

SWAZILAND DEVELOPMENT PROJECT 200420

Support to Orphaned and Vulnerable Children, Informal Vocational Training Students and Secondary School Children Affected by HIV&AIDS	
Number of beneficiaries	102 200
Duration of project	July to December 2012
Food tonnage	3 236 mt
Cost (United States dollars)	
WFP food cost	1 503 688
WFP cash/voucher cost	-
Total cost to WFP	2 599 622

EXECUTIVE SUMMARY

Swaziland, with a population of 1 million, has the highest prevalence of the human immunodeficiency virus (HIV) in the world with 26 percent of the adult population and 38 percent of pregnant women living with HIV. One of the effects of the pandemic is a growing number of orphans and other vulnerable children (OVC), estimated to reach 250,000 by 2015. Households and communities are struggling to meet the basic needs of these children, with the extended family structure eroded by poverty, urbanization and HIV. The results are weakened family and community structures, less protective environments for children, increased neglect, and more vulnerability to violence, abuse and exploitation.

Under the overall leadership of the National Emergency Response Council for HIV and AIDS (NERCHA) - the principle recipient for the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) - and working with the Deputy Prime Minister's Office, the Ministry of Tinkhundla Administration and Development and Ministry of Education and Training, WFP will provide food assistance to OVC at neighbourhood care points and schools. This will support the GFATM-approved HIV impact mitigation programme for Swaziland and will follow the NERCHA guidelines.

This development project's design reflects a proposal to NERCHA by WFP on the provision of food to OVC attending neighbourhood care points, children at selected formal secondary schools and children attending informal vocational schools (known as *Sebenta* schools). WFP will target children aged 3-8 years in neighbourhood care points with two meals a day: a porridge of Supercereal in the morning and a full meal at lunchtime - typically of maize grain, pulses and oil. Lunch will be also be provided to the students at secondary schools and

Sebenta schools in rural areas where there is a high prevalence of HIV.

This project builds on previous organisational experiences: WFP has been implementing food assistance programmes at neighbourhood care points and at schools since 2002. Lessons learned are highlighted in a comprehensive WFP programmatic review and appraisal. The project is also directly aligned with: national policies - such as the National Multi-sectoral Strategic Framework for HIV and AIDS, the National Children's Policy and the Education Policy; Millennium Development Goals 1, 2 and 6; the United Nations Development Assistance Framework pillars 1, 2 and 3; and WFP Strategic Objectives 4 - "reduce chronic hunger and under-nutrition" and 5 - "strengthen the capacities of countries to reduce hunger, including through hand-over strategies and local purchase".

WFP will continue to build the capacity of the Government and partners by providing relevant training and technical assistance, with the aim of supporting the project's sustainability.

SITUATION ANALYSIS

1. Swaziland, a small landlocked nation in southern Africa, ranks 140 out of 187 countries on the Human Development Index, with a rating of 0.522 and a gender inequality index of 0.546.¹ It is considered a lower middle-income country with a gross domestic product (GDP) per capita of US\$3,325 in 2012.² However, the distribution of wealth is unusually disproportionate. The income Gini coefficient is 61, with the wealthiest 10 percent of the population holding 41 percent of the wealth compared to the poorest 10 percent who hold just 1.8 percent.³ Seventy-eight percent of the population lives below the poverty line of US\$1.25 per day.⁴ About one-third of households in Swaziland are headed by women, and those in rural areas face the greatest challenges as elements of common law undermine gender equality.⁵
2. Swaziland's economic performance has been on a downward trend for the past two decades, with an annual growth in GDP declining from an average of 3.9 percent in the 1990s to 2.4 percent in 2008,⁶ which is 2.6 percentage points lower than the minimum growth rate required to reduce poverty.⁷ Real GDP growth was 0.3 percent in 2011 and is likely to contract by 2.7 percent in 2012.⁸ Declining revenues, particularly from the South African Customs Union, as well as reduced foreign direct investment and the global financial crisis, have forced the Government to adopt a fiscal adjustment roadmap which threatens civil servant jobs and social services.⁹ With each Swazi wage earner supporting ten people, unemployment has far-reaching consequences.
3. Agriculture contributes 8.5 percent to GDP and is the main source of livelihood for the Swazi population.¹⁰ However, food production has declined since the 1990s as a result of: successive years of drought; multi-dimensional impacts of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS); dependence on rain-fed agriculture; high costs of farm inputs; and the low use of improved agricultural technology. The impact of HIV and AIDS has reduced cultivated land by 44 percent (equivalent to a 54 percent reduction of maize production) following the gradual loss of manpower (a diversion of 31 percent of labour to care for the sick).¹¹
4. Low agricultural productivity, the negative impact of HIV and AIDS and widespread poverty has rendered a quarter of the population food-insecure.¹² Most of the food consumed in Swaziland is derived from purchases with cash and since income is a major

¹ United Nations Development Programme (UNDP) (2011) Human Development Index Report <http://hdrstats.undp.org/en/countries/profiles/SWZ.html>

² International Monetary Fund (2012), World Economic Outlook Database, April 2012 <http://www.imf.org/external/pubs/ft/weo/2012/01/pdf/text.pdf>

³ UNDP (2011) Human Development Index Report

⁴ *Ibid.*

⁵ Social Institutions and Gender Index.

