

## SWAZILAND DEVELOPMENT PROJECT 200508

<b>Support to Community-Based Volunteer Caregivers of Children Affected by HIV and AIDS</b>	
Number of beneficiaries	60 000 (yearly maximum)
Duration of project	2 years (January 2013 - December 2014)
Food tonnage	4 998 mt
Cost (United States dollars)	
WFP food cost	US\$2,025,256
Total cost to WFP	US\$3,984,716

### EXECUTIVE SUMMARY

Swaziland has a population of 1 million and the highest prevalence of HIV in the world, with 26 percent of adults and 38 percent of pregnant women living with HIV. An important consequence of high HIV incidence is a growing number of orphans and vulnerable children, and could reach 250,000 by 2015. Orphans are children under 18 who have lost one or both parents. Orphans may be living with a parent who does not have a source of income because they are terminally ill or disabled or because of circumstances that render them unable to provide for their children. Orphans may be heads of households or living in a child-headed household. They are particularly vulnerable, having few resources to meet their basic needs, including food, and may be unable to pay school fees. While households and communities are struggling to meet the basic needs of these children, the extended family structure is eroded by poverty, urbanisation and HIV and AIDS. The consequences are a weakened family and community structure and a less protective environment for children, with increased incidence of neglect, violence, abuse and exploitation.

Under the overall leadership of the Office of the Deputy Prime Minister and the Ministry of *Tinkhundla* Administration and Development, WFP will provide food assistance as an incentive to caregivers who volunteer their time to cook nutritious meals and provide basic lessons and psychosocial care for children enrolled at neighbourhood care points.

This WFP project 200508 “Support to Community-Based Volunteer Caregivers of Children Affected by HIV and AIDS” will directly complement WFP development project 200422 “Support to Children and Students Affected by HIV and AIDS” which is supported by the Global Fund. Project 200508 will add value by ensuring that the services of the caregivers enhance the efficiency and effectiveness of food assistance to orphans and vulnerable children.

The project will also aim to improve the nutritional status of secondary school age children, including adolescent girls, both for their own benefit and to protect their future infants. By adding micronutrient powders to food served through a school meals programme, WFP will help reduce micronutrient deficiencies among the target groups, with the aim to contribute to the prevention of stunting and intergenerational malnutrition through a cost-effective means.

The project builds on WFP's experience in supporting orphans, vulnerable children and caregivers through neighbourhood care points since 2002; an appraisal reviewed lessons learned and informed the design of this development project. The project is directly aligned with national policies, United Nations Development Assistance Framework pillars 2 and 3, as well as WFP Strategic Objective 4 (Reduce chronic hunger and undernutrition) and Strategic Objective 5 (Strengthen the capacities of countries to reduce hunger through hand-over strategies and local purchase). It will contribute towards achievement of Millennium Development Goals 1 and 3.

To ensure the project's sustainability, WFP will continue to develop the capacity of the Government and cooperating partners to implement national food assistance programmes through the provision of training and technical assistance. WFP will also advocate for the inclusion of support to caregivers in other national safety-net programmes.

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## SITUATION ANALYSIS

### The Overall Context

1. Swaziland is a small, land-locked nation in southern Africa of 1 million people, ranking 140 out of 187 countries on the human development index, with a gender inequality index of 0.573.<sup>1</sup> It is a lower middle-income country with an annual per capita gross domestic product (GDP) of US\$3,325.<sup>2</sup> Swaziland's economic performance has followed a downward trend for two decades, with annual GDP growth declining from an average of 4.8 percent in the 1995 to 1.3 percent in 2011,<sup>3</sup> 2.6 percentage points lower than the minimum growth rate required to reduce poverty.<sup>4</sup> 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 a number of social services.<sup>5</sup> As each wage-earner supports ten people, rising unemployment has far-reaching consequences.
2. The distribution of wealth is unusually disproportionate: with a Gini coefficient of 0.51, the wealthiest 20 percent of the population hold 56 percent of the wealth, and the poorest 20 percent of the population owns less than 4.3 percent of the wealth.<sup>6</sup> Sixty-three percent of the population live below the poverty line of US\$1.25 per day.<sup>7</sup> One-third of

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

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

<sup>3</sup> World Bank, 2012.

<sup>4</sup> Ministry of Finance. 2010. Fiscal Adjustment Roadmap 2010/2011–2014/2015.

<sup>14</sup> UNCT Swaziland (2012) Rapid Assessment of the Impact of the Fiscal Crisis in Swaziland.

<sup>6</sup> 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>.

