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**Executive Board
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PROJECTS FOR EXECUTIVE BOARD APPROVAL

Agenda item 9

For approval



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DEVELOPMENT PROJECTS – SWAZILAND 200422

Support to Children and Students Affected by HIV and AIDS

Number of beneficiaries	211,900
Duration of project	2 years (January 2013 to December 2014)
Food tonnage	13,217 mt
Cost (United States dollars)	
WFP food cost	6,584,770
Total cost to WFP	11,422,704

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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for approval

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

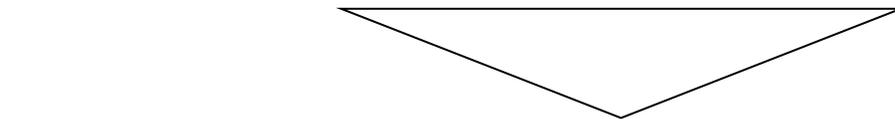
Regional Director, ODJ*: Mr M. Darboe tel.: 066513-2201

Liaison Officer, ODJ: Ms N. Hegazy tel.: 066513-3189

Should you have any questions regarding availability of documentation for the Executive Board, please contact Ms I. Carpitella, Senior Administrative Assistant, Conference Servicing Unit (tel.: 066513-2645).

* Regional Bureau Johannesburg (Southern Africa)

EXECUTIVE SUMMARY



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

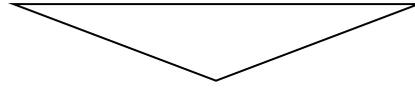
Under the overall leadership of the National Emergency Response Council on HIV and AIDS – the principal recipient from the Global Fund to Fight AIDS, Tuberculosis and Malaria – and working with the Deputy Prime Minister’s Office, the Ministry of *Tinkhundla* Administration and Development and the Ministry of Education and Training, WFP will provide food assistance to orphans and other vulnerable children. This will support the Global Fund-approved programme to mitigate the impact of HIV in Swaziland and will follow the National Emergency Response Council guidelines.

Based on a WFP proposal to the National Emergency Response Council, the development project will provide food to orphans and other vulnerable children attending neighbourhood care points, and to children at selected formal secondary schools and at all informal vocational – *Sebenta* – schools. At neighbourhood care points, WFP will provide children aged 3–8 years with Supercereal porridge in the morning and a full lunch, typically of maize grain, pulses and oil. Lunch will also be provided to students at secondary and *Sebenta* schools in rural areas where there is a high prevalence of HIV.

The project builds on experience: WFP has implemented food assistance programmes at neighbourhood care points and schools since 2002. Lessons learned were highlighted in a programme review and appraisal. The project is also directly aligned with national policies, Millennium Development Goals 1, 2 and 6, the United Nations Development Assistance Framework pillars 1, 2 and 3, and WFP Strategic Objectives 4 and 5.

To support the project’s sustainability, WFP will continue to develop the capacity of the Government and partners by providing training and technical assistance.

DRAFT DECISION*



The Board approves the proposed development project Swaziland 200422 “Support to Children and Students Affected by HIV and AIDS” (WFP/EB.2/2012/9-A/1).