⁶ *Ibid.*

⁷ Ministry of Finance (2010) Fiscal Adjustment Roadmap 2010/2011-2014/15

⁸ IMF, *World Economic Outlook, April 2012*. <http://www.imf.org/external/pubs/ft/weo/2012/01/pdf/text.pdf>

⁹ *Ibid.*

¹⁰ Ministry of Finance (2010) Fiscal Adjustment Roadmap 2010/2011-2014/15.

¹¹ United Nations System in Swaziland (2010) Complementary Country Analysis.

¹² *Ibid.*

determinant of food security in Swaziland, many poor people cannot access adequate nutritious food. The number of people that required government food aid during the “lean season” (October to March) reached 161,000 in 2010.¹³ Vulnerable households are mostly located in the dry Middleveld and Lowveld livelihood zones.¹⁴

5. Hunger and malnutrition are widespread in Swaziland. While levels of acute malnutrition have remained low at just over 1 percent, the prevalence of chronic malnutrition has risen steadily over the past 25 years to a point where 40 percent of children under 5 are stunted.¹⁵ This prevalence is “very high” according to the World Health Organization (WHO) standards.¹⁶ The causes of malnutrition include food insecurity, poverty and poor infant feeding practices but are also understood to be a direct consequence of HIV exposure.
6. Swaziland has the highest HIV prevalence in the world, with women continuing to bear most of the burden. Twenty-six percent of the adult population and 38 percent of pregnant women are living with HIV.¹⁷ Women in Swaziland have higher rates of infection and are more at risk of HIV than males.¹⁸ The majority of caregivers are elderly females, but girls also leave school in order to take on the role of caretaker. The impact of HIV and AIDS has been far-reaching and multi-sectoral, affecting virtually every aspect of Swaziland’s development.
7. The population has increased by just 0.9 percent since 1997 and growth is expected to remain low due to declining fertility and increasing crude death rates.¹⁹ Life expectancy at birth is one of the world’s lowest, at just 47 years,²⁰ down from 60 years in 1997.²¹ The population remains young, with almost 40 percent under 15 years and more than half of the population under 20 years.²²
8. One of the most visible signs of the pandemic is the growing number of orphans and other vulnerable children (OVC). The Government estimates that over 30 percent of all children are orphaned or vulnerable²³ and the absolute number is expected to rise dramatically to 250,000 children by 2015.²⁴ This has significant repercussions on family living arrangements, with over four in ten families hosting orphans.²⁵ Traditional family and community structures are weakening as a result of growing urbanization, reducing the capacity of communities to support and care for people affected by HIV and AIDS and for the children left orphaned and vulnerable as a result.
9. The Government recognises the seriousness of the situation for OVC. It has adopted international conventions relating to the rights of children and has instruments aiming to provide a protective environment in which children’s rights can be respected and

¹³Swaziland Vulnerability Assessment Committee (2010) Annual Vulnerability Assessment and Analysis Report, July 2010.

¹⁴Swaziland is divided into four regions and seven livelihood zones.

¹⁵Ministry of Health (2009) National Nutrition Survey, 2008.

¹⁶WHO (2010) Nutrition Landscape Information System (LNIS) Country Profile Indicators: interpretation guide.

¹⁷Swaziland Central Statistics Office (2008) Demographic and Health Survey 2006-07.

¹⁸Joint United Nations Programme on HIV/AIDS (UNAIDS) Swaziland Country Report, 2010.

¹⁹Swaziland Central Statistics Office (2010) Population and Housing Census.

²⁰UNDP (2010) Human Development Report. The Real Wealth of Nations. Pathways to Human Development.

²¹Swaziland Central Statistics Office (2010) Population and Housing Census.

²²*Ibid.*

²³Kingdom of Swaziland (2009) Swaziland National Children’s Policy.

²⁴UNICEF (2009) Child Poverty and Disparities in Swaziland: Key Findings.