<sup>7</sup> Swaziland Household Income and Expenditure Survey. 2010.

households are headed by women. Elements of common law undermine gender equality, with women in rural areas facing the greatest challenges.<sup>8</sup>

3. Swaziland has the highest HIV prevalence in the world, with women bearing most of the burden. Some 26 percent of adults and 38 percent of pregnant women are living with HIV.<sup>9</sup> Women in Swaziland have higher rates of infection and are more at-risk of HIV than men.<sup>10</sup> While most caregivers are elderly women, many girls leave school to take on this role.<sup>11</sup> The impact of HIV and AIDS is far-reaching and multi-sectoral, affecting virtually every aspect of Swaziland's development.
4. As a consequence of HIV, 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, mainly due to HIV.<sup>12</sup> In 2009, 59 percent of the 80,000 people living with HIV (PLHIV), including adults and children, were on antiretroviral treatment (ART) yet 7,000 deaths occurred that year due to AIDS. The proportion of HIV-positive pregnant women accessing ART rose from 4 percent in 2004 to 85 percent in 2010, meeting the benchmark for universal coverage.<sup>13</sup> Nevertheless, life expectancy at birth remains among the world's lowest, at 48 years,<sup>14</sup> down from 60 years in 1997.<sup>15</sup> The population is disproportionately young, with almost 40 percent under 15 and more than half under 20.<sup>16</sup>

## Impact of HIV/AIDS on Children and Social Safety Nets

5. A serious consequence of the HIV pandemic is the growing number of orphans (children under 18 who have lost either one or both parents) and vulnerable children (OVC), contributing to a fear that a generation of children are growing up without adequate family and social support. The Government had estimated that over 30 percent of all children were orphaned or vulnerable (130,000 children)<sup>17</sup> and this population could reach 250,000 by 2015.<sup>18</sup> This is having significant repercussions on family living arrangements, with more than four in ten families already hosting orphans and placing a strain on communities' ability to provide for the needs of children.<sup>19</sup> Urbanisation is weakening traditional family and community structures, reducing the capacity of communities to support and care for people affected by HIV and for the children left orphaned and vulnerable. A generation of children is at-risk of growing up without sufficient social support. Neighbourhood care points (NCPs) were the first response and evolved from small community initiatives in people's homes or in common areas to become a network of 1,500 formal NCP structures. NCPs consist, at a minimum, of a

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<sup>8</sup> Social Institutions and Gender Index. Organisation for Economic Co-operation and Development.

<sup>9</sup> Swaziland Central Statistics Office. 2008. Demographic and Health Survey 2006–2007.

<sup>10</sup> 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/knowyourresponse/countryprogressreports/2010countries/swaziland\\_2010\\_country\\_progress\\_report\\_en.pdf](http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/swaziland_2010_country_progress_report_en.pdf)

<sup>11</sup> Caregivers take the responsibility for the physical, mental and emotional needs and well-being of orphans within their own community.

<sup>12</sup> Swaziland Central Statistics Office. 2010. Population and Housing Census.

<sup>13</sup> The Kingdom of Swaziland and UNAIDS. 2012. Swaziland Country Progress Report on Monitoring the Political Declaration on HIV and AIDS.

<sup>14</sup> UNDP. 2011. Human Development Report. The Real Wealth of Nations. Pathways to Human Development.

<sup>15</sup> UNDP. 2010.

<sup>16</sup> *Ibid.*

<sup>17</sup> Kingdom of Swaziland. 2009. Swaziland National Children's Policy.

<sup>18</sup> UNICEF. 2009. Child Poverty and Disparities in Swaziland: Key Findings. Available at [www.unicef.org/swaziland/SWL\\_resources\\_povertydisparities.pdf](http://www.unicef.org/swaziland/SWL_resources_povertydisparities.pdf)

<sup>19</sup> Swaziland VAC. 2006. Annual Vulnerability Assessment and Analysis Report.

communal room with three community volunteers who cook, teach and care for orphaned and vulnerable children, ensuring that they can grow up in a safe and nurturing environment.

## Cycle of HIV and AIDS, Food Security and Nutrition

6. Agriculture contributes to 8.5 percent of GDP and is the main source of livelihood for the population.<sup>20</sup> However, food production has declined since the 1990s as a result of successive droughts, dependence on rainfed agriculture, high costs of farm inputs, limited use of improved agricultural technology and the multi-dimensional impacts of HIV. The high prevalence of HIV has caused the gradual diversion of 31 percent of the workforce that is either sick or caring for the sick. This has resulted in a reduction of the amount of land cultivated by 44 percent, leading to a 54 percent fall in maize production.<sup>21</sup>
7. Low agricultural productivity, the impact of HIV and AIDS and widespread poverty contribute to food insecurity in Swaziland.<sup>22</sup> Most of the food consumed is purchased from local markets, making income a major determinant of food security and leaving many poor people without access to adequate nutritious food. The 2012 Vulnerability Assessment indicates that about 116,000 people (over 10 percent of the population) will be acutely food-insecure during the lean season (October 2012 to March 2013).<sup>23</sup> The most vulnerable households are located in the dry Middleveld and Lowveld livelihood zones.<sup>24</sup>
8. While level of acute malnutrition has remained at just over 1 percent, the prevalence of chronic malnutrition has risen steadily over the past 25 years, and 40 percent of children under 5 show signs of stunting<sup>25</sup> demonstrating a “very high” prevalence.<sup>26</sup> If undernutrition can be overcome – especially during the first 1,000 days between conception and the age of two – not only can lives be saved, but children can also grow up to realize their full potential.
9. Micronutrient deficiencies contribute to stunting, particularly among pregnant women and infants in the first 1,000 days of life. Eighteen percent of schoolchildren aged 15-19 years are anaemic; 22 percent of girls in this age group are mothers or pregnant with their first child, and 28 percent of girls in this age group are anaemic, a symptom of iron deficiency.<sup>27</sup> Only one-third of mothers in Swaziland received iron supplementation for the minimum 90 days during pregnancy.<sup>28</sup> The reasons for such high chronic malnutrition include insufficient access to a healthy diet and poor infant feeding practices. Malnutrition is also understood to be a direct consequence of HIV exposure.