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

SITUATION ANALYSIS

1. Swaziland, a small, land-locked nation in southern Africa, ranks 140th out of 187 countries on the human development index (HDI), with an HDI rating of 0.522 and a gender inequality index of 0.546.¹ It is a lower middle-income country with per capita gross domestic product (GDP) of US\$3,325 in 2012.² However, the distribution of wealth is unusually disproportionate: with a Gini coefficient of 61, the wealthiest 10 percent of the population hold 41 percent of the wealth, and the poorest 10 percent only 1.8 percent.¹ Seventy-eight percent of the population lives below the poverty line of US\$1.25 per day.¹ One third of households are headed by women; elements of common law undermine gender equality, with women in rural areas facing the greatest challenges.³
2. Swaziland's economic performance has followed a downward trend for two decades, with annual GDP growth declining from an average of 3.9 percent in the 1990s to 2.4 percent in 2008³ – 2.6 percentage points lower than the minimum growth rate required to reduce poverty.⁴ Real GDP growth was 0.3 percent in 2011 and is likely to contract in 2012.² Declining revenues, particularly from the South African Customs Union, reduced foreign direct investment and the global financial crisis have forced the Government to adopt fiscal measures that could threaten civil service jobs and social services.² As each wage-earner supports ten people, unemployment has far-reaching consequences.
3. Agriculture contributes 8.5 percent of GDP and is the main source of livelihood for the population.⁴ However, food production has declined since the 1990s as a result of successive years of drought, the multi-dimensional impacts of AIDS, dependence on rain-fed agriculture, the high costs of farm inputs, and limited use of improved agricultural technology. The impact of AIDS has reduced cultivated land by 44 percent – causing a 54 percent reduction in maize production – following the gradual diversion of 31 percent of the workforce to care for the sick.⁵
4. Low agricultural productivity, the impact of HIV and AIDS, and widespread poverty have rendered a quarter of the population food-insecure.⁵ Most of the food consumed is obtained through purchases with cash, making income a major determinant of food security and leaving many poor people without access to adequate nutritious food. During the 2010 lean season of October to March, 161,000 people required government food aid.⁶ Most vulnerable households are located in the dry Middleveld and Lowveld livelihood zones.⁷
5. Hunger and malnutrition are widespread. While levels of acute malnutrition have remained at just over 1 percent, the prevalence of chronic malnutrition has risen steadily

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

² International Monetary Fund. 2012. *World Economic Outlook Database*, April 2012. www.imf.org/external/pubs/ft/weo/2012/01/pdf/text.pdf

³ Social Institutions and Gender Index. Organisation for Economic Co-operation and Development.

⁴ Ministry of Finance. 2010. *Fiscal Adjustment Roadmap 2010/2011–2014/15*.

⁵ United Nations country team in Swaziland. 2010. *Complementary Country Analysis: the Kingdom of Swaziland*. Available at <http://www.unglobalpulse.org/resources/un-country-team-swaziland-complementary-country-analysis-swaziland>

⁶ Swaziland Vulnerability Assessment Committee (VAC). 2010. *Annual Vulnerability Assessment and Analysis Report*, July 2010. Mbabane.

⁷ Swaziland is divided into four regions and seven livelihood zones.

- over the past 25 years, and 40 percent of children under 5 are stunted.⁸ This is “very high” prevalence according to World Health Organization (WHO) standards.⁹ The causes of malnutrition include food insecurity, poverty and poor infant feeding practices, but malnutrition is also understood to be a direct consequence of HIV exposure.
6. Swaziland has the highest HIV prevalence in the world, with women bearing most of the burden: 26 percent of adults and 38 percent of pregnant women are living with HIV.¹⁰ Women in Swaziland have higher rates of infection and are more at risk of HIV than men.¹¹ While most caregivers are elderly women, many girls leave school to take on this role. The impact of HIV and AIDS is far-reaching and multi-sectoral, affecting virtually every aspect of Swaziland’s development.
 7. The population has increased by only 0.9 percent since 1997; growth is expected to remain low because of declining fertility and increasing crude death rates.¹² Life expectancy at birth is among the world’s lowest, at 47 years,¹³ down from 60 years in 1997.¹² The population remains young, with almost 40 percent under 15 years of age and more than half under 20 years.¹²
 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 more than 30 percent of all children are orphaned or vulnerable,¹⁴ and the number is expected to rise dramatically to 250,000 children by 2015.¹⁵ This has significant repercussions on family living arrangements, with more than four in ten families hosting orphans.¹⁶ Urbanization is weakening traditional family and community structures, reducing communities’ capacity to support and care for people affected by HIV and AIDS and for the children left orphaned and vulnerable.
 9. The Government recognizes the seriousness of the situation for OVC. It has adopted international conventions relating to the rights of children and has instruments for providing a protective environment in which children’s rights are respected, including the 2008 National Children’s Policy and the accompanying National Programme of Action for Children (2011–2015).
 10. In 2002, in response to weakening community structures and growing numbers of OVC, neighbourhood care points (NCPs) were established at which the community provides care for neighbourhood children. An NCP can be a house, a church, a community shed, a

⁸ Ministry of Health. 2009. National Nutrition Survey, 2008. Mbabane.

