Country/Project Number/Title:	Swaziland PRRO 10602.0: ***Assistance to Food-Insecure People Affected by HIV and AIDS and Natural Disasters.***
WFP Food Tonnage:	47,052 mt
WFP Food cost:	US$19,280,494
Total Cost to WFP:	US$38,549,685
Duration:	36 months (01 May 2008 – 30 April 2011)
Number of beneficiaries:	201,000 per year

EXECUTIVE SUMMARY

Swaziland, with a population of 930,000 on 17,000 km^3 faces a crisis arising from the combined effects of HIV, poverty, recurrent drought and weakened capacity to deliver basic social services. About 26 percent of the adult population is HIV-infected and 80,000 children are orphaned, mainly due to AIDS. An estimated 48 percent of the population lives at or below the poverty line. Life expectancy, at 40.9 years, is the second-lowest in the world.

Swaziland has experienced declining agricultural production during the last decade due mainly to multi-dimentional impacts of AIDS, successive years of drought attributed to climate change, reliance on rainfed agriculture and declining use of improved agricultural technology. Since 70 percent of the country's population depends on agriculture for survival, these shocks have led to increasing vulnerability and food insecurity.

The goal of this protracted relief and recovery operation (PRRO) is to contribute to improved food security, livelihood and productive capacity of the most vulnerable households impacted by AIDS, poverty and natural disasters. In line with government strategies, the PRRO will support, complement and catalyze the initiatives of communities, government and development partners to improve the food security and livelihoods of the vulnerable population. Consistent with WFP's Strategic Objectives,[1] and Millennium Development Goals 1-6, the specific objectives of this PRRO are to:

- Improve household access to food and ability to manage shocks (SO2);
- Increase access and adherence to treatment, care and support for people living with HIV and tuberculosis patients (SO3);
- Support access to basic education and community-based care and support for orphans and vulnerable children (SO3 and SO4); and
- Strengthen capacity of relevant government institutions, community-based structures and other cooperating partners for needs assessment, disaster preparedness and mitigation, and management of food assistance programmes (SO5).

The PRRO strategies have evolved from broad-based stakeholder consultations. Technical guidance from the Regional Bureau as well as information from Crop and Food Supply Assessment Mission, the National Vulnerability Assessment Committee, Community and Household Surveillance reports and the Mid-term Evaluation of the Southern Africa Regional PRRO (10310), also guided the strategic approach of this PRRO.

The PRRO will provide a foundation for long-term sustainable livelihoods as well as an enabling environment for a smooth handover of WFP assisted programmes to the Government.

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[1] WFP Strategic Objectives addressed by this PRRO are "protecting livelihoods in crisis situations and enhancing resilience to shocks" (SO2); "supporting improved nutritional health status of children, mothers and other vulnerable people" (SO3); "support access to education and reduce gender disparity in access to education and skills training" (SO4); and "strengthening the capacities of countries and regions to establish and manage food-assistance and hunger reduction programmes" (SO5).

SITUATION ANALYSIS AND SCENARIO

The Overall Context

1. The Kingdom of Swaziland faces a humanitarian crisis arising from the combined effects of HIV/AIDS, poverty and recurrent drought. The country has a population of 930,000, a decrease of 17,500 since the last census, on 17,000 km^3 of land. The current growth rate is projected to continue to be negative (-0.4 percent) due mainly to HIV/AIDS and low fertility.[2] Swaziland's Human Development Index rating fell from 137 in 2004 to 141 in 2005, attributed to a drop in life expectancy at birth from 57 years in 1997 to 40.9 years in 2005, the second lowest in the world.

2. Although Swaziland is considered a lower middle-income country, with gross domestic product (GDP) per capita of US$4,824 in 2005, 48 percent of the population are poor and living on less than US$1 a day, and 63 percent of the poor are women.[3] Income distribution is extremely unequal, as reflected in a Gini coefficient of 0.505.[4] Real GDP growth rates have declined over the years from over 7 percent in the 1980s to 2.1 percent in 2006.[5] Unemployment stands at about 40 percent and is most likely to continue rising.

3. Swaziland also faces external shocks such as reduced prospects for investment, high oil prices and exchange rate volatility of the South African Rand to which its currency is pegged. The Government lacks capacity in macroeconomic management and public policies to adequately address the impact of these shocks.[6]

HIV&AIDS and Education

4. Swaziland has the highest HIV prevalence rate in the world with 39.2 percent[7] among women attending antenatal clinics and 26 percent[8] among the reproductive age group of 15 to 49 years. An estimated 15 percent of all births and 40 percent of all HIV-exposed babies will acquire HIV infection if there is no intervention.[9] In 1999, the Government declared AIDS a national disaster.

5. According to the National Emergency Response Council on HIV/AIDS (NERCHA), the decisive factors that are fuelling the rapid spread of HIV in Swaziland are: the practice of having multiple concurrent partners and abuse of power by men in sexual relationships; negative cultural beliefs and practices, including widow inheritance and arranged marriages for minor girls; intergenerational sex, particularly between young girls and older men; and widespread poverty.

6. Due to AIDS, Swaziland has seen a dramatic increase in morbidity and mortality. In 2006, 40 percent of all hospital admissions were attributed to conditions related to AIDS and tuberculosis (TB) and 75 percent of all outpatient cases had AIDS-related complaints.