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<sup>21</sup> 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>.

<sup>22</sup> 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>

<sup>23</sup> Swaziland Vulnerability Assessment Committee (VAC). 2012. Annual Vulnerability Assessment and Analysis Report

<sup>24</sup> Swaziland is divided into four regions and seven livelihood zones.

<sup>25</sup> Ministry of Health. 2009. National Nutrition Survey, 2008.

<sup>26</sup> 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](http://www.who.int/nutrition/nlis_interpretationguide_isbn9789241599955/en/index.html)

<sup>27</sup> Central Statistical Office, Demographic and Health Survey (DHS) 2006-2007, Mbabane, Swaziland DHS Swaziland 2006-2007.

<sup>28</sup> *Ibid.*

10. Micronutrients are essential for survival, optimal pregnancy outcomes, immunity, physical strength and productivity, and promoting good cognitive ability. Micronutrient deficiencies, common in PLHIV, have negative effects on the immune system. An impaired immune system, in turn, can accelerate disease progression and increase mortality. The Swaziland Demographic and Health Survey of 2007 indicates that 10 percent of girls attending secondary school are HIV-positive.

## **Policies, Actions and Capacities of the Government**

11. Policies, programmes and activities relating to community-based, volunteer caregivers are linked to the National Multi-Sectoral HIV and AIDS Policy (2006), the accompanying National Strategic Framework (2009–2014), and broader national strategies such as the National Development Strategy (NDS). The Poverty Reduction Strategy and Action Plan 2007–2015 (PRSAP) operationalizes the NDS and has five pillars, including: empowering the poor to generate income and reduce inequalities; developing human capital; and improving the quality of life of the poor. This WFP project (200508) is aligned with the PRSAP pillars and national strategic objectives for development.
12. Building on the achievements of NCPs, the Government developed a national strategy for NCPs which outlines a minimum package of social support activities to be provided at these sites. Caregivers are central to achieving the objectives listed in the NCP Strategic Plan (2010-2014).<sup>29</sup> The National Response to Psychosocial Needs of Children (2008-2010) strategic plan states that caregivers themselves must be cared for and motivated.<sup>30</sup> Caregivers are volunteers, motivated by the satisfaction of taking care of vulnerable children. However, they may not be able to carry out their tasks regularly without some support. The strategic plan proposes: i) that a model to standardise incentives for all caregivers be developed; ii) that communities be mobilised to support caregivers; and iii) that programmes be developed to reduce stress and burnout. However, in practice, most volunteer caregivers receive limited community support.
13. The 2011 education and training sector policy aims to reduce the impact of poverty and HIV on children, their schools and their communities by creating environments that are friendly, healthy, safe and conducive for learning. The policy proposes to do this through the Schools as Centres of Care and Support (SCCS) programme. The SCCS programme has six pillars, one of which is food security; it aims to enhance the implementation of the national school meals programme to ensure that all students have access to and benefit from sufficient, safe, and nutritious food to maintain their physical, mental and social well-being.<sup>31</sup>

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<sup>29</sup> The NCP's strategic objective on food and nutrition at NCPs states that children should be provided with two nutritious meals per day. It also requires routine growth monitoring of children.

<sup>30</sup> Deputy Prime Minister's Office – NCCU, 2008. National response to the psychosocial needs of children three-year strategic plan 2008-2010. Available at <http://www.infocenter.nercha.org.sz/sites/default/files/PSSStrategy.pdf>

<sup>31</sup> UNICEF. 2009. Schools as Centres of Care and Support Service Pillars.

