute Malnutrition (IMAM) programme. WFP also partnered with the World health organization (WHO) and UNICEF to support the Ministry of Health to review and update the National Infant and Young Child Feeding guidelines, in line with the new WHO guidelines, which partly complemented FBP implementation.

Performance Monitoring

For the Food by Prescription (FBP) project, WFP’s field monitoring assistants (FMAs) conducted monthly visits to the 12 health facilities for routine monitoring, which included process monitoring and collecting information for output and outcome monitoring.

Process monitoring tracked the implementation progress, listed challenges and analyzed factors that influenced expected outputs and outcomes of the interventions. On-site, process monitoring consisted of stock counts of food commodities and commodity quality assurance. In addition, FMAs provided technical support to FBP assistants to produce monthly reports and track the progress of the clients, including details on how to categorize clients (e.g. newly initiated, defaulters, discharged).

FBP assistants conducted monthly output and outcome monitoring at participating health facilities. During output monitoring, they collected a set of basic indicators to measure the progress of the programme. These indicators included the number, gender, and age of clients benefiting from food assistance and the total quantity of food delivered to the beneficiaries. This data is kept in registers at the health facilities.

Outcome monitoring was carried out to measure the results achieved by the project. It identified intended or unintended effects of the intervention and allowed WFP to make informed decisions and prepare corrective actions. Outcome information for nutritional recovery rates of clients was calculated from the clients’ information recorded in the FBP registers at the health facilities.

Outcome information on antiretroviral therapy (ART) adherence rate (%) and tuberculosis (TB) treatment success rate (%) was collected from secondary data from the Ministry of Health Annual Reports.

FBP assistants also collected information about the project’s cross-cutting results, such as gender dynamics in household decision-making related to food, client safety and awareness of programme guidelines.

In order to adhere to the do-no-harm principles, and to respect patient confidentiality guidelines set by the Ministry, WFP did not have access to medical records of clients and did not directly interview clients. Instead, FBP assistants met with clients during their monthly visits and gathered information on gender, safety, and accountability to the affected population. WFP FMAs collected this information from the FBPAs during their monthly monitoring visits. Due to this sampling methodology, data collected is not statistically representative but provides a good indication of the results achieved.

Results/Outcomes

Outcome 1 and 2:

Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger.

Outcome 1: Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women (PLW), and school-aged children.

Outcome 2: Improved adherence to antiretroviral therapy (ART) and success of tuberculosis (TB) treatment.

Activity 1: Provision of nutritional support to ART clients, TB treatment clients, prevention of mother to child transmission (PMTCT) and ante-natal care services clients and provision of food assistance for the clients and their households.

In 2016, steady progress was made towards improvements of ART and TB nutritional recovery rates and adherence to treatment by ART and TB clients. Though challenges continued to be reported to achieving global targets for nutritional recovery rates. They included clients defaulting from the programme due to food pipeline breaks or lack of money for transportation to the health facilities, and problems with incomplete data and inconsistent data collection at the health facilities.

The erratic provision of household ration in the first half of 2016 and its complete interruption from July to October 2016 had an adverse effect on the results for nutritional recovery. This was further compounded by fewer clients registering for the programme and clients not following up due to food shortages at facilities, and lack of funds for transport to collect rations. Particularly in the second half of 2016, when nutritional recovery rates were as low as 45 percent for ART clients and 43 percent for TB clients.

The planned decentralizing of FBP services to smaller health facilities is expected to improve the recovery rates by taking Nutrition Assessment, Counselling and Support (NACS) services closer to clients. Additionally, consensus was reached between WFP, SNNC, National Emergency Response Council on HIV and AIDS (NERCHA), Swaziland National AIDS Programme (SNAP) and National Tuberculosis Control Programme (NTCP) that malnourished PLHIV should not be given more than one month's ART medication, thus ensuring that FBP clients on ART are monitored and followed up monthly for both ART and FBP services. WFP will, however, continue to advocate for this guideline to become consistent practice across health facilities. Quality improvement measures including harmonizing tracking of FBP defaulters within the ART and TB programmes will further improve the outcomes.

ART adherence, measured by tracking patients on treatment for more than 36 months, improved over the previous year. TB treatment success also improved. Achieving better treatment outcomes relied on a number of factors, including the delivery of care and treatment services through the national ART and TB programmes.

Findings from a joint drought, health, and nutrition assessment conducted in March 2016 revealed less adherence to HIV and TB treatment, defaulting from treatment in ART (12 percent) and TB (29 percent) from 2014 to 2015. Health workers reported that some of the reasons cited for defaulting on treatment were a lack of food at household level.