7. Infant mortality increased from 79 per 1,000 live births in 1992 to 108 in 2004 and maternal mortality from 230 per 100,000 births in 2000 to 370 in 2004. AIDS is responsible for 47

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[2] Swaziland Central Statistics Office. 2007. *Swaziland Population Census.*
[3] Swaziland Central Statistics Office. 2001. *Swaziland Household Income and Expenditure Survey*.
[4] UNDP: Human Development Report 2008. The Gini coefficient is a measure of inequality of income distribution or inequality of wealth distribution defined as a ratio with values between 0 and 1: a low Gini coefficient indicates more equal income or wealth distribution, while a high Gini coefficient indicates more unequal distribution.
[5] Ministry of Finance. 2007. *Government Budget Statement*.
[6] World Bank. *2006 Swaziland Public Expenditure Review*.
[7] Ministry of Health. 2006. *National HIV Serosurveillance*.
[8] Swaziland Central Statistics Office. *Demographic and Health Survey 2007*.
[9] Interagency Task Team (IATT). May 2007. *Joint Technical Report on Visit to Swaziland.*

percent of under-5 mortality. The crude mortality rate (CMR) doubled from 1990s to reach 0.63 deaths/10,000 persons/day in 2004. By 2006, the CMR exceeded the emergency threshold of 1 death/10,000 persons/day.[10]

8. Of the 64,000 people assessed to be in need of anti-retroviral therapy (ART) in 2006, only 18,000 (28 percent) of individuals were enrolled in the programme against a target of over 50 percent. Drop outs cite reasons such as lack of food and transportation money to treatment centres.

9. There are an estimated 130,000 OVC (31 percent of all children), including about 80,000 orphans, mainly due to AIDS. The number is projected to rise to 200,000 by 2010.[11] The OVC are absorbed by either extended family members or communities. Over 40 percent of all households care for orphans.[12]

10. As young adults die due to AIDS, the implications for education and household and national food security are devastating. According to the UNESCO Education For All Global Monitoring Report 2008, 26 percent of the youth are illiterate and 45 percent of them are female. Family and community coping mechanisms have been overwhelmed by the burden of care that is disproportionately placed on women and girls; traditional social safety-nets are breaking down with increasing number of dependents amidst high levels of poverty. The National Vulnerability Assessment Committee (NVAC) estimates that over 20 percent of affected households depend on food assistance and other donations for their survival.

11. About 23 percent of children never go to school (out of which 48 percent are girls) and a further 17 percent drop out of school before completing primary education.[13] OVC constitute the majority of the out-of-school children. They are often burdened with caring for the sick and with household chores. In 2004, Swaziland recorded a gross enrolment rate of 107 percent while the net enrolment rate was about 80 percent. Since 2004, the Ministry of Education has been providing school grants to support OVC and to tackle the increasing problem of school drop out.

12. The high prevalence of HIV has also contributed to weaken capacity of the Government to deliver social basic services as a result of high rate of mortality and absenteeism due to illness.

Effects of Natural Disasters

13. According to the National Meteorological Service, Swaziland has had increased temperatures and reduced precipitation in the last 15 years, especially in the middleveld and lowland regions. An analysis of available data from 1990 shows that Swaziland has experienced several climate-related hazards, mainly drought with adverse consequences for food security.[14]

14. It is estimated that over 70 percent of Swazis live in rural areas where they are dependent on rainfed subsistence agriculture, with maize being the dominant crop. However, several consecutive years of drought have had negative effects on soil fertility, water availability and biodiversity, with more frequent bush fires and an increased risk of desertification.

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[10] Whiteside and Whaley. Reviewing "Emergencies" for Swaziland: Shifting the Paradigm for a New Era. September 2007. A crude mortality rate >1 per 10,000 is considered in the emergency phase: "very serious" by UNHCR and a "serious condition" by United Nations Disaster Assessment and Coordination (UNDAC).

[11] Government of Swaziland. *National Plan of Action for Orphans and Vulnerable children 2006-2010*.

[12] NVAC. 2006. *Swaziland Vulnerability Assessment*.

[13] Swaziland Central Statistics Office, as quoted in the Swaziland Poverty Reduction Strategy and Action Plan.

[14] Southern African Development Community. August 2005. *Capacity Needs Assessment Report;* National Action Plan for Disaster Management.

15. In 2007, the country was only able to produce 26,000 mt of maize, 60 percent below the previous year's harvest and one-third of the five-year average. Over 400,000 people were assessed to be in need of food assistance until the next harvest around April 2008.[15]

Food Security and Nutrition

16. Access to food remains a major challenge for the poorest households due to lack of purchasing power caused by loss of jobs, chronic illnesses and/or death of productive family members and sale of assets.

17. AIDS has had a devastating impact on household food security. Affected households experience a 44 percent reduction in the area of land cultivated, 54 percent reduction in maize production, 31 percent diversion of labour to care for the sick, 22 percent increase in health care costs and 39 percent loss in regular remittances.[16] The impact of the drought has further compounded the food insecurity of households already affected by AIDS. The lack of adequate food and nutrition also threatens adherence to and efficacy of the national treatment programmes for AIDS and TB.

18. Underweight and wasting among children under-5, currently at 7 percent and 1 percent respectively,[17] have remained relatively stable over time, but chronic malnutrition has increased from 30 percent in 2000[18] to 39 percent in 2007,[19] attributed to prolonged inadequate dietary intake.

Scenario

19. Most Swazis will continue to find themselves trapped in chronic food and livelihood insecurity because of the combined effects of drought, AIDS and deepening poverty. A programming focus that can provide predictable, reliable and consistent assistance to the vulnerable groups, within a multi-sectoral social protection framework, is envisaged in this PRRO.