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## PAST COOPERATION AND LESSONS LEARNED

14. Recognising that efficient NCPs depend on the active presence of caregivers, WFP started providing an incentive to the caregivers in 2003 through protracted relief and recovery operations (PRROs), most recently PRRO 106020 “Assistance to Food-Insecure People Affected by HIV and AIDS and Natural Disasters” (2008-2012). A recent appraisal of WFP activities in Swaziland confirmed that incentives to caregivers are influential in attaining the objectives set out by the Government to ensure the welfare of OVC.<sup>32</sup> The appraisal concluded that NCPs only function well when: i) food is given to children attending the NCP; and ii) the NCPs are adequately staffed by motivated caregivers. Interviews with caregivers revealed that they were unlikely to continue performing their duties without receiving an incentive to offset their own struggle with food insecurity. Caregivers, community leaders and government officials are in support of providing an incentive to caregivers. They agreed that a food transfer was the best modality, as cash transfers risk attracting caregivers with the wrong motivation, undermining the conditions that provide psychosocial support to vulnerable children.
15. 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. The Global Fund Round 7/Phase 2 is to fund meals for OVC attending NCPs, and students in secondary and informal *Sebenta*<sup>33</sup> schools: the Government selected WFP to implement the planned activities, funded through the National Emergency Response Council on HIV and AIDS (NERCHA). Thus WFP launched development project 200422 “Support to Children and Students Affected by HIV and AIDS” (2013-2014), targeting 132,000 OVCs in 1,300 NCPs and 80,000 students. Given NERCHA’s strict accountability and reporting obligations to the Global Fund, the scope and objectives of project 200422 could not introduce additional activities such as the provision of incentives to caregivers.<sup>34</sup>

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## STRATEGIC FOCUS OF THE DEVELOPMENT PROJECT

16. For the efficient functioning of the NCPs and to enhance the effectiveness of food assistance to orphans and vulnerable children under project 200422, project 200508 will fill a critical gap identified, caring for and feeding OVC, by providing an incentive to caregivers in compensation for their voluntary services. The overall objective of the project is to guarantee sustainable services at the NCPs, which are essential social safety nets.
17. The project includes also the nutrition fortification of secondary school meals. One major challenge in preventing stunting is that pregnant women often attend health centres late (not in their first trimester) or not at all. WFP support to secondary school students presents a unique opportunity to improve the nutritional status of school-age children, including adolescent girls who are prospective mothers, by enhancing the nutritional value of school meals. WFP will introduce a micronutrient powder (MNP) through

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<sup>32</sup> WFP, Swaziland NCP caregiver appraisal mission, September 2012.

<sup>33</sup> *Sebenta* schools are informal schools putting a strong emphasis on analytical skills linked to challenges people meet in their daily lives.

<sup>34</sup> With the support from the Global Fund, the Government is contributing US\$6.7 million in 2013-2014 to WFP DEV project 200422.

project 200508 that will enrich school meals with 15 essential vitamins and minerals. This will address major micronutrient deficiencies among the adolescents aged 15-19 years and contribute to government efforts to bring undernutrition below high levels and help break the inter-generational cycle of chronic hunger.

18. The proposed project 200508 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 National Response to the Psychosocial Needs of Children strategic plan. It is aligned with United Nations Development Assistance Framework (UNDAF) pillars 2 (Poverty and sustainable livelihoods) and 3 (Human development and basic social services) and with WFP Strategic Objective 4 (Reduce chronic hunger and undernutrition) and Strategic Objective 5 (Strengthen the capacities of countries to reduce hunger through hand-over strategies and local purchase). The project will contribute towards achievement of Millennium Development Goals (MDGs) 1 and 3.<sup>35</sup>
19. The specific outcomes include:
  - Increased access to education and human capital development in assisted formal and informal settings.
  - Adequate food consumption reached over the assistance period for targeted households of caregivers receiving WFP assistance.
  - Reduced prevalence of iron-deficiency anaemia among secondary school students.
  - Progress towards nationally-owned hunger solutions.
 (See Annex II for the summary logical framework)
20. To achieve these outcomes, WFP will provide a take-home ration for caregivers at Swaziland's 1,300 NCPs, and their households. Based on an average of three caregivers working at each NCP, WFP plans to support a total of 19,500 caregivers and family members. NERCHA will provide the list of NCPs to receive WFP support. In addition, WFP will provide MNPs to 35,000 secondary school students in 2013 and 40,500 in 2014.

<b>TABLE 1: BENEFICIARIES BY ACTIVITY</b>				
<b>Activity</b>	<b>2013</b>	<b>2014</b>	<b>Male (%)</b>	<b>Female (%)</b>
NCP caregivers' incentives	19,500	19,500	47	53
MNPs for secondary school students <sup>36</sup>	35,000	40,500	50	50
<b>TOTAL</b>	<b>54,500</b>	<b>60,000</b>	<b>49</b>	<b>51</b>

21. The incentive for caregivers will consist of a monthly take-home ration for a family of five. The caregivers' ration follows WFP's nutritional guidelines and will include maize meal, pulses and vegetable oil, providing 1,866 kcal per person per day. The MNPs will complement the school meals provided under project 200422.