²⁵Swaziland Vulnerability Assessment Committee (2006) Annual Vulnerability Assessment and Analysis Report.

responses for their advancement scaled up. Such instruments include the National Children's Policy (2008) and the accompanying National Programme of Action for Children (2011-2015).

10. In response to weakening community structures and growing numbers of OVC, neighbourhood care points (NCPs) were established in 2002. An NCP is a place where the community comes together to provide care for children from the neighbourhood. This place can be a house, a church, a community shed, a school or any type of shelter available. Some NCPs begin under a tree, until a roofed structure can be secured. The "ideal NCP" is a place providing emotional support and care, along with a regular balanced meal for improved nutrition, hygiene and sanitation, and health. NCPs are a community-based holistic and multi-disciplinary approach to development, care and protection of children. The majority of OVC attending NCPs in Swaziland are 3-6 years old, but NCPs serve OVC up until the age of 8. Through the NCPs, children access food and nutrition, early childhood learning, psychosocial support and recreation, as well as protection services. In some instances, the meals received at the NCPs are the only meals children get. The Government - with technical and financial assistance from stakeholders, WFP and the United Nations Children's Fund (UNICEF) - is developing quality service standards to apply to all OVCs in Swaziland. WFP will support the Government to establish OVC and NCP guidelines.
11. Since 2008, the Government has received funding from the GFATM to provide food and other services to children attending NCPs under the impact mitigation component of the fund. In addition, the GFATM round 7 phase 2²⁶ also provides funding for meals to children in secondary schools and also to those attending informal *Sebenta* schools - institutions that provide basic education in literacy and numeracy for those unable to be part of the formal education system. This is in recognition of the impact that HIV has on children at all stages of their education and development.
12. A gender gap emerges in the progression to secondary and tertiary education, with gender inequalities in access to education starting at the age of 16.²⁷ There is evidence that school feeding increases school enrolment, attendance, cognition and educational achievement, especially of the poorest and most vulnerable children. Moreover, maternal and paternal education levels are a strong determinant of child growth and development, as measured by stunting.²⁸ School feeding is a social safety net that provides an important value transfer mechanism to vulnerable households: the current transfer value for the school feeding ration is US\$0.38/student/day.
13. The Government, together with partners, has been implementing a school feeding programme that seeks to provide each student in primary, secondary and *Sebenta* schools with a hot and nutritious meal each school day. Due to the financial crisis in the country, the Government requested WFP to support primary school feeding and vocational schools, while NERCHA has been supporting some of the secondary schools
14. Swaziland's school feeding programme is an important institutional social safety net that aims to reduce food insecurity by helping to alleviate child hunger while protecting

²⁶ GFATM Round 7 Phase 2 funding refers to the second allotment of funds provided to the country from funds that were allocated from the GFATM round 7 approved proposal.

²⁷ United Nations Development Assistance Framework (UNDAF) 2011-2015 programme pillar: gender.

²⁸ Donald Bundy *et al* (2009) Rethinking School Feeding: Social Safety Nets, Child Development and the Education Sector.

household assets. The programme seeks to improve access to education for all children, especially the most vulnerable, by providing an incentive for parents and guardians to send children to school.

15. The policies, programmes and activities relating to children are linked to the National Multi-sectoral HIV and AIDS Policy (2006) and accompanying National Multi-sectoral Strategic Framework for HIV and AIDS (2009-2014), the Education Policy and accompanying strategic plan (2011), as well as broader national strategies such as the National Development Strategy (NDS). The Poverty Reduction Strategy and Action Plan (2007-2015) operationalizes the NDS and is based around five pillars, including: empowering the poor to generate income and reduce inequalities; human capital development; and improving the quality of life of the poor.

PAST COOPERATION AND LESSONS LEARNED

16. An appraisal of the protracted relief and recovery programme (PRRO) 106020 (2008-2012) in March 2010 highlighted key issues and lessons learned for future interventions.²⁹ Food support to OVC attending NCPs was identified as part of a comprehensive package that includes early childhood care and development, livelihood skills, and psychosocial support.
17. Programmatic lessons learned include: the need to provide a coordinated and targeted response to those in greatest need; that programmes should take a problem-based approach from the point of analysis to design and implementation to ensure that they address a clearly-defined hunger problem in a comprehensive way; and that WFP consolidates its own systems with those of the Government while providing technical assistance to support the Government to take over leadership of national systems.
18. Areas recognised as strengths for WFP include expertise on hunger and programme design; operational efficiency; strong logistics capacity and ability to build capacity on hunger issues.