POLICIES, CAPACITIES AND ACTIONS OF GOVERNMENT AND OTHERS

Policies, Capacities and Action of the Government

20. The Government of Swaziland is committed to addressing the impact of AIDS and natural disasters and providing protection for its vulnerable people. This is evidenced by several key policies and strategies, including the Poverty Reduction Strategy and Action Plan (2006-2010); the Second National Multi-sectoral HIV and AIDS Strategic Plan; and the National Food Security Policy and Programme (2005/06).

21. The Government established NERCHA in 2001 to coordinate the response to HIV and AIDS, foster a wider multi-sectoral approach and mobilize funds. NERCHA has identified the following priority areas: prevention; care, support and treatment; impact mitigation; and management of the national response.

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[15] CFSAM. 2007, *Special Report*

[16] Ministry of Agriculture, the Swaziland Federation of Employers and UNAIDS. 2003.*The Impact of HIV&AIDS on Agriculture and Private sector in Swaziland.*

[17] Swaziland Central Statistics Office. *Demographic and Health Survey 2007.*

[18] 2000 Multiple Indicator Cluster Survey.

[19] NVAC. 2007. *Swaziland National Vulnerability Assessment.*

22. The government is committed to gradually increasing budgetary allocations to the health sector from 10.6 percent in the 2008/09 budget year to 15 percent by 2011/12, mainly to address the impact of HIV and AIDS on this sector. The increase in allocations covers new staff positions in health service delivery.

23. Current government social protection programmes include “the Indlunkulu”,[20] support to community care points (CCPs) for OVC, pension/social grants for elderly vulnerable people and provision of food assistance and farm inputs to smallholder farmers in collaboration with Food and Agriculture Organization (FAO), WFP, United Nations Children’s Fund (UNICEF) and other development partners.

24. Swaziland is committed to providing free primary education in line with the global Education For All agenda, its national constitution and the Millennium Development Goals. Currently, the Government provides school grants to OVC and a subsidy to every child at primary school level for stationery and text books. NERCHA, through the Ministry of Education, supports school feeding in 340 primary schools using the Global Fund.[21]

25. The Government-led Agricultural Summit held in July 2007 identified agricultural diversification and promotion of drought-tolerant crops and non-traditional crops as key to reviving agricultural and food production. The next three-year agricultural sector strategic plan has embraced new programmes emerging from the summit.

26. A National Disaster Management Agency (NDMA) has been established under the Ministry of Regional Development and Youth Affairs. The Government has also developed a National Action Plan (2007-2015) for capacity development in disaster risk reduction with support from United Nations Development Programme (UNDP).

27. NVAC has been operational for the last three years but lacks institutional framework and budgetary allocations from the Government. Capacity development of national and local institutions for management of disasters and food assistance programmes is ongoing.

Policies, Capacities and Action of other Major Actors

28. WFP’s activities are anchored under the United Nations principle of the “three ones” and delivering as one facilitated through joint programmes and work plans. The United Nations Development Assistance framework (UNDAF, 2006-2010) has identified HIV and AIDS, Food Security, Poverty Reduction, Basic Social Services and Governance as priority areas.

29. A Joint United Nations Team on AIDS (JUTA) has been established to support NERCHA’s national response to HIV and AIDS, prioritizing programmes that help to prevent its spread. UNICEF facilitated the development of the National Plan of Action for OVC (2006-2010), which prioritizes food, protection, education, basic services and participation.

Coordination

30. WFP currently chairs the United Nations Theme Group on HIV and AIDS, actively participates in JUTA and jointly with FAO plays a lead role on food security issues.

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[20] Indlukhulu is a Swazi traditional safety net mechanism where the chief provides land and mobilizes the community to cultivate a communal field to produce food for the vulnerable groups in the community.

[21] The programme is mainly concentrated in wetter areas of the country (highveld and wet middleveld), outside WFP operational areas.

31. The NDMA, in collaboration with the Food Security Consortium (FSC) and WFP, facilitates coordination of disaster response and food aid in particular**.** WFP is also an active member of other coordinating mechanisms.

OBJECTIVES OF WFP ASSISTANCE

32. The goal of the PRRO is to contribute to improved food security, livelihood and productive capacity of the most vulnerable households impacted by HIV/AIDS, poverty and natural disasters.

33. The interventions are closely linked to Millennium Development Goals 1 to 6[22] and closely aligned to WFP Strategic Objectives (SOs) 2 to 5. Consistent with these SOs, this PRRO has the following specific objectives:
    - Improve household access to food and ability to manage shocks (SO2);
    - Increase access to treatment, care and support for PLHIV and TB patients (SO3);
    - Support access to basic education, community-based care and support for OVC (SO3 and SO4); and
    - Strengthen capacity of relevant government institutions, community-based structures and other cooperating partners for needs assessment, disaster preparedness and mitigation, and management of food assistance programmes (SO5).

WFP RESPONSE STRATEGY

Nature and Effectiveness of Food-Security Related Assistance to date

34. WFP presence in Swaziland dates back to the late 1960s. The country operation was successfully exited in 1996. In 2002, WFP resumed operations in Swaziland as part of the regional response to the 2001/02 drought under the Southern Africa Regional EMOP and subsequently the Regional PRRO.[23]

35. There has been a gradual shift of resources from relief to recovery-related activities. However, recovery from crop failure has been short-lived due to recurrent drought, deepening poverty and high prevalence of HIV. The challenge for WFP has been how to programme food assistance towards strengthening livelihoods whilst meeting the relief needs of a growing number of chronically food-insecure people who are impacted by AIDS and TB..