<sup>35</sup> MDG 1: Eradicate extreme poverty and hunger. MDG 3: Promote gender equality and empower women.

<sup>36</sup> The planned number of beneficiaries is lower in 2013 as the MNP activity is expected to start in the second quarter of 2013.



TABLE 2: DAILY FOOD RATION BY ACTIVITY (g/person/day)		
Commodity	NCP caregivers' incentive	MNPs for secondary school students
Maize meal	400	
Pulses	60	
Vegetable oil	25	
Micronutrient powder		0.4
<b>Total</b>	<b>485</b>	<b>0.4</b>
Total kcal/day	1 866	
% kcal from protein	10.9	
% kcal from fat	19.2	
Number of days per month	22	22

TABLE 3: TOTAL FOOD REQUIREMENTS BY ACTIVITY (mt)			
Commodity	NCP caregivers' incentive	Secondary school meals	Total
Maize	4 118	0	4 118
Pulses	618	0	618
Vegetable oil	257	0	257
Micronutrient powder		5	5
<b>Total</b>	<b>4 993</b>	<b>5</b>	<b>4 998</b>

## Gender

22. Through this project, WFP will raise awareness on sexual and gender-based violence (SGBV) and the links between HIV and gender inequality. Examples of this are:

- Sensitisation on sexual and gender-based violence (SGBV) to partners and beneficiaries by printing SGBV messages on food bags and through other channels of communication to promote awareness of how to prevent and respond to SGBV.
- Promoting the use of fuel-efficient stoves that save time and labour, particularly for women who are pregnant and/or immunocompromised.<sup>37</sup>

## Capacity Development and Sustainability

23. WFP is committed to a well-planned hand-over process which includes providing the Government with technical capacity development and expertise to ensure a sustainable government-led programme. WFP will work with the Government and other partners to

<sup>37</sup> Individuals who are immunocompromised are less capable of battling infections because of an immune response that is not properly functioning. Examples people who have HIV or AIDS, or are pregnant. Immunocompromised individuals can be prone to more serious infections and/or complications than healthy people. They are also more prone to getting opportunistic infections - which do not normally afflict healthy individuals.



finalise the NCP strategy and ensure implementation of quality standards for OVC services, as well as to create clear guidelines for implementation, define roles and responsibilities, and advise the Government on the options for future management and sustainability. WFP will assess the capacity of the Ministry of *Tinkhundla*<sup>38</sup> Administration and Development to inform the focus and design of future capacity-development. A detailed capacity development plan will be drawn up in consultation with the Ministry.

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## PROGRAMME MANAGEMENT, MONITORING AND EVALUATION

### Partnerships

24. The Office for the Deputy Prime Minister leads the strategic and policy direction of NCPs. The National Children's Coordination Unit (NCCU), under the Office of the Deputy Prime Minister, coordinates all OVC interventions at central level, while the Ministry of *Tinkhundla* Administration and Development provides coordination at the community and NCP level. In collaboration with these entities, WFP will implement and monitor directly the food distributions in the four administrative regions. To ensure the efficient management of the support to 1,300 NCPs spread countrywide, WFP will also seek partnerships with non-governmental organizations (NGOs), such as Save the Children, to monitor activities.
25. Together with UNICEF and other partners, WFP will advocate for the delivery of a package of care and support at NCPs, including training initiatives that are aligned with government policies and strategies.
26. To help supplement and diversify diets, WFP will encourage the development of vegetable gardens at NCPs and participating schools, engaging partners - such as the Food and Agriculture Organization of the United Nations (FAO) - to provide relevant technical support and skills training. United States Peace Corps Volunteers will promote concepts of food security and nutrition at WFP-targeted sites and also assist in tracking the utilisation of WFP food assistance.
27. WFP will, in consultation with the Ministry of Natural Resources, advocate for the use of fuel-efficient stoves being used at NCPs and participating schools.

### Procurement

28. Swaziland generally produces less than 50 percent of its total cereal requirements. As a consequence, local purchases of maize are generally considered inappropriate as they could have an impact on availability on food prices. Therefore, it is anticipated that food will be purchased regionally (82 percent) and internationally (18 percent). In line with the Swaziland Biosafety policy and with Southern Africa Development Community (SADC) and Common Market for Eastern and Southern Africa (COMESA) guidelines on food aid using genetically modified organisms, WFP will procure fortified maize meal rather than whole grain maize.

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<sup>38</sup> *Tinkhundla* refers to an intermediate structure between national government and chiefdoms.

## Logistics

29. Imported food will be delivered directly to warehouses close to the extended delivery points to reduce transportation and handling costs. WFP will be directly responsible for delivering food each month to NCPs for caregivers, as well as MNPs to the secondary schools.
30. WFP field monitors and logistics staff will provide guidance to the caregivers on the storage, handling and management of food commodities.