The government has identified research into the causes of defaulting as a key priority to improve ART retention. WFP will follow this issue closely and advocate for nutrition services as a strategy to reduce loss-to-follow-up of patients.

Outcome 3:

Strategic Objective 4: Reduce undernutrition and break the intergenerational cycle of hunger.

Outcome 3: Ownership and capacity strengthened to reduce undernutrition and increase access to education at regional, national and community levels.

Activity 2: Provision of policy advice and technical assistance.

WFP in partnership with SNNC conducted training of the 24 Food by Prescription (FBP) assistants which equipped them with latest nutrition assessment and counselling techniques and concepts for them to effectively support nutrition education of clients and strengthened their capacity in the management of food commodities. WFP together with SNNC also conducted mentoring visits to 12 health facilities.

In 2016, WFP commissioned a centralized evaluation of the project. Among the key recommendations, the evaluation advised for a need to strengthen the integration of FBP into health services. The revision of the FBP guidelines, supported by WFP and conducted in collaboration with Ministry of Health and other partners, followed these recommendations. While the revised guidelines have not yet been formally approved, WFP continues to advocate for their swift adoption.

In addition, WFP together with other stakeholders provided technical assistance to Swaziland Infant Nutrition Action Network (SINAN) to review the infant and young child feeding guidelines. The revised guidelines emphasize strategies and activities to reduce childhood stunting as well as improve maternal nutrition through prevention and management of malnutrition.

Progress Towards Gender Equality

In line with the WFP Gender Policy and regional Gender Implementation Strategy, gender was mainstreamed into the design and implementation of the food by prescription (FBP) project. The country office also conducted a comprehensive gender context analysis and developed a five-year gender action plan.

The key gender indicators for this project includes gender-disaggregated monitoring of food distributions to beneficiaries and indicators that measure decision-making about food rations by men and women in their households. Information for the latter was collected by FBP assistants at the health facilities during their interactions with the clients. The results show that women were the main decision makers over the use of food rations in 67 percent of households, while the proportion of men making decisions was 14 percent, and the proportion for joint decision making was 18 percent. The proportion of household having both women and men making decisions together over the use of the food rations has improved compared to previous years.

These results reflect family dynamics and cultural norms in Swaziland where women are normally the decision makers when it comes to the use food within in the household and is also consistent with results obtained for other WFP projects.

FBP assistants counseled clients and reported on their progress monthly. The nutrition counseling covered the use of good nutrition as part of HIV and tuberculosis (TB) care and proper use of the food provided through the project. Both women and men were targeted on good nutrition and proper food use counseling, as it is equally important that men understand the implications of food choices on the nutritional well-being of the family.

There is gender balance among the FBP assistants, which ensured that clients can choose between male and female assistants and received nutrition counseling that is more targeted to their needs and ensured clients were comfortable in accessing these services. This was especially important when assistants counseled pregnant women.

Protection and Accountability to Affected Populations

In order to adhere to the do-no-harm principle, and to respect the Ministry of Health’s ethics guidelines on the need to protect the confidentiality of clients in HIV and tuberculosis (TB) programmes, the information about patient safety and awareness of programme was reported by food by prescription (FBP) assistants on behalf of the clients. Clients did not report any safety incidents at the health facilities or in transit to or from the facilities. This met WFP's target to achieve 100 percent safety for men and women clients and was consistent with the standard of safety achieved in previous years. Theft of commodities within the health facilities was one of the main safety risks identified for the project, and to mitigate against it, FBP commodities were stored in secured areas in the health facilities.

There was an increase in the proportion of assisted people that were informed about the programme from 75 percent in 2015 to 82 percent in 2016. In general, it was found that clients were well-informed that they were eligible for food assistance based on nutrition assessment measures and that they understood where to lodge complaints, however, there was less knowledge of how much food they are supposed to receive. This confusion is likely due to the pipeline breaks experienced in 2016, which resulted in the inconsistent distribution of rations, particularly for those linked to the household support. Clients were regularly provided with information about the project, reasons for inclusion in the project, the duration of assistance, the nutrition supplement and client feedback mechanisms. Information was shared during nutrition counseling sessions and FBP assistants followed up with clients to ensure they understood the project objectives and the assistance to be received.

Figures and Indicators

Data Notes

Cover page photo ©WFP/ Swaziland. 'Woman and child benefiting from nutrition assistance in Swaziland.'

Table 2: Beneficiaries by Activity and Modality - HIV/TB: Care & Treatment: The beneficiary number includes Food By Prescription clients as well as their families with an average household size of six.