⁹ WHO. 2010. Nutrition Landscape Information System (NLIS) Country Profile Indicators: Interpretation Guide. Available at http://www.who.int/nutrition/nlis_interpretationguide_isbn9789241599955/en/index.html

¹⁰ Swaziland Central Statistics Office. 2008. Demographic and Health Survey 2006–07. Mbabane.

¹¹ Joint United Nations Programme on HIV/AIDS. 2010. *Monitoring the Declaration of the commitment on HIV and AIDS: Swaziland Country Report, March 2010*. Available at http://www.unaids.org/en/dataanalysis/knownyourresponse/countryprogressreports/2010countries/swaziland_2010_country_progress_report_en.pdf

¹² Swaziland Central Statistics Office. 2010. Population and Housing Census. Mbabane.

¹³ United Nations Development Programme. 2010. *Human Development Report. The Real Wealth of Nations. Pathways to Human Development*. New York.

¹⁴ Kingdom of Swaziland. 2009. Swaziland National Children’s Policy.

¹⁵ United Nations Children’s Fund (UNICEF) 2009. Child Poverty and Disparities in Swaziland: Key Findings. Mbabane.

¹⁶ Swaziland VAC. 2006. Annual Vulnerability Assessment and Analysis Report. Mbabane.

school or any available type of shelter. The ideal NCP provides emotional support and care, along with regular balanced meals, for improved nutrition, hygiene, sanitation and health. NCPs are a community-based, holistic and multi-disciplinary approach to the development, care and protection of children. The majority of OVC attending NCPs in Swaziland are 3–6 years old, but NCPs serve OVC until the age of 8. Through the NCPs, children have access to food and nutrition, early childhood learning, psychosocial support and recreation, and protection services. The meals received at an NCP are sometimes the only ones these children get. With technical and financial assistance from stakeholders, WFP and UNICEF, the Government is developing quality standards for services to be provided to all OVCs in Swaziland. WFP will support the Government in establishing OVC and NCP guidelines.

11. Since 2008, the Government has received funding from the impact mitigation component of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), to provide food and other services to children attending NCPs. As HIV has an impact on children at all stages of their education and development, the Global Fund Round 7 Phase 2¹⁷ also funds meals for children in secondary schools and informal *Sebenta* schools, which provide basic education in literacy and numeracy for those unable to take part in the formal education system.
12. There is a gender gap in the progression to secondary and tertiary education; gender inequalities in access to education start at the age of 16.¹⁸ Evidence shows that school feeding increases school enrolment, attendance, cognition and educational achievement, especially of the poorest and most vulnerable children. Parents' education levels are another strong determinant of child growth and development, as measured by the prevalence of stunting.¹⁹ School feeding is a social safety net that provides an important value transfer to vulnerable households: the current transfer value of the school feeding ration is US\$0.38/student/day.
13. Swaziland's school feeding programme aims to reduce food insecurity by helping to alleviate child hunger and protect household assets. It also 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.
14. Policies, programmes and activities relating to children are linked to the 2006 National Multi-sectoral HIV and AIDS Policy (2006) and the accompanying strategic framework for 2009–2014, the 2011 Education Policy and accompanying strategic plan, and broader national strategies such as the National Development Strategy (NDS). The Poverty Reduction Strategy and Action Plan (2007–2015) operationalizes the NDS and has five pillars, including empowering the poor to generate income and reduce inequalities; developing human capital; and improving the poor's quality of life.

¹⁷ The Global Fund Round 7 Phase 2 refers to the second allotment of funds provided to the country. These funds were allocated for the Global Fund Round 7 approved proposal.

¹⁸ United Nations Development Assistance Framework (UNDAF) 2011–2015 gender pillar.

¹⁹ Donald Bundy, Carmine Burbaro, Margaret Grosh, Aulo Gelli, Matthew Jukes and Lesley Drake. 2009. *Rethinking School Feeding: Social Safety Nets, Child Development and the Education Sector*. Washington DC, World Bank.