36. Reports of the NVAC and Community and Household Surveillance (CHS) indicate marked improvements in the coping strategy index and dietary quality and diversity among food aid beneficiaries as compared to non-beneficiaries. Food assistance to OVC has been a critical input to the operation of CCPs. Additionally, there is evidence of sustained school attendance in assisted schools even during the hunger months because of school feeding. Women have benefited through direct access to WFP food and participation in relief committees as well as training in gender, management of food assistance and HIV prevention, in line with the WFP Enhanced Commitments to Women (ECW). The capacity of national partners has also been enhanced in vulnerability assessments, food assistance programming and monitoring and evaluation (M&E), although it is acknowledged that much more needs to be done.

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[22] MDG 1: "eradicate extreme poverty and hunger", MDG 2: "achieve universal primary education", MDG 3: "promote gender equality and empower women"; MDG 4:"reduce child mortality"; MDG 5: "improve maternal health"; MDG 6: "combat HIV/AIDS, malaria and other diseases".

[23] Also includes Zambia, Malawi, Lesotho, Mozambique and Zimbabwe.

37. The Mid-Term Evaluation Mission of the Regional PRRO[24] recommends that WFP adopts a longer-term social protection approach in order to effectively respond to the needs of people most impacted by the "triple threat" of food insecurity, HIV and AIDS, and weakened governance capacity. The evaluation mission also recognized the weak capacity of cooperating partners and WFP, particularly in HIV programming; observed the ineffectiveness of the monitoring systems that did not allow adequate assessment of the effectiveness of WFP activities; and stressed the need to improve capacities in these areas.

38. During the consultative meetings with stakeholders that formed part of the process of preparing this PPRO, it was stressed that: (i) relief food assistance should be limited to short periods and linked to food-for-work (FFW) activities in order to facilitate livelihood promotion and avoid dependency; (ii) food assistance should build upon existing initiatives of the Government and other partners; (iii) beneficiary targeting between the major food assistance pipelines (WFP and NDMA) in the country should be harmonized; and (iv) the capacity of government institutions, community structures and civil society in disaster response and in the management of food assistance programmes needs to be strengthened.

39. It is anticipated that this PRRO, whilst providing temporary support to the most vulnerable individuals and communities and facilitating their livelihood improvements, will strengthen the foundation for sustainable national social protection programmes of the Government and other development partners.

Strategy Outline

40. The PRRO activities will build upon or complement ongoing initiatives of the Government and other stakeholders. The overall strategy is to use both relief and recovery operations to promote social protection for vulnerable groups in Swaziland.

Relief

41. In response to recurrent drought and other natural disasters, an estimated 4,000 asset-poor and asset–medium households each year face seasonal hunger will receive assistance. Food assistance will be provided during the lean months (October to March). Food security and vulnerability assessments will determine the needs on the ground. In line with WFP ECW, WFP will ensure that women actively participate in relief management and are direct recipients of food rations, where appropriate. WFP will collaborate with UNFPA (United Nations Population Fund) and non-governmental organizations (NGOs) to carry out HIV prevention campaigns at food distribution points. All relief committees will also receive training in leadership skills, gender and HIV/ prevention education.

42. During the lean season, primary schools report an increase in drop-out rates and decrease in attendance, particularly among OVC. An estimated 80,000 primary school children in areas facing acute seasonal hunger will receive one mid-morning meal during two terms (between September and April). The affected schools and communities will be identified through the annual NVAC assessment. In cooperation with Peace Corps Swaziland, WFP will encourage and facilitate school committees to design and implement HIV prevention education interventions in WFP-assisted schools and communities. WFP also will actively monitor drop out rates, particularly among girls and OVC and take appropriate action.

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[24] WFP Office of Evaluation. May 2007. *Full Report of the Mid-Term Evaluation of Southern African Protracted Relief and Recovery Operation (PRRO 10310.0).* Rome.

HIV/AIDS

43. WFP will provide a fortified food supplement to patients in food-insecure areas who are receiving ART and daily observed treatment of short course chemotherapy (DOTS) and beneficiaries of prevention of mother-to-child transmission of HIV (PMTCT) programmes at health facilities to increase programme uptake and adherence to treatment regimes. In order to avoid stigmatization the PMTCT will be implemented under mother-and-child health and nutrition (MCHN) settings. Overall support will be coordinated by the Ministry of Health and NERCHA. In addition, WFP will provide direct dietary support at community level to households affected by AIDS. Linkages with food-for-assets (FFA) and other livelihood programmes will be established through a process of graduation and referral.

44. WFP will use FFA – both food for training (FFT) and FFW - to strengthen on-going community education programmes with emphasis on HIV prevention, and livelihood projects, particularly those targeting PLHIV and OVC. In collaboration with NGOs and local community groups, WFP will develop a strategy to encourage active participation of men in support groups of PLHIV and as home-based care volunteers. Couple counseling in PMTCT will also be encouraged.

Safety nets

45. The Government, with support from partners, has established community-based care points which act as safety nets for the care, protection and support for OVC. WFP support will be provided to OVC attending these centres, complementing other basic social services.

46. OVC will receive daily meals as part of a package that includes early childhood care and development, livelihood skills, psychosocial support, de-worming, immunization and other health care support. To supplement the food rations, vegetable gardening will be encouraged at the centres.

Livelihood Protection

47. Key components supported throughout the year will be continued support to caregivers providing care and support to OVC at community care points and the Junior Farmer Field and Life Schools (JFFLS) initiative. Men will be encouraged to serve as caregivers for OVC in order to reduce the burden on women.

