

PROJECT BUDGET REVISION FOR APPROVAL BY THE CHIEF OF STAFF

5) To:	Division	Room	Approval and Date	
Mr. Jim Harvey Chief of Staff	OED	6G36		
4) Through:	Division	Room	Signature and Date	
Ms. Elisabeth Rasmusson Assistant Executive Director	PG	6G72		
3) Through:	Division	Room	Signature and Date	
Mr. Manoj Juneja Assistant Executive Director	RM	6G00		
2) Through:	Division	Room	Signature and Date	
Mr. Ramiro Lopes da Silva Assistant Executive Director	OS	6G62		
1) From:	Regional Bureau	Signature and Date		
Chris Nikoi Regional Director	RBJ			

Swaziland DEV 200422 BR No.06

Total revised number of beneficiaries	315 900		
Duration of entire project	01 Jan 2013 – 31 Dec 2017		
Extension period	12 months		
Gender marker code	n.a.		
WFP food tonnage	23 193		

Start date: 01 Jan 2013 End date: 31 Dec 2016 Extension period: 12 months New end date: 31 Dec 2017 **Cost (United States dollars) Current Budget Increase Revised Budget** Food and Related Costs US\$ 13 977 111 US\$ 2 982 976 US\$ 16 960 087 Cash and Vouchers and Related Costs US\$ US\$ US\$ Capacity Development & Augmentation US\$ 155 895 US\$ US\$ 155 895 DSC US\$ US\$ 2 237 499 US\$ 1 939 268 298 231 **ISC** US\$ US\$ 1 354 744 US\$ 1 125 059 229 684 US\$ US\$ 3 510 891 US\$ 20 708 224 Total cost to WFP 17 197 333

CHANGES TO:			
Food Tool	C&V Tool C&V Transfers C&V Related Costs	☐ CD&A ☑ DSC ☑ Project duration ☐ Other	Project Rates ☐ LTSH (\$/MT) ☐ ODOC (\$/MT) ☐ C&V Related (%) ☐ DSC (%)



NATURE OF THE INCREASE

- 1. Budget revision six to Swaziland Development Project 200422, "Assistance to Orphaned and Vulnerable Children (OVC) at Neighbourhood Care Points (NCP's) and Schools", will extend the project by twelve months until 31 December 2017. The extension will allow for feeding of OVC at NCP's to continue in light of the serious deterioration in food security as a result of the 2015/2016 El Niño induced drought. This extension is also in line with the Government request for WFP's continued support in providing food assistance to OVC in the country.
- 2. The objectives, overall design and implementation arrangements of the project remain unchanged. The extension in time will increase the budget from US\$ 17,197,333 by US\$ 3,510,891 to US\$ 20,708,224.

JUSTIFICATION FOR THE REVISION

Summary of existing project activities

- 3. Swaziland has a high HIV prevalence, at 26 percent among adults aged 15-49¹. Women bear the brunt of the epidemic with a prevalence of 38 percent among women of child-bearing age. The annual new infection rate is 2.38 percent (1.7 percent amongst men and 3.1 percent amongst women)². Prevalence rates by age differ between men and women with peaks in the 30 34 year age group for women (54 percent); and the 35 39 year age group for men (47 percent).³
- 4. Some 45 percent of Swazi children are estimated to be OVC⁴, with one in five children having lost one or both parents with no differentiation in vulnerability based on sex.⁵ The pandemic has affected the family structure and has increased the number of households headed by the elderly, particularly women, greatly contributing to the high number of OVC in the country. With 63 percent of the population living below the poverty line, many households struggle to meet the needs of children. A 2012 World Bank review of social safety nets in Swaziland identified OVC as one of the most vulnerable groups affected by poverty and food insecurity in Swaziland. ⁶
- 5. Development Project 200422 aims to provide safety nets for vulnerable children in the country, through the provision of food assistance to OVC (aged 2 to 8 years) attending neighbourhood care points (NCPs). The provision of food at NCP's is an on-site meals programme that supports the objective of increasing children's attendance and their access to educational, health and other services. WFP implements the project under the coordination of the Deputy Prime Minister's Office and the Ministry of Tinkhundla Administration and Development. In 2014, the Government took over responsibility for supporting children attending select secondary schools and thus this activity was discontinued under this project.

¹ Swaziland Demographic Health Survey (DHS, 2007). UNAIDS 2015 HIV/AIDS estimates indicate prevalence among 15-49 years old at 28.8% (http://www.unaids.org/en/regionscountries/countries/swaziland).

² Government of Swaziland, Swaziland HIV Incidence Measurement Survey (SHIMS), 2011.

³ Swaziland HIV Incidence Measurement Survey (SHIMS), 2011

⁴ Government of Swaziland. Swaziland Multiple Indicator Cluster Survey 2010.

⁵ Government of Swaziland. Swaziland Multiple Indicator Cluster Survey 2014.

⁶ World Bank. Swaziland: Using Public Transfers to Reduce Extreme Poverty.2012

⁷ This change has been reflected in previous budget revisions.