PAST COOPERATION AND LESSONS LEARNED

15. A review of protracted relief and recovery operation 106020 (2008–2012) in March 2010 highlighted significant issues and lessons learned for future interventions.²⁰ Food support to OVC attending NCPs is part of a package that includes early childhood care and development, livelihood skills and psychosocial support.
16. Lessons learned include the need to provide a coordinated and targeted response for the children in greatest need; the importance of adopting a problem-based approach, from the analysis stage to programme design and implementation, to ensure that programmes address clearly defined hunger problems comprehensively; and the need for WFP to consolidate its own systems with those of the Government while providing technical assistance to support the Government's take-over of national systems.
17. Areas recognized as strengths for WFP include expertise on hunger and programme design, operational efficiency, strong logistics capacity, and the ability to develop capacity on hunger issues.

STRATEGIC FOCUS OF THE DEVELOPMENT PROJECT

18. In line with Millennium Development Goals (MDGs) 1, 2 and 6,²¹ UNDAF (2011–2015) pillars 1, 2 and 3²² (see Annex II) and national policies, programmes and action plans, the overall goals of the development project (DEV) are to:
 - a) improve the quality of life of OVC in Swaziland by providing assistance through NCPs and schools;²³
 - b) reduce chronic hunger and undernutrition; and
 - c) develop the capacity of the Government to address the underlying causes of hunger.
19. The project will target all OVC under 8 years of age attending NCPs, as part of the Government's national NCP food and nutrition programme. Children over 8 years of age are expected to be enrolled in primary schools where they may benefit from general school feeding programmes. The project will also target all students at selected secondary schools and all young people attending *Sebenta* schools.
20. The NERCHA guidelines stipulate that food rather than cash must be delivered. WFP cash and voucher studies indicate that food prices are considerably higher in Swaziland 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.
21. The assistance provided will contribute directly to government priorities outlined in the impact mitigation thematic area of the National Multi-sectoral Strategic Framework for HIV and AIDS and, more specifically, to the Government's National Plan of Action for

²⁰ WFP. 2010. *Protracted Relief and Recovery Operation 106020 Mid-Term Programme Review*. March 2010. Rome.

²¹ MDG 1: Eradicate extreme poverty and hunger; MDG 2: Achieve universal primary education; and MDG 6: Combat HIV/AIDS, malaria and other diseases.

²² UNDAF pillar 1: HIV and AIDS; pillar 2: Poverty and sustainable livelihoods; and pillar 3: Human development and basic social services.

²³ Proposal submitted to the National Emergency Response Council on HIV/AIDS (NERCHA) in December 2011.

Children (2011–2015). WFP will be the main implementing partner for the Government's nationwide food and nutrition programme for OVC at NCPs, selected secondary schools and *Sebenta* schools.

22. The impact mitigation outcome of the Joint United Nations Programme on HIV/AIDS highlights the United Nations' role in providing food and micronutrients to children out of school, and in strengthening life skills development programmes for children in and out of school.
23. The specific outcomes of this DEV are:
 - increased access to education and human capital development in assisted formal and informal settings; and
 - progress towards nationally owned hunger solutions (see Annex II).
24. To obtain these outcomes, WFP will provide nutritious food on-site at Swaziland's 1,300 NCPs, 220 *Sebenta* schools and selected secondary schools. As the overseeing entity for Global Fund disbursements in the country, NERCHA will provide the final list of schools to receive food. Schools are selected based on their rural location and the likelihood of students being exposed to HIV.