STRATEGIC FOCUS OF THE DEVELOPMENT PROJECT

19. In line with Millennium Development Goals (MDGs) 1, 2 and 6,³⁰ UNDAF (2011-2015) pillars 1 (HIV and AIDS), 2 (Poverty and sustainable livelihoods) and 3 (Human development and basic social services) - as well as national policies, programmes and action plans - this development project's overall goal is to improve the quality of life of OVC in Swaziland by providing assistance through NCPs and schools.³¹
20. The project will target all OVC under 8 years attending NCPs as part of the Government's national NCP food and nutrition programme. Children older than 8 years

²⁹ WFP (2010) protracted relief and recovery operation (PRRO) 106020 Mid Term Programme Review, March 2010.

³⁰ MDG 1: Eradicate extreme poverty and hunger; MDG 2: Achieve universal primary education; MDG 6: Combat HIV/AIDS, malaria & other diseases.

³¹ As per the proposal submitted to NERCHA in December 2011.

are expected to be enrolled in primary schools where they may benefit from general school feeding programmes. In addition to all OVC under 8 years attending NCPs, this project will also target all secondary school learners from selected schools and all young people attending *Sebenta* (informal) schools.

21. The guidelines provided by NERCHA stipulate that food rather than cash must be delivered. Furthermore, WFP has conducted cash and voucher studies which indicated that food prices in Swaziland are considerably higher than in neighbouring South Africa (Swaziland is a net importer of food) and that in-kind food is the most appropriate transfer. However, WFP will continue to explore the feasibility and appropriateness of cash and voucher transfers in Swaziland.
22. The assistance to be provided directly contributes towards government priorities outlined in the impact mitigation thematic area of the National Multi-sectoral Strategic Framework for HIV and AIDS. More specifically it contributes to the Government's National Plan of Action for Children (2011-2015). WFP will be the main implementing partner for the Government's nationwide food and nutrition programme for OVC at NCPs, *Sebenta* and selected secondary schools.
23. Within the UNDAF, the project is aligned to outputs related to: HIV and AIDS impact mitigation, poverty and sustainable livelihoods capacity strengthening, and basic social services to vulnerable groups (see Annex II). The impact mitigation outcome of the Joint United Nations Programme of Support on HIV and AIDS highlights the role of the United Nations in the provision of food and micronutrients to children out of school, and strengthening programmes for children in and out of school for life skills development.
24. The specific outcomes of this development project are:
 - increased access to education and human capital development in assisted formal and informal settings; and
 - progress made towards nationally owned hunger solutions (see logical framework in Annex II).
25. To obtain these outcomes, WFP will provide nutritious food, on-site, to all 1,300 NCPs nationwide, all 220 *Sebenta* schools, and selected secondary schools across the country. The final list of schools to receive food will be provided by NERCHA as the overseeing entity of the GFATM disbursements in the country. The schools have been selected based on their rural location and the likelihood of students' exposure to HIV.

TABLE 1: BENEFICIARIES BY ACTIVITY

Activity	Men/boys	Women/girls	Total
OVC feeding at NCPs (around 50 children per NCP)	30 550	34 450	65 000
Sebenta school meals (around 10 children per site)	1 037	1 163	2 200
Secondary school meals	16 450	18 550	35 000
Total	48 037	54 163	102 200

26. Orphans and vulnerable children at NCPs, secondary school learners and young people attending *Sebenta* (informal) schools will receive a ration based on the nutritional

guidelines for NCP and school feeding issued by the Swaziland National Nutrition Council. The rations provide balanced meals that meet WFP standards.

TABLE 2: DAILY FOOD RATION BY ACTIVITY (g/person/day)			
Commodity Type	OVC feeding at NCPs	Sebenta school meals	Secondary school meals
Supercereal	75		
Rice			150
Maize meal	150	150	
Pulses	40	40	50
Oil	7.5	7.5	10
Total	272.5	197.5	210
Total kcal/day	1 007	725	781
% kcal from protein	13.7	12.7	12.8
% kcal from fat	17.9	17.3	19.1
Number of days	22 per month	13 days per month	63 days per term (3 terms per year)

TABLE 3: TOTAL FOOD REQUIREMENT BY ACTIVITY (mt)				
Commodity Type	OVC feeding at NCPs	Sebenta school meals	Secondary school meals	Total (mt)
Supercereal	644			644
Rice			665	665
Maize meal	1 287	26		1 313
Pulses	343	7	166	516
Oil	64	1	33	98
Total	2 338	34	864	3 236

Gender

27. WFP's gender policy will be integrated into the management and evaluation of the project. The project will use food assistance to increase awareness of sexual and gender-based violence (SGBV) and the links between HIV and gender inequality. This will be achieved through:
- printing messages on food bags promoting awareness of how to respond to SGBV and listing available SGBV services;
 - supporting partnerships to create awareness of the links between HIV and gender inequality; and
 - promoting the use of fuel-efficient stoves that save time and labour - particularly important for pregnant women and immuno-compromised women.