6. The project is in line with WFP Strategic Objective 4 of the WFP Strategic Plan (2014-2017) which seeks to reduce undernutrition and break the intergenerational cycle of hunger. The project is aligned with national priorities, such as the Extended National Multi-Sectoral Strategic Framework for HIV and AIDS (2014 – 2018) and the Government's National Plan of Action for Children (2011-2015). The project contributes to the United Nations Development Assistance Framework (2016 – 2020). The project contribute towards Sustainable Development Goals (SDG) 2 and 17. In particular, the enactment of a nutrition sensitive national social protection system contributes to SDG target 2.2 to "by 2030 end all forms of malnutrition".

Conclusion and recommendation of the re-assessment

- 7. The 2015/2016 agricultural season saw the lowest recorded rainfall in the SADC region in the past 35 years related to El Niño conditions. Swaziland had already experienced low rainfall and acute food and water shortages since early 2015. According to the Swaziland Vulnerability Assessment and Analysis for 2016/2017 (Swazi VAC), an estimated 640,000 people will face some form of food insecurity by the peak of the lean season starting in November 2016 and lasting until March 2017. Of the total people affected, it is estimated that 350,000 people face crisis and emergency food insecurity levels, requiring immediate food assistance.
- 8. The precarious food security situation is also exacerbated by the country's poor economic performance this year. Significant reduction of revenues from the Southern Africa Custom Union (SACU), and the depreciation of the South Africa's Rand to which the Swaziland Lilangeni is pegged have negatively affected the economic outlook of the country which constrains the Government's ability to implement and scale-up social assistance programmes.
- 9. The 2016 Swazi VAC analysis of the Food Consumption Score (FCS) trends for the past five years shows an increase in the proportion of households with poor and borderline food consumption score, from 16 percent in 2012 to 27 percent in 2016. The consumption score was also averaging below 50 percent for foods rich in key nutrients (Vitamin A, Iron and Protein). Levels of chronic malnutrition are also a concern, with 26 per cent of children under five years of age being stunted. Findings from the VAC also show that amongst children under five percent, two percent are wasted and 5 percent are underweight. About 42 percent of children aged 6-59 months suffer from some degree of iron deficiency anaemia Low coverage of vitamin A supplementation and salt iodization suggest micronutrient deficiencies remain a challenge. 12

⁸ UNDAF Priority Area 1 (Poverty and inequality reduction, inclusive growth and sustainable development) Output 1.1.2: Vulnerable groups have improved access to social protection services. And Priority Area 2 (Equitable and efficient delivery and access to social services), Output 2.3.2: Health sector capacity to deliver quality HIV treatment care and support services strengthened.

⁹ Target 2.2 by 2030 end all forms of malnutrition including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons;

¹⁰ Government of Swaziland. Swaziland Multiple Indicator Cluster Survey (MICS) 2014.

 $^{^{11}}$ Government of Swaziland (2007). Demographic and Health Survey 2006-2007

¹² According to the MICS 2010, only 68 percent of children under age of 5 received vitamin A and according to MICS 2014, the percentage of households with adequate iodized salt consumption was 66 percent.



Purpose of change in project duration and budget increase

- 10. Acknowledging the serious deterioration in food security throughout Swaziland due to the 2015-2016 El Niño induced drought the need for food and nutrition support to OVC's has increased; hence necessitating this twelve month extension in time of Development Project 200422. The Government has requested for WFP's continued support to the OVC's. WFP is currently implementing EMOP 200974 (ending in April 2017) which provides relief assistance to the most vulnerable households through targeted general food distributions, both through in-kind and cash transfers. In 2017, WFP will develop an Interim Country Strategic Plan to start in 2018, leading up to a Country Strategic Plan (CSP) by mid-2019. This extension in time of this project will also allow for the activities to be further reviewed in light of the country strategy approach in consultation with partners and reflected in the CSP if and as appropriate.
- 11. Despite substantial investments by the Government and development partners in social protection mechanism there are still gaps in the services available to the youngest children who are not yet in school. The provision of food assistance at NCP's is the only project at national scale which directly protect this vulnerable group from food insecurity¹³. Given the poor economic outlook of the country for 2016, it is also likely that social spending will be constrained.
- 12. WFP will continue the provision of food assistance through in-kind support¹⁴ to young OVC's attending NCPs for an additional period of twelve months, up to December 2017. Assistance will remain at the existing scale and will target 52,000 children in 1,594 NCP's country-wide. The Government has recently started to implement a pilot in a few communities targeting an estimated 10,000 children, to provide social grants to OVC through cash transfers, with support of the World Bank and the European Union. Lessons learned from the first phases of implementation of this pilot as well as continued engagement with Government and relevant stakeholders on integration of safety nets programmes for OVCs in the country will contribute to inform the future of this development programme beyond this extension.
- 13. Capacity strengthening efforts to support the Government to develop a sustainable comprehensive national social protection mechanism which will contribute to improved access to nutritious foods for vulnerable children will continue. These efforts form part of WFP's broader strategy in the country to gradually shift from providing food assistance to providing technical assistance, as requested.
- 14. Results, outcomes and outputs and related indicators in the project logical framework have been maintained, as activities will not change. The project end and targets have been adjusted in the logframe to reflect the project extension. 15

TABLE 1: BENEFICIARIES BY ACTIVITY

¹³ The 2014 external evaluation of WFP assistance to OVC confirmed that NCP's are one of the few mechanisms available to reach poor, rural children consistently with food assistance.