TABLE 1: BENEFICIARIES BY ACTIVITY			
Activity	Men/boys	Women/girls	Total
OVC feeding at NCPs (about 50 children per NCP per day)	62 040	69 960	132 000
<i>Sebenta</i> school meals (about 10 children per site)	2 068	2 332	4 400
Secondary school meals	35 485	40 015	75 500
TOTAL	99 593	112 307	211 900

25. Beneficiaries 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 (see Table 2).

Food	OVC feeding at NCPs	Sebenta school meals	Secondary school meals
Supercereal	75.0	-	-
Rice	-	-	150.0
Maize meal	150.0	150.0	-
Pulses	40.0	40.0	50.0
Oil	7.5	7.5	10.0
TOTAL	272.5	197.5	210
<i>Total kcal/day</i>	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 per month	63 per term (3 terms per year)

Commodity	OVC feeding at NCPs	Sebenta school meals	Secondary school meals	Total
Supercereal	2 574	-	-	2 574
Rice	-	-	2 869	2 869
Maize meal	5 148	103	-	5 251
Pulses	1 373	27	718	2 118
Oil	257	5	143	405
TOTAL	9 352	136	3 730	13 217

Gender

26. WFP's gender policy will be integrated into the project's management and evaluation. The project will use food assistance to increase awareness of sexual and gender-based violence (SGBV) and the links between HIV and gender inequality by:

- printing messages on food bags that promote awareness of how to respond to SGBV and that list available SGBV prevention and response 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 for women who are pregnant and/or immune-compromised.

Capacity Development

27. WFP is committed to providing the Government with technical capacity development and expertise, to ensure a sustainable programme that the Government and partners can implement and support in the future.
28. WFP will work with the Government and other partners to finalize the NCP strategy and quality standards for OVC services, create clear guidelines for implementation, define roles and responsibilities, and advise the Government on the options for future sustainability.
29. For *Sebenta* and secondary school feeding, the main challenges facing the Ministry of Education and Training are the lack of monitoring and evaluation (M&E) systems to verify the numbers of students consuming the meals; logistics and supply chain management; and targeting mechanisms for school feeding. WFP will provide capacity development and support in these areas to ensure that the school meals programme is properly evaluated, managed and targeted.
30. Capacity at the Ministry of Education and Training will be assessed to inform future capacity development assistance from WFP. Initially, WFP will hire two staff members to work in the Ministry of Education and Training, supporting the project's implementation, management and M&E. A detailed capacity development plan will be drawn up with the Ministry of Education and Training. Initial activities will focus on some of the following:
 - developing an M&E framework;
 - protocols;
 - forms and schedules;
 - training schools on food storage and preparation;
 - M&E;
 - gender equality;
 - school health and nutrition; and
 - an inventory and database of school feeding infrastructure.

⇒ *Cash and voucher transfers*

31. WFP and partners will undertake market analyses and explore the feasibility of a cash/voucher pilot project to facilitate the sustainability of activities beyond the availability of Global Fund financing.

PROGRAMME MANAGEMENT, MONITORING AND EVALUATION

Partnerships

32. The Deputy Prime Minister's Office coordinates all OVC interventions, with the Ministry of *Tinkhundla*²⁴ Administration and Development providing coordination at the community level. WFP will continue to work with these ministries in implementing the project's NCP activities.

²⁴ An *inkhundla* (plural *tinkhundla*) is an administrative subdivision smaller than a district, but larger than an *umphakatsi* (or chiefdom).

33. To ensure effective and efficient NCP activities, WFP will seek partnerships with non-governmental organizations (NGOs) to implement activities at some sites – particularly in the Highveld area where NCPs are highly concentrated – and to assist with monitoring. To ensure coherent secondary school activities, WFP will work with the nutrition officer responsible for school meals in the Ministry of Education and Training. To coordinate the feeding programme at *Sebenta* schools, WFP will work with the *Sebenta* National Institute.
34. With UNICEF and other partners, WFP will advocate for delivery of a package of care and support at NCPs, and for education and health initiatives at schools, aligned with government policies and strategies.
35. To help supplement diets, WFP will encourage the development of gardens at NCPs and schools, engaging partners such as the Food and Agriculture Organization of the United Nations (FAO) to provide skills training in gardening.
36. WFP will advocate with the Ministry of Natural Resources for the use of fuel-efficient stoves at NCPs and schools.
37. Peace Corps volunteers will promote food and nutrition security at WFP-targeted sites and assist in tracking the utilization of WFP food assistance.