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	13,854	15,622	29,476	10,488	11,825	22,313	75.7%	75.7%	75.7%
By Age-group:									
Children (under 5 years)	1,651	1,886	3,537	1,250	1,428	2,678	75.7%	75.7%	75.7%
Children (5-18 years)	5,276	5,925	11,201	3,994	4,485	8,479	75.7%	75.7%	75.7%
Adults (18 years plus)	6,927	7,811	14,738	5,244	5,912	11,156	75.7%	75.7%	75.7%
By Residence status:									
Residents	13,854	15,622	29,476	10,487	11,826	22,313	75.7%	75.7%	75.7%

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)
Nutrition: Treatment of Moderate Acute Malnutrition	280	-	280	323	-	323	115.4%	-	115.4%
HIV/TB: Care&Treatment;	29,196	-	29,196	21,990	-	21,990	75.3%	-	75.3%
HIV/TB: Mitigation&Safety; Nets	-	-	-	-	-	-	-	-	-

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)
Nutrition: Treatment of Moderate Acute Malnutrition	280	-	280	323	-	323	115.4%	-	115.4%
HIV/TB: Care&Treatment;	4,866	-	4,866	3,665	-	3,665	75.3%	-	75.3%
HIV/TB: Mitigation&Safety; Nets	-	-	-	-	-	-	-	-	-

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)
HIV/TB: Care&Treatment;									
ART Clients receiving food assistance	920	1,955	2,875	749	1,591	2,340	81.4%	81.4%	81.4%
TB Clients receiving food assistance	478	1,170	1,648	340	831	1,171	71.1%	71.0%	71.1%
PMTCT Clients receiving food assistance	-	343	343	-	154	154	-	44.9%	44.9%
Total participants	1,398	3,468	4,866	1,089	2,576	3,665	77.9%	74.3%	75.3%
Total beneficiaries	8,838	20,358	29,196	10,334	11,656	21,990	116.9%	57.3%	75.3%

Nutrition Beneficiaries

Nutrition Beneficiaries

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)
Nutrition: Treatment of Moderate Acute Malnutrition									

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)
Children (under 5 years)	105	119	224	36	42	78	34.3%	35.3%	34.8%
Children (5-18 years)	26	30	56	116	129	245	446.2%	430.0%	437.5%
Total beneficiaries	131	149	280	152	171	323	116.0%	114.8%	115.4%

Project Indicators

Outcome Indicators

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
SO4 Reduce undernutrition and break the intergenerational cycle of hunger				
Reduced undernutrition, including micronutrient deficiencies among children aged 6-59 months, pregnant and lactating women, and school-aged children				
ART Nutritional Recovery Rate (%)				
*ALL TARGETED HOSPITALS AND HEALTH CENTERS IN SWAZILAND, **Project End Target**: 2017.06, Collected monthly from health facility records, **Base value**: 2011.12, WFP programme monitoring, From health center records, **Previous Follow-up**: 2015.12, WFP programme monitoring, Health facilities records, **Latest Follow-up**: 2016.12, WFP programme monitoring, Health facilities records*	>75.00	10.00	45.00	50.00
TB Treatment Nutritional Recovery Rate (%)				
*ALL TARGETED HOSPITALS AND HEALTH CENTERS IN SWAZILAND, **Project End Target**: 2017.06, From health centers records, **Base value**: 2011.12, WFP programme monitoring, from health centers records, **Previous Follow-up**: 2015.12, WFP programme monitoring, Health facilities records, **Latest Follow-up**: 2016.12, WFP programme monitoring, Health facilities records*	>75.00	25.00	33.00	48.00
Project-specific				
TB Treatment Success Rate (%)				
*ALL TARGETED HOSPITALS AND HEALTH CENTERS IN SWAZILAND, **Project End Target**: 2017.06, Ministry of Health Annual report, **Base value**: 2011.12, Secondary data, Ministry of Health Annual report, **Previous Follow-up**: 2015.04, Secondary data, Ministry of Health, TB Annual Report , **Latest Follow-up**: 2016.04, Secondary data, Ministry of Health, TB Annual Report*	=85.00	69.00	79.00	81.00
ART Adherence Rate (%)				
*ALL TARGETED HOSPITALS AND HEALTH CENTERS IN SWAZILAND, **Project End Target**: 2017.06, Ministry of Health Annual report, **Base value**: 2011.12, Secondary data, Ministry of Health Annual report, **Previous Follow-up**: 2015.04, Secondary data, Ministry of Health, ART Annual Report, **Latest Follow-up**: 2016.04, Secondary data, Ministry of Health, ART Annual Report*	=80.00	69.00	78.00	83.00