48. WFP will also support innovative approaches to livelihoods especially involving the youth and rural-poor agricultural based households affected by declining yields and AIDS in food-insecure communities. Activities include conservation agriculture, water harvesting and farmer training and will be implemented for a period of up to three months each year during the lean months (August to October) and before the peak agricultural season. HIV prevention will be incorporated into all the activities.

49. In line with ECW and in view of gender disparities, WFP will ensure that more women benefit from the training and assets created.

50. WFP will work with partners to develop and implement a technical support plan to strengthen national capacity for needs assessment, disaster preparedness and response and management of food assistance programmes.

Handover strategy

51. WFP and other actors acknowledge that support to the population most at risk requires more predictable and consistent longer-term resource commitments, of which food assistance is a crucial part. While a full handover is not foreseen during the life of this PRRO, it will build upon existing government and partner initiatives to lay a foundation for eventual handover.

52. WFP will continue to support the NVAC and advocate for its placement in a government Ministry. In addition, in collaboration with partners WFP will seek to expand the CHS to cover all regions of the country and facilitate its integration into the national food security monitoring systems.

53. WFP assistance will catalyze the implementation of government social protection programmes that address HIV and AIDS, chronic food insecurity and poverty whilst building resilience to withstand shocks.

54. It is envisaged that dietary support will enhance recovery of people with chronic illness and their ability to engage in livelihood activities. WFP will continue to advocate for, and work with, the Government and NERCHA to mobilise and allocate resources for food as part of ART and DOTS through the national budget and the Global Fund.

55. Support to community-based safety net systems for vulnerable groups, will facilitate sustainable livelihood improvements through linkages to longer-term development programmes of the Government and other partners. Emphasis will be placed on building the capacity of the Government in relevant technical areas.

BENEFICIARIES AND TARGETING

56. WFP will continue to focus its assistance in the food-insecure areas of Lubombo and Shiselweni regions where an estimated average of 201,000 beneficiaries per year will receive a projected 47,052 mt of food from May 2008 to April 2011.

Table 1: ESTIMATED TARGET BENEFICIARIES BY ACTIVITY FOR EACH YEAR

	Number of beneficiaries			Annual ave.	Sex disaggregation (%)	
Activities	**2008/09**	**2009/10**	**2010/11**	**2008-2011**	**FEMALE**	**MALE**
1. Relief:						
TFD	20,000	20,000	20,000	20,000	53	47
School feeding	80,000	70,000	60,000	70,000	53	47
Sub-total	**100,000**	**90,000**	**80,0000**	**90,000**	**53**	**47**
2. Recovery:						
2.1 HIV/AIDS						
ART/ DOTS	15,000	20,000	25,000	20,000	53	47
PMTCT	10,000	12,000	14,000	12,000	80	20
Household support	15,000	15,000	15,000	15,000	53	47
2.2 Safety Nets						
OVC (wet feeding)	35,000	40,000	45,000	40,000	53	47
2.3 Livelihood Protection						
FFT–JFFLS	2,000	5,000	5,000	4,000	53	47
FFW caregivers	10,000	10,000	10,000	10,000	80	20
FFT/FFAg	10,000	10,000	10,000	10,000	53	47
Sub-total	97,000	112,000	124,000	111,000	56	44
TOTAL	**197,000**	**202,000**	**204,000**	**201,000**	**55**	**45**

Relief

57. At community level, WFP and partners in collaboration with community leaders and relief committees will identify beneficiaries for targeted household support. Food assistance will be provided to asset-poor households, particularly female-headed ones, affected by drought or other natural disasters, including households that require assistance for some months of the year.

58. Emergency school feeding will be targeted at primary schools that record the highest drop out rate in the lean months and where children face acute seasonal hunger. The selection of the schools to benefit from the assistance will be conducted jointly by WFP, the Ministry of Education and other relevant partners.

Recovery

59. Beneficiaries of the PMTCT and MCHN programmes will include pregnant women, lactating mothers and children under-5. Criteria for selection will include: automatic entry for HIV-infected women, from the sixth month of pregnancy to 6 months after delivery; body mass index (BMI) less than 18.5 for HIV-negative lactating women; mid upper-arm circumference less than 21 cm for HIV-negative pregnant mothers in the third trimester of pregnancy; and weight-for-age below the third percentile for children under-5. ART and TB treatment programmes will use nutrition indicators (BMI less than 18.5) and assistance will be provided for not more than six months.

60. Beneficiaries who graduate from the programme will be linked to other livelihood programmes of the Government, United Nations and NGOs. The number of beneficiaries will be scaled up in the second and third year to support government efforts in reaching its targets of providing universal access to treatment, care and support.

61. Targeting of food-insecure households affected by AIDS will be done through existing community structures. Socioeconomic and demographic indicators will be used, focussing on widowed, child and elderly-headed households and households with a chronically ill breadwinner that have no means of self support, are asset poor and have a high dependency ratio.

62. Targeting of orphans and vulnerable children will be done at CCPs and facilitated by the local community structures, focussing in the chronic food-insecure areas of the lowveld and parts of the Lubombo Plateau. FFA will target the same areas, identifying beneficiary households by a combination of socio-economic criteria.

NUTRITIONAL CONSIDERATIONS AND RATIONS

63. The recommended food basket under this PRRO includes cereals, pulses, vegetable oil and corn soya blend (CSB). Under the household support, the daily ration will provide 2,109 kcal or 100 percent of the recommended daily allowance (RDA) for AIDS-affected households and 1,862 kcal (89 percent of RDA) for relief and FFA activities.

64. The ration sizes and composition reflect different dietary contributions of individual nutritional supplements as well as sharing individual dry rations within the households, on-site cooked meals and household-support rations.