Capacity development

28. WFP is committed to supporting the Government with relevant technical capacity building and expertise to develop a sustainable programme that can be implemented and supported by the Government and partners in the future.

29. WFP will work with the Government and other relevant partners to finalise the NCP strategy and OVC quality service standards, create clear guidelines for implementation, highlight roles and responsibilities and orientate the Government on the different options for future sustainability.
30. For *Sebenta* and secondary school feeding activity, the primary challenges facing the Ministry of Education and Training are the lack of monitoring and evaluation (M&E) systems to verify the number of pupils that consume the meals, logistics and supply chain management, and targeting mechanisms for school feeding. WFP will work to provide appropriate capacity development and support in each of these vital areas to ensure that the full impact of the school meals programme is properly evaluated, managed and targeted.
31. A capacity assessment for the Ministry of Education and Training will be conducted to inform future capacity development assistance from WFP. Initially, WFP will hire two staff members to be included within the Ministry of Education and Training to support the implementation, management M&E of this project. A detailed capacity-development plan will be drawn up together with the Ministry of Education and Training and the activities will initially focus on some of the following topics:
 - Developing an M&E framework
 - Protocols
 - Forms and schedules
 - Training schools on food storage and preparation
 - M&E
 - Gender equality
 - School health and nutrition
 - School feeding infrastructure inventory database

Cash and voucher transfers

32. In collaboration with partners, WFP will undertake new market analyses and explore the feasibility of a cash/voucher pilot project as a potential means to support the sustainability of the activities beyond the availability of GFATM financing.

PROGRAMME MANAGEMENT, MONITORING AND EVALUATION

Partnerships

33. The Deputy Prime Minister's Office coordinates all OVC interventions while the Ministry of Tinkhundla³² Administration and Development is responsible for coordinating interventions at community level. WFP will continue to work closely with these ministries when implementing the NCP activity of the project.

³²In Swaziland, an *inkhundla* (plural: *tinkhundla*) is an administrative subdivision smaller than a district, but larger than an *umphakatsi* (or chiefdom).

34. To effectively and efficiently implement the NCP activities, WFP will seek engagement with non-governmental organizations (NGOs) as cooperating partners to implement the activities at some sites, particularly in the Highveld area where there is a high concentration of NCPs, and to assist with monitoring.
35. For the secondary school activity, WFP will work closely with the nutrition officer responsible for school meals within the Ministry of Education and Training to ensure coherent activities.
36. For *Sebenta* schools, WFP will work with the Sebenta National Institute to coordinate the feeding programme at these sites.
37. WFP will work with UNICEF and other partners to advocate for delivery of a complete package of care and support at NCPs, and for education and health initiatives at schools, aligned with the Government's policies and strategies.
38. WFP will encourage the development of gardens at NCPs and schools, engaging partners, such as the Food and Agriculture Organization of the United Nations, to provide skills training in gardening in order to help supplement the diets.
39. WFP will advocate with the Ministry of Natural Resources for the use of fuel-efficient stoves at the NCPs and schools.
40. Peace Corps Volunteers will actively promote food and nutrition security at WFP targeted sites and assist with tracking the utilization of WFP food assistance.

Procurement

41. Swaziland produces less than 50 percent of its cereal requirements and imports the bulk of its food. Unless local purchase is considered possible from estimates of local production by the Swaziland Vulnerability Assessment Committee, commodities will be purchased regionally or internationally. In line with the Swaziland biosafety policy and Southern Africa Development Community and common market for Eastern and Southern Africa guidelines on genetically modified organism food aid, maize meal will be procured rather than whole grain maize. About 40 percent of food commodities will be purchased internationally and 60 percent regionally.

Logistics

42. Food commodities will be delivered directly to the field warehouses to reduce both transportation and handling costs. WFP is responsible for the delivery of food to the NCPs and schools each month. At schools, cooks will be employed to prepare and serve the food, under the guidance of the teacher responsible for school feeding.
43. WFP field monitor assistants and logistics staff will provide guidance on handling and management of the commodities.