¹⁴ The choice for in-kind food assistance was confirmed as appropriate by the 2014 external Operation Evaluation of the project.

¹⁵ Outcome indicators for support of OVC at NCPs include attendance rate and gender ratio. Indicators appear as if for primary schools in the logframe due to standard name of these indicators, however the information will be collected on NCPs. This is specified in notes to the indicators.



Activity		Current		Increase	(extension	period) ¹⁶		Revised	
,	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
OVC feeding at NCPs	87 520	96 480	184 000	25 480	26 520	52 000	113 000	123 000	236 000
Secondary school meals	35 485	40 015	75 500	-	-	-	35 485	40 015	75 500
Sebenta school meals	2 068	2 332	4 400	-	-	-	2 068	2 332	4 400
TOTAL	125 073	138 827	263 900	25 480	26 520	52 000	150 553	165 347	315 900

The increase of beneficiaries in Table 1 represents the planned beneficiaries for the extension period. The current figures represent the cumulative project plan from start of project up to December 2016. The revised total is the cumulative for the project, including the extension

15. This budget revision will not introduce any changes to the rations. Children are provided with two daily cooked meals on weekdays (for an average of 22 days per month) at the NCP's. Super Cereal Plus is provided for breakfast and is included in the rations to increase the micronutrient content of meals and the lunchtime meal consists of maize meal, beans and fortified vegetable oil.

TABLE 2: DAILY FOOD RATION BY ACTIVITY (g/person/day)			
	OVC Feeding at NCPs		
Super Cereal Plus	75		
Maize Meal	150		
Pulses	40		
Oil 7.5			
TOTAL 272.5			
Total kcal/day 1,037			
lumber of feeding days 22 per month			

FOOD REQUIREMENTS

16. Swaziland produces less than its total cereal requirements and is a net importer of food commodities.¹⁷ In line with historical trends it is therefore anticipated 70 percent of the food requirements will be purchased regionally and 30 percent will be purchased internationally.

TABLE 3: FOOD REQUIREMENTS BY ACTIVITY					
Activity	Commodity Food requirements (mt)				
-	-	Current	Increase	Revised total	
OVC feeding at NCPs		15 586	3 741	19 327	
Secondary school meals		3 730	-	3 730	

¹⁶ In the current plan the assumption was 47% male and 53% female beneficiaries based on average national statistics. Based on actual beneficiary information, the ratio in the planning for OVCs at NCPs has been changed since 2015 to 49% male and 51% female.

¹⁷ Maize production was around 64% lower in 2016 than previous year due to the impact of the drought caused by the El Nino phenomenon. (Swaziland Annual Vulnerability Assessment and Analysis Report. Swaziland VAC. 2016).



Sebenta school meals	136	-	136
TOTAL	19 452	3 741	23 193



ANNEX I-A

PROJECT COST BREAKDOWN					
	Quantity (mt)	Value (US\$)	Value (US\$)		
Food Transfers					
Cereals	2 059	1 093 435			
Pulses	549	294 877			
Oil and fats	103	122 522			
Mixed and blended food	1 030	900 904			
Others	-	-			
Total Food Transfers	3 741	2 411 739			
External Transport		34 172			
LTSH		410 360			
ODOC Food		126 705			
Food and Related Costs 18		2 982 976			
C&V Transfers		-			
C&V Related costs -					
Cash and Vouchers and Related Costs					
Capacity Development & Augmentation		-			
Direct Operational Costs			2 982 976		
Direct support costs (see Annex I-B)			298 231		
Total Direct Project Costs	3 281 207				
Indirect support costs (7.0 percent) ¹⁹			229 684		
TOTAL WFP COSTS			3 510 891		

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

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



ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (US\$) WFP Staff and Staff-Related				
General service staff **	124 254			
Danger pay and local allowances	-			
Subtotal	158 574			
Recurring and Other	30 249			
Capital Equipment	4 617			
Security	1 491			
Travel and transportation	93 300			
Assessments, Evaluations and Monitoring ²⁰	10 000			
TOTAL DIRECT SUPPORT COSTS	298 231			

^{*} Costs to be included in this line are under the following cost elements: International Professional Staff (P1 to D2), Local Staff - National Officer, International Consultants, Local Consultants, UNV

^{**} Costs to be included in this line are under the following cost elements: International GS Staff, Local Staff - General Service, Local Staff - Temporary Assist. (SC, SSA, Other), Overtime

 $^{^{20}}$ Reflects estimated costs when these activities are performed by third parties. If WFP Country Office staff perform these activities, the costs are included in Staff and Staff Related and Travel and Transportation.