Table 2: Daily rations, energy and protein provided by category (g&kcal per person per day)

Activities	Feed-ing days/ year	Cereals			Pulses			CSB			Oil		Total	
		Ration (g)	kcal	Prot-ein (g)	Ration (g)	kcal	Prot-ein (g)	Ration (g)	kcal	Prot-ein (g)	Ration (g)	kcal	Kcal	Prot-ein (g)
TFD (Relief)	180	400	1,440	36	60	201	12				25	221	1,862	48
School feeding (Relief)	100	150	540	14	40	134	8				15	133	807	22
ART/DOTS/PMTCT	365							250	950	45			950	45
HIV/AIDS household support	365	450	1,620	41	80	268	16				25	221	2,109	57
OVC	365	150	540	14	40	134	8	75	285	14	15	133	1,092	36
FFW (caregivers)	365	400	1440	36	60	201	12				25	221	1,862	48
FFT-JFFLS	365	167	601	15	40	134	8						735	23
FFT/FFAg	90	400	1440	36	60	201	12				25	221	1862	48

Table 3: Total Food Requirements per PRRO category by Type of Commodity (in mt)

Activities	Cereal	Pulses	Veg. Oil	CSB	TOTAL	% Total
Targeted Food Dist. (Relief)	4,320	648	270	0	5,238	11%
School Feeding (Relief)	3,150	840	157	0	4,147	6%
ART/DOTS	0	0	0	5,475	5,475	12%
PMTCT	0	0	0	3,285	3,285	7%
HIV/AIDS- household support	7,391	1,314	411	0	9,116	20%
OVC (wet feeding)	6,570	1,752	657	3,285	12,264	27%
FFT – JFFLS	732	175	0	0	907	2%
FFW (caregivers)	4,380	657	274	0	5,311	12%
FFT/FFAg	1,080	162	67	0	1,309	3%
TOTAL	**27,623**	**5,548**	**1,836**	**12,045**	**47,052**	**100%**

IMPLEMENTATION ARRANGEMENTS

Logistics and procurement

65. Overland transport will continue to originate from the ports of Durban and Maputo for overseas commodities, entering Swaziland through Lavumisa and Lomahasha border posts, while regionally-purchased commodities will come through the Oshoek border post. About 70 percent of food commodities will be international purchases, 20 percent regional and 10 percent local. About 40 percent of food commodities will be directly delivered from the point of origin to the field warehouses to reduce both transportation and handling costs.

66. WFP will manage extended delivery points (EDPs) and final delivery points (FDPs) with NGO partners. WFP food aid monitors and logistics staff will provide guidance on handling and management of the commodities.

67. Swaziland produces less than 50 percent of its cereal requirements and imports the bulk of its commodities. Decisions to undertake local purchase of cereals will be based on the yearly estimates of local production by the FSC and the NVAC.

68. WFP will inform its contracted transport companies and NGO partners of the free basic health services, HIV prevention and treatment of sexually transmitted illnesses available at the roadside Wellness Centre located at Oeshok border crossing.

Land Transport Storage and Handling

69. Land transport, storage and handling (LTSH) costs, currently at US$98/mt will be funded at 100 percent. The total LTSH estimate over the three year period is US$4,594,782.

Distribution modalities

70. Household support under the relief component, support to food-insecure households affected by AIDS and FFA will be implemented through NGO partners at community level. Local food aid committees, whose members are 75 percent women, assist with targeting of the most deserving community members, managing the food on-site and monitoring the distribution activities.

71. Emergency school feeding will be implemented through the Ministry of Education's school health and nutrition department in collaboration with NGOs and NDMA. At the school level, the school principal will oversee the day-to-day management and implementation of the activity with the active involvement of the School Committee.

72. Dietary support to patients on ART/DOTS/PMTCT will be provided by NGOs in health facilities and supervised and coordinated by the Ministry of Health in collaboration with NERCHA, WHO and UNICEF.

73. The support to OVC will be provided through CCPs in partnership with United Nations agencies. WFP and partners will work with NGOs which will distribute the food, provide social mobilization, train caregivers in food management, nutrition and hygiene, and provide other complementary inputs. Communities will provide the volunteer caregivers responsible for food preparation and care of children at the centre.

Partnerships

74. WFP country office management will periodically assess the capabilities, value-added and performance of potential partners to ensure that only those with the requisite capacities are selected or retained.

PERFORMANCE MONITORING

75. Performance monitoring will be based on the logical framework and corresponding M&E systems. Annex II provides the indicators for measuring results and means to collect the data.

76. In order to effectively monitor the PRRO activities, the country office will strengthen its vulnerability analysis and mapping (VAM)/M&E unit with additional staff. The unit will ensure that the results from monitoring processes feed into programme planning and WFP standard reporting.

77. In line with the regional M&E strategy, the following processes will be carried out on a systematic basis in order to enhance effective management of activities:

78. The NVAC assessments, adhoc surveys and reviews of secondary data will provide additional information for programme planning and reporting. The outcomes of the CHS, NVAC and school feeding survey conducted in 2007 will also serve as baseline information for this PRRO.

RISK ASSESSMENT AND CONTINGENCY PLANNING

Risk Assessment

79. Swaziland's classification as a lower-middle income country limits its access to many donor funds available in the sub-region. The country office will work with HQ and the RB as well as collaborate with the United Nations country team to put in place effective strategies for resource mobilization.

80. WFP assistance will complement and contribute to the ongoing longer-term programmes of the Government and partners in order to ensure sustainable livelihoods. However, the Government's financial ability to effectively implement programmes which this PRRO seeks to complement cannot be guaranteed.