## Monitoring and Evaluation

31. WFP is responsible for coordinating monitoring and evaluation (M&E) activities, including the day-to-day monitoring of WFP's interventions as well as periodic reviews and assessments. WFP has an extended field presence in Swaziland. WFP field monitors will monitor process, output and outcome indicators with support from cooperating partners, such as Save the Children, to provide data collectors/enumerators. Working with partners, WFP will develop standardised data-collection tools and reporting formats for NCPs to improve the evaluation of NCP strategy and performance. At the community level, especially at NCPs, WFP will work through *KaGogo* centres<sup>39</sup> to gather M&E information. WFP field monitors will be placed at the regional offices of the Ministry of *Tinkhundla* Administration and Development to strengthen the monitoring and reporting of NCP activities.
32. Food distributions will be monitored on-site by cooperating partners and WFP. Monitoring data will provide information on the progress of activities at NCPs and schools. Monthly reports will measure performance and identify capacity gaps at NCP level. Where needed, reports will include identify ways in which capacity can be improved through "on-the-spot training" or more in-depth planning and coordination. Challenges and operational issues identified through monitoring will be discussed with cooperating partners. WFP will compile quarterly progress reports to be shared with the Government and partners. Solutions and improvements will be fed into an enhanced programme design process.
33. WFP's support to NCPs will also provide opportunity for sharing technical expertise with the other services performed at NCPs. WFP cooperating partners have the advantage of implementing other services at NCPs. Monitoring checklists will include performance indicators on the other services, addressing a holistic package of services at NCPs. Reports shared with government counterparts will show the progress of the package of interventions delivered through NCPs, not just the food assistance.
34. M&E for this project will be aligned with national M&E systems. Given the lack of reliable data for measuring performance of the NCP programme, WFP will support the Ministry of *Tinkhundla* Administration and Development and NCCU in strengthening the national M&E efforts and building a stronger evidence base. WFP will work with the NCCU to develop a robust M&E and information management system, as proposed in the national NCP strategy currently under development. Surveys at NCPs will provide the baseline data needed for measuring results. A technical working group, in which WFP participates, is developing the M&E framework to measure the performance of the

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<sup>39</sup> NERCHA established *KaGogo* centres to oversee community development and serve as entry points for most development initiatives, particularly those targeting children.

NCP interventions in line with Swaziland's NCP Strategic Plan and National Plan of Action.

35. As part of the UNDAF 2011–2015, evaluations will be conducted under the leadership of the United Nations M&E Committee. This committee was put in place to oversee M&E activities during the implementation of the current UNDAF, and is spearheading the process of developing the Joint Programme on Strategic Information and Data.

### **Risk assessment**

36. The financial crisis may result in increased political instability 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 servant's salaries, leading to frequent protests and strikes. WFP will continue to monitor the situation and, in collaboration with the lead government ministry, will respond as appropriate.
37. There is currently no government budget line for covering the cost of incentives for NCP caregivers. WFP will continue to advocate for integrating these elements into the Government's portfolio of responsibilities.
38. WFP may face delays in receiving disbursements for project 200422 from the Global Fund because of the nature of the funding mechanisms and controls. Although the project 200508 will not be funded by NERCHA, such delays could have a negative impact on the implementation, as the functioning of the NCPs is dependent on the availability of food for the OVCs. WFP will continue to engage with NERCHA to reduce the potential for such delays.
39. Campaigning for the national parliamentary elections in 2013 could have an impact on WFP interventions at the community level.
40. MNPs have not been widely used in the country so far and there is a risk that MNPs may not be understood by some stakeholders. WFP has already started sensitizing government counterparts, especially the Swaziland National Nutrition Council, on the use of MNP.

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### **RECOMMENDATION**

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

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### **APPROVAL**

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Amir Abdulla  
Deputy Executive Director and Chief Operating Officer  
United Nations World Food Programme

Date: .....

## ANNEX I-A

PROJECT COST BREAKDOWN			
Food <sup>40</sup>	Quantity (mt)	Value (US\$)	Value (US\$)
Cereals	4 118	1 366 485	
Pulses	618	310 054	
Oil and fats	257	250 000	
Micronutrient powder	5	98 717	
<b>Total food</b>	<b>4 998</b>	<b>2 025 256</b>	
Total food and transfers			2 025 256
External transport			348 371
Landside transport, storage and handling <sup>41</sup>			538 542
Other direct operational costs			336 450
Direct support costs (see Annex I-B)			475 415
Total WFP direct costs			<b>3 724 034</b>
Indirect support costs (7.0 percent) <sup>42</sup>			260 682
<b>TOTAL WFP COSTS</b>			<b>3 984 716</b>

<sup>40</sup> This is a notional food basket for budgeting and approval. The contents may vary.

<sup>41</sup> This project directly complements WFP project 200422. With the support of the Global Fund, the Government is contributing US\$6.7 million in 2013-2014 to project 200422. The Government's contribution covers 44 percent of the aggregate requirements of projects 200422 and 200508 (US\$15.4 million). The Government contribution of US\$6.7 million compares to an aggregate LTSH requirement of US\$1.5 million.