Procurement

38. Swaziland produces less than 50 percent of its cereal requirements. Unless estimates of local production by the Swaziland Vulnerability Assessment Committee indicate that local purchase is possible, food will be purchased regionally (60 percent) or internationally (40 percent). In line with the Swaziland biosafety policy and with Southern Africa Development Community and Common Market for Eastern and Southern Africa guidelines on food aid using genetically modified organisms, maize meal rather than whole grain maize will be procured.

Logistics

39. Food will be delivered directly to field warehouses to reduce transportation and handling costs. WFP will be responsible for delivering food to NCPs and schools each month. Cooks will be employed to prepare and serve food in schools, under the guidance of the teacher responsible for school feeding.
40. WFP field monitor assistants and logistics staff will provide guidance on the handling and management of food.

Monitoring and Evaluation

41. 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 currently under development. Surveys in the schools and NCPs will provide the baselines for measuring results. Activities will be monitored by cooperating partners and field monitor assistants. Working with partners, WFP will develop a uniform data-collection tool for NCPs, to improve evaluation of the NCP strategy. WFP will also collaborate with the Ministry of Education and Training and NERCHA to improve the ministry's M&E capacity for the school meals programme. Ministry staff and field monitor assistants will monitor progress through field visits, data collection and progress

reports. At the community level, especially for NCPs, WFP will work with *KaGogo* centres²⁵ to gather M&E information.

42. Project M&E will be integrated into national M&E systems. Cooperating partners will compile monthly reports on the progress of activities. WFP will produce quarterly progress reports, highlighting challenges and operational issues. As part of the UNDAF 2011–2015, evaluations will be conducted under the leadership of the United Nations M&E Committee, which is spearheading development of a joint programme on strategic information and data.
43. WFP will share progress reports and lessons learned with NERCHA, the principal recipient of Global Fund funding.

Resourcing

44. Through NERCHA, the Government has allocated US\$9.3 million of Global Fund funding to WFP. Of this total, US\$6.71 million is the Government's contribution – on a full cost recovery basis – to implementation of this project, following a tender process that designated WFP as the sole implementing agent for management of the feeding programme. This represents 59 percent of the total funding needed for the project. The remaining US\$2.59 million of the Global Fund allocation was allocated to WFP development project 200420 for July–December 2012.

Risk Assessment

45. 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 the payment of civil servants, including doctors and nurses, leading to repeated protests and strikes. WFP will continue to monitor the situation and, in collaboration with the lead government ministries, will respond as appropriate.
46. Although the Government is aware that Global Fund grants are available for only a limited period, 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.
47. Neighbourhood care points (NCPs) are operated by at least three community volunteers, who cook, teach and care for the children. Experience shows that NCPs do not function well without food or without incentives for caregivers, and in past projects, WFP compensated the caregivers with a household ration of food. However, the Global Fund Round 7 grant does not include caregiver rations, WFP will need to mobilize resources for this activity separately.
48. WFP may face delays in disbursements from the Global Fund or NERCHA, because of the nature of the Global Fund funding mechanisms and controls. WFP will continue to engage with NERCHA to mitigate the potential impact of such delays.

²⁵ NERCHA established these centres to oversee community development; they serve as entry points for most development initiatives in communities, particularly for interventions targeting children.

ANNEX I-A

PROJECT COST BREAKDOWN			
Food¹	Quantity (mt)	Value (US\$)	Value (US\$)
Cereals	8 120	3 664 710	
Pulses	2 118	974 577	
Oil and fats	405	536 207	
Mixed and blended food	2 574	1 409 276	
Total food	13 217	6 584 770	
Subtotal food and transfers			6 584 770
External transport			898 212
Landside transport, storage and handling			968 312
Other direct operational costs			844996
Direct support costs ² (see Annex I-B)			1 379 134
Total WFP direct costs			10 675 424
Indirect support costs (7.0 percent) ³			747 280
TOTAL WFP COSTS			11 422 704

¹ This is a notional food basket for budgeting and approval. The contents may vary.

² Indicative figure for information purposes. The direct support costs allotment is reviewed annually.

³ The indirect support cost rate may be amended by the Board during the project.

ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (US\$)	
Staff and related costs	
Local staff – national officers	165 094
Local staff – general service	713 023
Staff duty travel	84 057
Subtotal	962 174
Recurring expenses	
Rental of facility	157 500
Utilities	19 950
Office supplies and other consumables	47 409
Communications services	51 707
Equipment repair and maintenance	16 422
Vehicle running costs and maintenance	45 675
United Nations organization services	44 735
Subtotal	383 398
Equipment and capital costs	
Communications equipment	25 011
Local security costs	8 551
Subtotal	33 562
TOTAL DIRECT SUPPORT COSTS	1 379 134



ANNEX II: LOGICAL FRAMEWORK

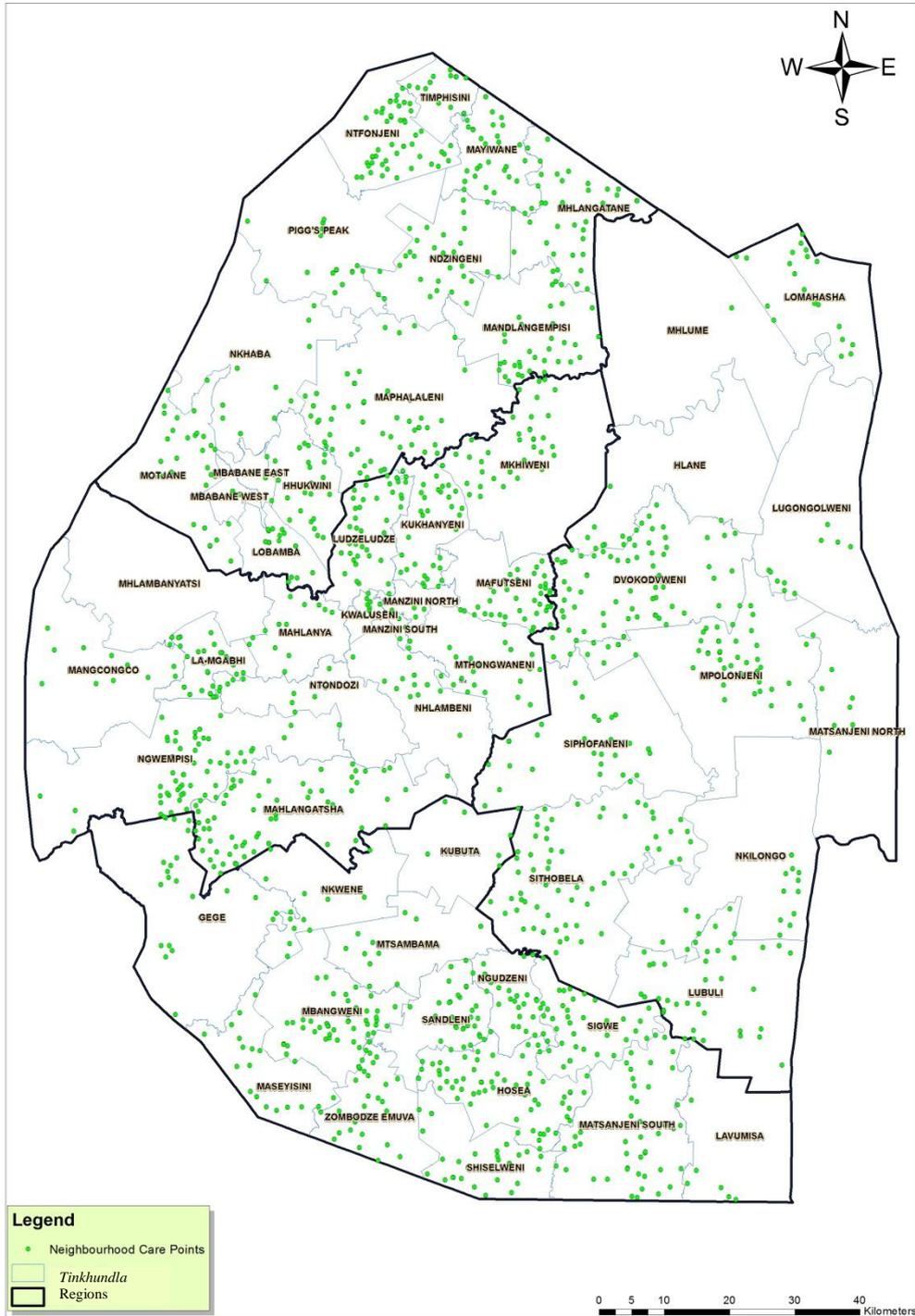
Results	Performance indicators	Assumptions
<p>UNDAF Outcome: Pillar 1 – HIV and AIDS, Outcome 3 Impact mitigation services for vulnerable children, people living with HIV and the elderly scaled-up</p> <p>UNDAF country programme output Social protection systems at national, regional and community levels 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>Funds are available Implementation capacity, funds and motivation are in place at the government level Adequate and well-motivated human resources are available in the social safety net and education sector Sufficient financial and human resources are available There is political will</p>
<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 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 Equitable access to basic social services for vulnerable groups, including women and children</p> <p>UNDAF country programme output Access to quality basic education for vulnerable populations increased</p>	<p>UNDAF outcome indicators Percentage/number of schools supported with essential tools for providing quality basic education to vulnerable populations</p>	
<p>Strategic Objective 4: Reduce chronic hunger and undernutrition</p>		
<p>Outcome 4.1 Increased access to education and human capital development in assisted formal and informal settings</p>	<ul style="list-style-type: none"> ➤ Attendance rate: numbers of schooldays that girls and boys attended classes, as % of total number of schooldays, by institution type – NCP, secondary, <i>Sebenta</i> ➤ Gender ratio: ratio of girls to boys enrolled 	<p>Adequate complementary (non-food) resources are available NGOs have adequate capacity and are committed to partnership with WFP</p>