81. The human capital of Swaziland is being eroded by AIDS. This, as well as declining economic performance and financial resources base, will continue to be a major challenge.

82. The lack of complementary inputs from communities and partners may hamper the effectiveness of the PRRO. This and other challenges of partnership and joint programming will be continuously monitored and managed during implementation.

Contingency Planning

83. WFP in partnership with FAO, Ministry of Agriculture and other stakeholders will use the NVAC and the Government's Early Warning System to monitor the food security situation. In addition, WFP will actively participate in efforts to develop a United Nations Contingency Plan in support of the Government's own plans.

84. Swaziland may continue to experience serious successive droughts and crop failures, which may result in increased relief needs beyond what is planned. In the event of a large-scale crisis, a budget revision or an emergency operation will be undertaken.

SECURITY CONSIDERATIONS

85. WFP participates in the United Nations Common Security System; WFP sub-offices and vehicles are compliant with minimum operating security standards (MOSS).

RECOMMENDATION

PRRO 10602.0 is recommended for approval by the Executive Director within the budget in Annexes IA and IB. Total cost to WFP is US$38,549,685 with a food cost of US$19,280,494 for 47,052 mt of cereals, pulses, vegetable oil, and CSB.

List of Acronyms and abbreviations

AIDS	acquired immune deficiency syndrome
ART	anti-retroviral therapy
CCPs	Community Care Points
CFSAM	Crop and Food Supply Assessment Mission
CHS	Community and Household Surveillance
CSB	corn-soya blend
DOTS	directly observed treatment with short-course chemotherapy (for TB)
ECW	Enhanced Commitments to Women
EDP	extended delivery point (main warehouses)
EMOP	emergency operation
FAO	Food and Agricultural Organization
FDP	final delivery point
FFA	food for assets
FFAg	food for agriculture
FFT	food for training
FFW	food for work
FSC	Food Security Consortium
GDP	gross domestic product
HIV	human immunodeficiency virus
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
IATT	Inter-Agency Task Team
ITSH	internal transport, storage and handling
JFFLS	Junior Farmer Field and Life School
JUTA	Joint United Nations Team on AIDS
LTSH	land transport, storage and handling
M&E	monitoring & evaluation
MCHN	mother-and-child health and nutrition
NDMA	National Disaster Management Agency
NERCHA	National Emergency Response Council on HIV/AIDS
NGO	non-governmental organization
NVAC	National Vulnerability Assessment Committee
OVC	orphans and other vulnerable children
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission (of HIV)
PRRO	protracted relief and recovery operation
RDA	recommended daily allowance
SO	Strategic Objective
TB	tuberculosis
TFD	targeted food distribution
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VAM	vulnerability analysis and mapping
WFP	World Food Programme
WHO	World Health Organization

ANNEX II –SUMMARY LOGFRAME FOR SWAZILAND PRRO 10602.0			
Hierarchy of Results	**Performance indicators**	**Means of verification**	**Assumptions and Risk**
SO2: Protecting livelihoods in crisis situations and enhance resilience to shock			
Outcome 1: Increased access to food and ability to manage shocks of vulnerable households.	1.1 Changes in dietary intake of vulnerable households. 1.2 Changes in coping strategy index of beneficiaries. 1.3 Changes in community and household asset wealth.	NVAC reports. WFP M&E reports. Ministry of Agriculture reports.	**Risk:** Lack of donor interest and support. No major pipeline breaks. Government and development partners have resources and capacity to implement programmes.
Output 1.1 Timely provision of food in sufficient quantity to targeted beneficiaries under relief.	1.1.1 Number of beneficiaries receiving WFP food assistance by age and sex 1.1.2 Quantity and type of food commodities distributed. 1.1.3 % female/male food recipients. 1.1.4 % of women in leadership roles in food management committees.	WFP M&E reports	NGOs will have the capacity and remain committed in their partnership with WFP.
Output 1.2 Timely provision of food in sufficient quantity for targeted beneficiaries under FFA.	1.2.1 Percent of participants in FFA activities by sex and age. 1.2.2 Percent of assets created, by type, sector and activity. 1.2.3 Percent of FFA beneficiaries by age and sex. 1.2.4 Quantity and type of food commodity distributed by activity.	WFP M&E reports.	Adequate complementary (non-food) resources are available.
Output 1.3 Timely provision of sufficient quantity of food to HIV-affected households through community structures.	1.3.1 Number of beneficiaries fed by age and sex. 1.3.2 Percentage actual tonnage distributed by commodity.	WFP M&E reports.	NGOs will have the capacity and remain committed in their partnership with WFP.