<sup>42</sup> The indirect support cost rate may be amended by the Executive Board during the project.

## ANNEX I-B

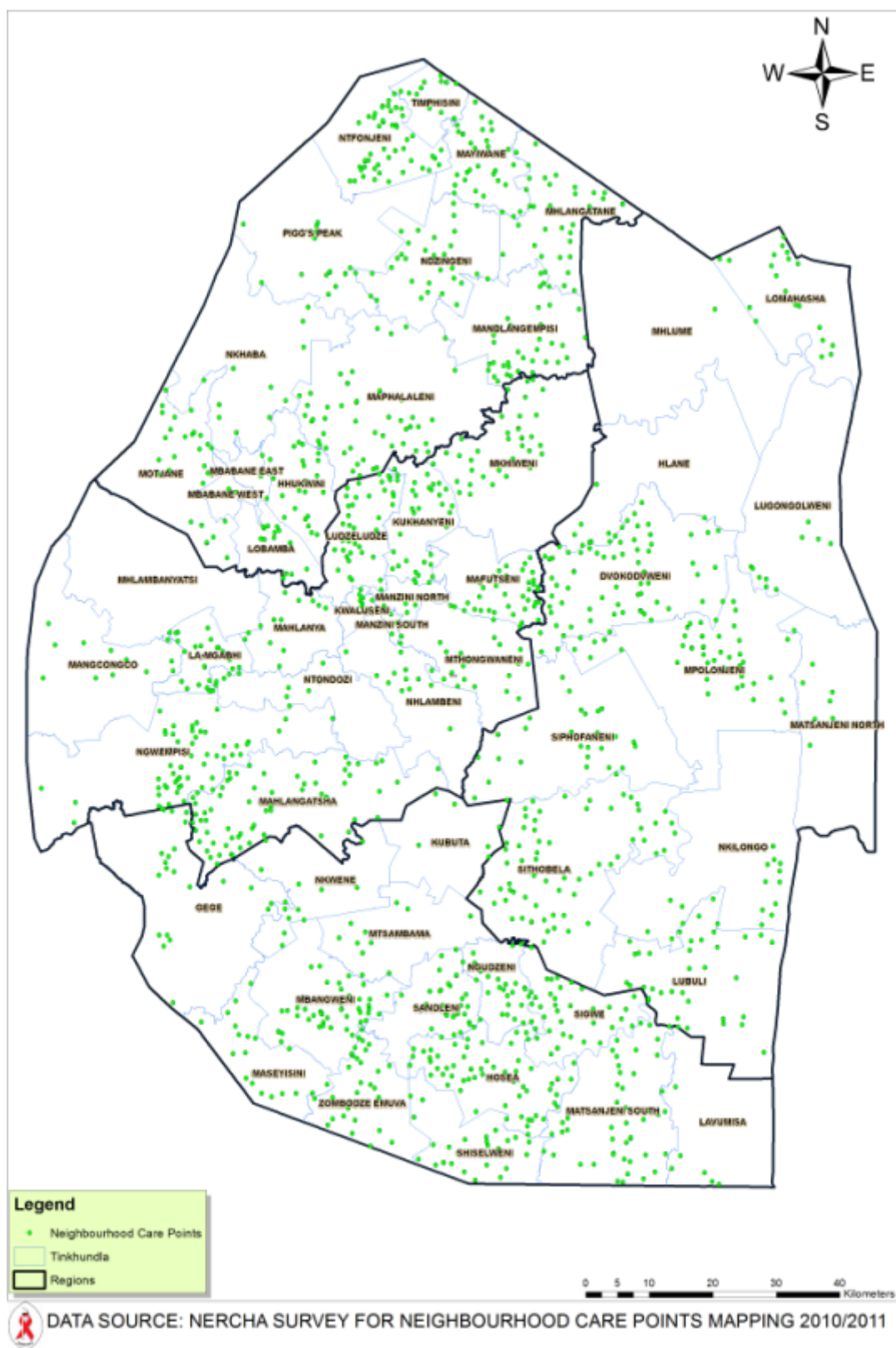
DIRECT SUPPORT REQUIREMENTS (US\$)	
<b>Staff and staff-related costs</b>	
Local staff - national officers	62 169
Local staff - general service	329 693
Staff duty travel	10 745
<b>Subtotal</b>	<b>402 607</b>
<b>Recurring expenses</b>	
Utilities	6 384
Office supplies and other consumables	15 170
Communications services	3 760
Equipment repair and maintenance	5 254
Vehicle running cost and maintenance	14 616
United Nations organisation services	10 400
<b>Subtotal</b>	<b>55 584</b>
<b>Equipment and capital costs</b>	
Communications equipment	11 624
Local security costs	5 600
<b>Subtotal</b>	<b>17 224</b>
<b>TOTAL DIRECT SUPPORT COSTS</b>	<b>475 415</b>