Output Indicators

Output	Unit	Planned	Actual	% Actual vs. Planned
SO4: HIV/TB: Care&Treatment;				
Number of government staff trained by WFP in nutrition programme design, implementation and other nutrition related areas (technical/strategic/managerial)	individual	24	24	100.0%
Number of health centres/sites assisted	centre/site	12	12	100.0%
Number of technical assistance activities provided	activity	4	4	100.0%

Gender Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
SWAZILAND, HIV/TB: Care&Treatment;, ***Project End Target****: 2017.06,* ***Base value****: 2014.12,* ***Previous Follow-up****: 2015.06,* ***Latest Follow-up****: 2016.08*	=40.00	13.00	16.90	18.50
Proportion of households where females make decisions over the use of cash, voucher or food				
SWAZILAND, HIV/TB: Care&Treatment;, ***Project End Target****: 2017.06,* ***Base value****: 2014.12,* ***Previous Follow-up****: 2015.06,* ***Latest Follow-up****: 2016.08*	=30.00	57.00	66.00	67.40
Proportion of households where males make decisions over the use of cash, voucher or food				
SWAZILAND, HIV/TB: Care&Treatment;, ***Project End Target****: 2017.06,* ***Base value****: 2014.12,* ***Previous Follow-up****: 2015.06,* ***Latest Follow-up****: 2016.08*	=30.00	30.00	17.10	14.10

Protection and Accountability to Affected Populations Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people (men) informed about the programme (who is included, what people will receive, where people can complain)				
SWAZILAND, HIV/TB: Care&Treatment;, ***Project End Target****: 2017.06,* ***Base value****: 2015.06,* ***Latest Follow-up****: 2016.08*	=90.00	75.60	-	81.60
Proportion of assisted people (men) who do not experience safety problems travelling to, from and/or at WFP programme site				
SWAZILAND, HIV/TB: Care&Treatment;, ***Project End Target****: 2017.06,* ***Base value****: 2014.12,* ***Previous Follow-up****: 2015.06,* ***Latest Follow-up****: 2016.06*	=100.00	100.00	100.00	100.00
Proportion of assisted people (women) informed about the programme (who is included, what people will receive, where people can complain)				
SWAZILAND, HIV/TB: Care&Treatment;, ***Project End Target****: 2017.06,* ***Base value****: 2015.06,* ***Latest Follow-up****: 2016.08*	=90.00	75.10	-	83.40

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people (women) who do not experience safety problems travelling to, from and/or at WFP programme sites				
*SWAZILAND, HIV/TB: Care&Treatment;, **Project End Target**: 2017.06, **Base value**: 2014.12, **Previous Follow-up**: 2015.06, **Latest Follow-up**: 2016.06*	=100.00	100.00	100.00	100.00
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
*SWAZILAND, HIV/TB: Care&Treatment;, **Project End Target**: 2017.06, **Base value**: 2015.06, **Latest Follow-up**: 2016.08*	=90.00	75.35	-	82.50
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
*SWAZILAND, HIV/TB: Care&Treatment;, **Project End Target**: 2017.06, **Base value**: 2014.12, **Previous Follow-up**: 2015.06, **Latest Follow-up**: 2016.06*	=100.00	100.00	100.00	100.00

Partnership Indicators

Cross-cutting Indicators	Project End Target	Latest Follow-up
Number of partner organizations that provide complementary inputs and services		
*SWAZILAND, HIV/TB: Care&Treatment;, **Project End Target**: 2017.06, **Latest Follow-up**: 2016.12*	=1.00	1.00
Proportion of project activities implemented with the engagement of complementary partners		
*SWAZILAND, HIV/TB: Care&Treatment;, **Project End Target**: 2017.06, **Latest Follow-up**: 2016.12*	=100.00	100.00

Resource Inputs from Donors

Resource Inputs from Donors

			Purchased in 2016 (mt)	
Donor	**Cont. Ref. No.**	**Commodity**	**In-Kind**	**Cash**
Luxembourg	LUX-C-00138-01	Maize	-	197
Luxembourg	LUX-C-00138-01	Vegetable Oil	-	32
Swaziland	SWA-C-00008-01	Corn Soya Blend	-	100
Swaziland	SWA-C-00008-01	Maize	-	355
Swaziland	SWA-C-00008-01	Peas	-	55
Swaziland	SWA-C-00008-01	Vegetable Oil	-	28
		Total	**-**	**767**