ANNEX II –SUMMARY LOGFRAME FOR SWAZILAND PRRO 10602.0

Hierarchy of Results	Performance indicators	Means of verification	Assumptions and Risk
SO3: Supporting the improved nutrition and health status of children and mothers and other vulnerable groups			
Outcome 2.1: Increased access to treatment, care and support for PLHIV and TB patients.	2.1.1 Percentage of people accessing treatment, care and support services against those assessed to be in need. 2.1.2 Percentage increase in enrolment of ART, TB patients and PMTCT. 2.1.3 Percentage of patients completing their TB treatment. 2.1.4 Default rate of ART and TB patients and mothers on PMTCT. 2.1.5 Percentage of all mothers attending MCHN that are HIV positive. 2.1.6 Percentage babies from HIV positive mothers born HIV positive.	Health Management Information system. WFP M&E reports.	HIV/AIDS programmes receive adequate funds from government, Global Fund and other donors in line with Global Commitments. Consistent and reliable data form the Ministry of Health is available.
Outcome 2.2: Improved health and nutrition status of patients on ART/ TB treatment and beneficiaries of PMTCT/MCHN programmes.	2.2.1 Percentage of adult patients on ART treatment that attain BMI >18.5 and discharged from the programme. 2.2.2 Incidence of low birth weight among babies in WFP assisted health facilities. 2.2.3 Mortality rate of ART/ TB patients. 2.2.4 Malnutrition prevalence among pregnant and lactating women and under five children in PMTCT/ MCHN programmes.	Health Management Information system.	Consistent and reliable data form the Ministry of Health is available.
Output 2.1: Timely provision of sufficient food to targeted beneficiaries in health facilities.	2.1.1 Number of beneficiaries per activity, age and sex. 2.1.2 Actual quantity of food distributed for each activity..	WFP M&E reports.	Health Facilities and staff have requisite capacity and commitment to manage the food assistance.

ANNEX II –SUMMARY LOGFRAME FOR SWAZILAND PRRO 10602.0			
Hierarchy of Results	**Performance indicators**	**Means of verification**	**Assumptions and Risk**
Outcome 3: Increased access to food, care and support for OVC at Community-based care points.	3.1 Percent CCPs that receive a minimum package of care and support for OVC.	WFP M&E reports	• Adequate complementary inputs will be available. • Continued community commitment to this initiative. • **Risk:** Lack of donor interest and support.
Output 3.1 Timely provision of food in sufficient quantity for targeted OVC at community care points.	3.1.1 Number of CCPs receiving food assistance from WFP. 3.1.2 Number OVC beneficiaries by age and sex receiving food assistance. 3.1.3. Quantity of food distributed by commodity type.	WFP M&E reports	
SO4: Supporting access to education and reducing gender disparity in access to education and skills training			
Outcome 4. Increased access to education in targeted schools in lean months.	4.1 Absolute enrolment (boys/girls) in WFP assisted schools 4.2 Attendance rate for boys and girls, ratio of boys and girls >90%, 1:1. 4.3 Drop out rate for boys and girls <10%.	M&E monitoring reports. WFP M&E reports. Ministry of Education reports. Interviews with target beneficiaries.	• Attendance rate maintained after period of intervention.
Output 4.1 Timely provision of sufficient food for primary school children in targeted. schools during lean months.	4.1.1 Number of schools receiving food assistance by region. 4.1.2 Number of beneficiaries by age and sex. 4.1.3 Actual quantity of food distributed by commodity type.	WFP M&E reports.	

ANNEX II –SUMMARY LOGFRAME FOR SWAZILAND PRRO 10602.0			
Hierarchy of Results	**Performance indicators**	**Means of verification**	**Assumptions and Risk**
SO5: Strengthening the capacities of countries and regions to establish and manage food assistance and hunger reduction programmes			
Outcome 5. Strengthened capacity of government institutions, community-based structures and NGOs for disaster preparedness and management of food assistance programmes.	5.1 Functional National Vulnerability Assessment and early warning system with government institutional and budgetary support. 5.2 WFP supported activities effectively implemented and coordinated and integrated into partners' programmes.	NDMA reports. NVAC reports, PRRO implementation reports. WFP M&E reports.	• Adequate funding available for capacity building activities. • Government commitment and support for capacity building will continue. • Public sector bureaucracy does not negatively affect timely disaster response.
Output 5.1 Government partners received technical and financial support.	5.1.1 Number of staff members of governmental institutions trained under WFP technical assistance, by type and gender. 5.1.2 Amount and proportion of WFP resources spent on capacity building of governmental institutions.	PRRO implementation reports.	
Output 5.2: Community structures and NGO partners received technical, financial support and training.	5.2.1 Number, frequency and type of support provided to community based structures and NGO partners. 5.2.2 Amount and proportion of WFP resources spent on capacity building of relevant community structures and NGO cooperating partners.	PRRO implementation reports.	

Project Type:	PRRO
Recipient Country:	Swaziland
Project Number:	10602.0
Duration (months):	36.0
Start Date:	01-May-2008
End Date:	30-Apr-2011

	Total US$
DIRECT OPERATIONAL COSTS (DOC)	$ 32,845,768
DIRECT SUPPORT COSTS (DSC)	$ 3,181,975
TOTAL WFP DIRECT COSTS	**$ 36,027,743**
INDIRECT SUPPORT COSTS (ISC) 7%	$ 2,521,942
TOTAL WFP COSTS	**$ 38,549,685**

Cost Category	*Tonnage*	*Value*
Commodity		
Maize	13,811	$ 4,643,659
Maize Meal	13,811	$ 4,643,659
Pulses	5,548	$ 3,049,235
Vegetable Oil	1,836	$ 2,306,616
CSB	12,045	$ 4,637,325
0	-	$ -
0	-	$ -
0	-	$ -
0	-	$ -
Total Commodities	*47,052*	*$ 19,280,494*
External Transport		*$ 6,938,493*
ITSH		$ -
Overland		$ -
LTSH		*$ 4,594,782*
ODOC		*$ 2,032,000*

1/ This format should also be used for Project Budget Plan Revisions.
2/ Please adapt your planning according to the Project Document (duration of the project).
3/ This worksheet includes total amount for all years.
4/ In the case of a Regional PRRO, this includes total amounts per country for all years.
Different sets of this format have to be filled in per country.
5/ The ISC is indicated here to provide a picture of the overall WFP costs even though they are not Project Costs per se.
The ISC rate may be amended by the Executive Board during the Project's life.