Monitoring and evaluation

44. WFP will work with the National Children's Coordination Unit to develop a robust monitoring, evaluation and information management system as proposed in the national NCP strategy, which is under development. Baseline surveys will be conducted in the schools and the NCPs from which to measure results. Activities will be monitored by cooperating partners and field monitor assistants. At community level, especially for the NCPs, WFP will work with the KaGogo centers to gather M&E related information. KaGogo centers are structures established by NERCHA to oversee community development. These structures are situated in the various communities and serve as the entry point for most development initiatives in the communities particularly for interventions targeting children. WFP will work with partners to develop a uniform data-collection tool for NCPs to contribute to better evaluation of the NCP strategy. In collaboration with the Ministry of Education and Training and NERCHA, WFP will also work to improve the M&E capacity of the Ministry for the school meals programme. The Ministry staff and field monitor assistants will monitor progress under the school meals programme through field visits, data collection and progress reports. WFP will also hire two programme assistants to augment the country office's M&E capacity.
45. The M&E of this project will be integrated into existing national M&E systems. Cooperating partners will compile monthly reports, highlighting the operational progress of the activities. WFP will produce quarterly progress reports, highlighting challenges and operational issues. As part of the UNDAF 2011-2015, evaluations will be conducted in collaboration with the United Nations joint programme on Strategic Information and Data.
46. WFP will share progress reports and lessons learned with NERCHA, as the principle recipient of the GFATM.

Resourcing

47. By allocating US\$9.3 million from GFATM funding to WFP through NERCHA, the Government will contribute US\$2.59 million on a full cost recovery basis for the implementation of this project, following the designation (through tender process) of WFP as the sole implementing agent for the management of the feeding programme. The remaining US\$6.71 million will be allocated to WFP development project 200422 "Support to Orphaned and Vulnerable Children, Informal Vocational Training Students and Secondary School Children Affected by HIV & AIDS in Swaziland", which will be the continuation of this proposed project for 2013 and 2014.

Risk assessment

48. There is a risk of political instability in response to the financial crisis in Swaziland. The Government has been unable to secure loans from institutions, such as the International Monetary Fund and the African Development Bank, or bilateral loans, including from South Africa. This has had an impact on the provision of social services and payment of civil servants, including doctors and nurses, leading to repeated protests and strikes. WFP will continue to monitor the situation and in close collaboration with the lead government ministries, respond as appropriate.

49. While the Government is aware that GFATM funds are only available for a limited period of time, there is currently no government budget line for OVC feeding at NCPs. WFP will continue to lobby for integrating these elements into the government's portfolio. Since the GFATM (Round 7) grant does not include caregiver rations, WFP will mobilize resources for this activity separately. The ongoing PRRO 106020 will continue to support the caregivers' activity of the OVC support during 2012 under its food-for-work component.
50. It is possible that WFP may receive inconsistent funding for this project due to delays in disbursements from either GFATM or NERCHA, due to the nature of GFATM funding mechanisms and controls. WFP will continue to closely engage with NERCHA to mitigate the potential impact of such delays.

RECOMMENDATION

The proposed development project is recommended for approval by the Deputy Executive Director under the delegated authority of the Executive Director.

APPROVAL

.....
 Ramiro Lopes da Silva
 Deputy Executive Director
 Operations Department
 United Nations World Food Programme

Date:.....

ANNEX I-A

PROJECT COST BREAKDOWN			
Food ³³	Quantity (mt)	Value (US\$)	Value (US\$)
Cereals	1 978	830 306	
Pulses	516	223 562	
Oil and fats	99	121 635	
Mixed and blended food	644	328 185	
Others	-	-	
Total food	3 236	1 503 688	
Cash transfers		-	
Voucher transfers		-	
Subtotal food and transfers			1 503 688
External transport			218 855
Landside transport, storage and handling			237 102
Other direct operational costs			209 095
Direct support costs (see Annex I-B)			260 814
Total WFP direct costs			2 429 553
Indirect support costs (7.0 percent) ³⁴			170 069
TOTAL WFP COSTS			2 599 622

³³This is a notional food basket for budgeting and approval. The contents may vary.

³⁴The indirect support cost rate may be amended by the Board during the project.

ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (US\$)	
Staff and staff-related costs	
International professional staff	-
Local staff - national officers	36 145
Local staff - general service	112 187
Local staff - temporary assistance	18 645
Subtotal	166 977
Recurring expenses	
Rental of facility	29 951
Utilities	1 027
Office supplies and other consumables	12 868
Communications services	14 035
Equipment repair and maintenance	1 458
Vehicle running costs and maintenance	14 035
United Nations organization services	12 142
Subtotal	85 516
Equipment and capital costs	
Vehicle leasing	-
Communications equipment	6 000
Local security costs	2 321
Subtotal	8 321
TOTAL DIRECT SUPPORT COSTS	260 814