ANNEX II: LOGICAL FRAMEWORK		
Results	Performance indicators	Assumptions
	Targets: <ul style="list-style-type: none"> ➤ Attendance rate in NCPs ≥80 percent ➤ Attendance rate in secondary and Sebenta schools ≥95 percent (in line with government targets for 10–14 year-olds) ➤ Enrolment gender ratio of 1:1 	Attendance rate is maintained after the intervention period There is 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"> ➤ Numbers of girls and boys receiving food and non-food items, by category, as % of planned ➤ Tonnage of food distributed, by activity type, as % of planned ➤ Quantities of fortified foods, complementary foods, and special nutritional products distributed, by type, as % of planned ➤ Number of 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, including 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 Index¹ for implementing school meals programme, by hunger solution Target: <ul style="list-style-type: none"> ➤ 12/20 per programme 	Adequate funding for capacity development activities is available Government commitment and support to capacity development continues
Output 5.1 Capacity and awareness developed through WFP-led activities	<ul style="list-style-type: none"> ➤ Numbers of people trained in programme design and planning, implementation procedures and practices, disaggregated by category Target: <ul style="list-style-type: none"> ➤ 100% of planned, of whom 70 percent are women 	There is no substantial movement of staff in the Government—acquired skills are retained

¹ The National Capacity Index measures progress against five quality standards: i) alignment with the national policy; ii) strong institutional frameworks; iii) stable funding and budgeting; iv) quality programme design; and v) strong community participation. The capacity development assessment tool is based on standards adapted by WFP from a World Bank capacity development framework.

ANNEX III

GEOGRAPHIC DISTRIBUTION OF NEIGHBOURHOOD CARE POINTS IN 2011



DATA SOURCE: NERCHA SURVEY FOR NEIGHBOURHOOD CARE POINTS MAPPING 2010/2011

The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.

ACRONYMS USED IN THE DOCUMENT

DEV	development project
GDP	gross domestic product
HDI	human development index
M&E	monitoring and evaluation
MDG	Millennium Development Goal
NCP	neighbourhood care point
NDS	National Development Strategy
NERCHA	National Emergency Response Council on HIV and AIDS
NGO	non-governmental organization
OVC	orphans and other vulnerable children
SGBV	sexual and gender-based violence
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
WHO	World Health Organization