ANNEX II: SUMMARY OF LOGICAL FRAMEWORK		
Results	Performance indicators	Assumptions
<b>UNDAF Outcome: Pillar 2, Outcome 2.3</b> <i>Capacity of government and partners to address hunger and food insecurity among vulnerable groups is strengthened.</i>	<b>UNDAF Outcome Indicators</b> <i>% of households with met needs for food security interventions.</i>	<ul style="list-style-type: none"><li>➤ Availability of funds</li><li>➤ Sufficient financial and human resources</li><li>➤ Commitment of government and partners in implementation of NCP and other livelihood projects maintained</li><li>➤ Availability of adequate and well-motivated human resources</li></ul>
<b>UNDAF Outcome: Pillar 3, Outcome 3</b> <i>Access to quality basic education to vulnerable populations increased</i>	<b>UNDAF Outcome Indicators</b> <i>% or number of schools supported with essential tools to provide quality basic education to vulnerable populations</i>	
<b>STRATEGIC OBJECTIVE 4: REDUCE CHRONIC HUNGER AND UNDERNUTRITION</b>		
<b>Outcome 1</b> Increased access to education and human capital development in assisted formal and informal settings (NCPs)	<ul style="list-style-type: none"><li>➤ Attendance rate in NCPs (Target: 80% met or exceeded)</li></ul>	<ul style="list-style-type: none"><li>➤ Adequate and timely funding available for implementation of project and capacity building activities</li><li>➤ Complementary activities implemented at NCPs</li><li>➤ Commitment of government and partners in implementation of NCP programme maintained</li><li>➤ Continuity of volunteers (i.e., low turnover of community volunteers)</li><li>➤ Sufficient financial and human resources</li></ul>
<b>Outcome 2</b> Adequate food consumption reached over assistance period for targeted caregivers household for caregivers receiving WFP assistance	<ul style="list-style-type: none"><li>➤ Household food consumption score</li></ul> Target: <ul style="list-style-type: none"><li>➤ FCS higher than 35 for 50% targeted caregiver households</li></ul>	
<b>Outcome 3</b> Reduced prevalence of iron-deficiency anaemia <sup>43</sup>	<i>To be defined</i>	
<b>Output 1/2/3</b> Food and non-food items distributed in sufficient quantity and quality to target groups under secure conditions	<ul style="list-style-type: none"><li>➤ Number of women, men, girls and boys receiving food and non-food items by category as a %</li></ul> Target: 60,000 (yearly maximum) <ul style="list-style-type: none"><li>➤ Tonnage of food distributed as a % of planned distribution</li></ul> Target: 4,998 mt <ul style="list-style-type: none"><li>➤ Number of NCP caregivers receiving food assistance</li></ul> Target: 3,900 <ul style="list-style-type: none"><li>➤ Number of WFP-assisted schools benefiting from complementary micronutrient supplementation</li></ul> Target: 204 schools to receive MNP supplementation	
<b>STRATEGIC OBJECTIVE 5: STRENGTHEN THE CAPACITIES OF COUNTRIES TO REDUCE HUNGER, INCLUDING THROUGH HANDOVER STRATEGIES AND LOCAL PURCHASE</b>		

<b>Outcome 4</b> Progress made towards nationally owned hunger solutions	➤ National Capacity Index by hunger solution (School Feeding) Target: To be defined once baseline is established during the first quarter of 2013	➤ Adequate funding available for capacity development activities. Government commitment and support for capacity development will continue ➤ Adequate funding for capacity development ➤ Continuity of staff (i.e. no excessive staff movement within government, leaving with acquired skills)
<b>Output 4.1</b> ➤ Capacity and awareness developed through WFP led activities ➤ WFP expenditures for technical assistance to strengthen national capacity (US\$)	➤ Number of people trained in programme design and planning, implementation procedures and practices, disaggregated by category Target: 60 people trained; US\$50,000 expenditure for technical assistance to strengthen national capacity	



## ANNEX III: MAP OF SWAZILAND WITH NCPS



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## **LIST OF ACRONYMS USED IN THE DOCUMENT**

AIDS	acquired immune deficiency syndrome
COMESA	Common Market for Eastern and Southern Africa
DHS	demographic health survey
FAO	Food and Agriculture Organization of the United Nations
FFA	food for assets
GDP	gross domestic product
HIV	human immunodeficiency virus
M&E	monitoring and evaluation
MDG	Millennium Development Goal
NCCU	National Children's Coordination Unit
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
PLHIV	People Living with HIV
PRRO	protracted relief and recovery operation
PRSAP	Poverty Reduction Strategy and Action Plan
SGBV	sexual and gender-based violence
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
WFP	United Nations World Food Programme
WHO	World Health Organization