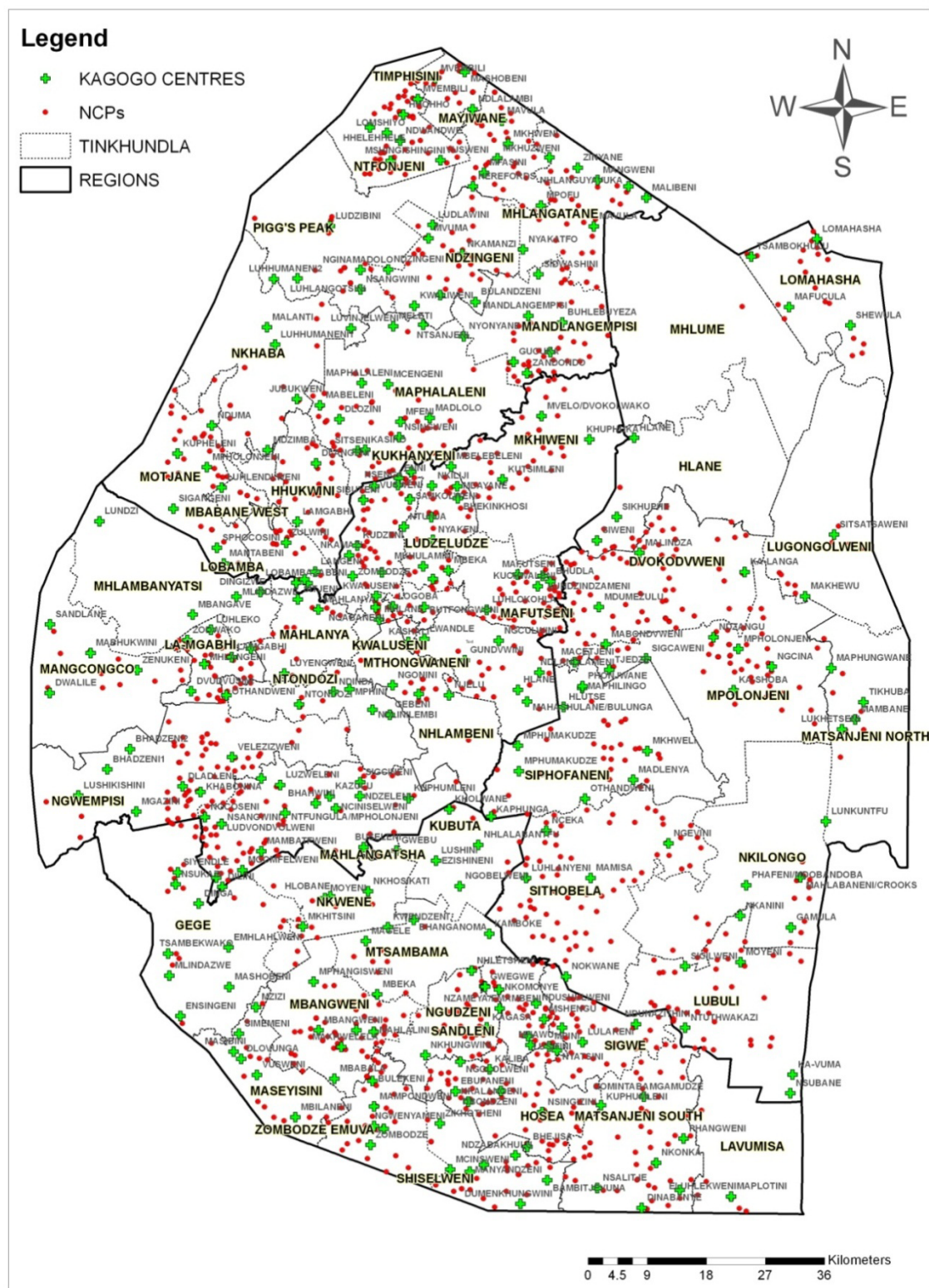
ANNEX II: Summary of Logical Framework of the Swaziland Development Project 200420 “Support to OVC, Informal Vocational Training Students and Secondary School Children Affected by HIV/AIDS”

Results	Performance indicators	Risks, assumptions
<p>UNDAF Outcome: Pillar 1 (HIV and AIDS), Outcome 3 Impact mitigation services for vulnerable children, PLHIV and the elderly scaled-up</p> <p>UNDAF country programme output Social protection systems at national, regional and community levels to reduce impact of HIV/AIDS on households strengthened</p>	<p>UNDAF Outcome Indicators Percentage/number of OVC assisted Percentage/number of NCPs supported</p>	<p>Assumptions:</p> <ul style="list-style-type: none"> ➤ Availability of funds ➤ Implementation capacity, funds and motivation in place at the Government level ➤ Availability of adequate and well-motivated human resources in the social safety net and education sector <p>Risk:</p> <ul style="list-style-type: none"> ➤ Insufficient financial and human resources ➤ Lack of political will
<p>UNDAF Outcome: Pillar 2 (Poverty and sustainable livelihoods), Outcome 3 Capacity of government and partners to address hunger and food insecurity among vulnerable groups is strengthened</p> <p>UNDAF country programme output Capacities of the Government to formulate, coordinate, align and implement food and nutrition programmes enhanced</p>	<p>UNDAF Outcome Indicators Food and nutrition programmes formulated and integrated into national development plans</p>	
<p>UNDAF Outcome: Pillar 3 (Human development and basic social services), Outcome 2 Basic social services to vulnerable groups, including women and children, equitably accessed</p> <p>UNDAF country programme output Access to quality basic education to vulnerable populations increased</p>	<p>UNDAF Outcome Indicators Percentage/number of schools supported with essential tools to provide quality basic education to vulnerable populations</p>	

Strategic Objective 4: Reduce chronic hunger and undernutrition		
Outcome 4.1: Increased access to education and human capital development in assisted formal and informal settings	<ul style="list-style-type: none"> ➤ Attendance rate: number of schooldays in which girls and boys attended classes, as percent of total number of school days, by educational institution (NCP, secondary, <i>Sebenta</i>) ➤ Gender ratio: ratio of girls to boys enrolled Targets: <ul style="list-style-type: none"> ➤ Attendance rate in NCPs of 80 percent met or exceeded ➤ Attendance rate in secondary and <i>Sebenta</i> school of 95 percent met or exceeded (in line with government targets for 10-14 year-olds) ➤ Gender ratio of 1 boy:1 girl enrolment 	Assumptions: <ul style="list-style-type: none"> ➤ Adequate complementary (non-food) resources are available. ➤ NGOs will have the capacity and remain committed in their partnership with WFP. ➤ Attendance rate maintained after period of intervention. Risk: <ul style="list-style-type: none"> ➤ Lack of donor interest and support.
Output 4.1a Food and non-food items distributed in sufficient quantity and quality to target groups under secure conditions	<ul style="list-style-type: none"> ➤ Number of girls and boys receiving food and non-food items by category as a percentage figure ➤ Tonnage of food distributed by activity type as a percentage of planned distribution ➤ Quantity of fortified foods, complementary foods, and special nutritional products distributed, by type, as percentage of planned distribution ➤ Number of institutional sites (schools and NCPs) assisted 	
Output 4.1b School feeding coverage aligned with programme of work	<ul style="list-style-type: none"> ➤ Number of schools assisted by WFP ➤ Number of NCPs assisted by WFP 	
Strategic Objective 5: Strengthen the capacities of countries to reduce hunger through hand-over strategies and local purchase		
Outcome 5.1: Progress made towards nationally owned hunger solutions	<ul style="list-style-type: none"> ➤ National Capacity Index (NCI) by hunger solution for implementing school meals programme ➤ National Capacity Index (NCI) by hunger solution for implementing school meals programme Target: 12/20 per programme	Assumptions: <ul style="list-style-type: none"> ➤ Adequate funding available for capacity building activities. ➤ Government commitment and support for capacity building will continue. Risks:
Output 5.1 Capacity and awareness developed through WFP led activities.	<ul style="list-style-type: none"> ➤ Number of people trained in programme design and planning, implementation procedures and practices, disaggregated by category. Target: <ul style="list-style-type: none"> ➤ 100 percent of planned men and women participate in WFP training of whom 70 percent are women 	<ul style="list-style-type: none"> ➤ Inadequate funding for capacity building ➤ Staff movement within the Government, leaving with acquired skills.

ANNEX III: MAP OF SWAZILAND'S NEIGHBOURHOOD CARE POINTS

GEOGRAPHIC DISTRIBUTION OF KAGOGO CENTRES AND NEIGHBOURHOOD CARE POINTS IN SWAZILAND - 2011



KaGogo Social centres have been established by NERCHA at chiefdom level to empower communities.

ANNEXIV: LIST OF ACRONYMS

AIDS	acquired immune deficiency syndrome
GDP	gross domestic product
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HDI	Human Development Index
HIV	human immunodeficiency virus
IMF	International Monetary Fund
M&E	monitoring and evaluation
MDG	Millennium Development Goal
NCP	neighbourhood care points
NDS	national development strategy
NERCHA	National Emergency Response Council on HIV and AIDS
NGO	non-governmental organization
OVC	orphans and other vulnerable children
PRRO	protracted relief and recovery operation
SGBV	sexual and gender-based violence
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WFP	United Nations World Food Programme