



Standard Project Report 2015

World Food Programme in Swaziland, Kingdom of (SZ)

Support to Community-Based Volunteer Caregivers of Children Affected by HIV and AIDS

Reporting period: 1 January - 31 December 2015

Project Information	
Project Number	200508
Project Category	Development Project
Overall Planned Beneficiaries	137,975
Planned Beneficiaries in 2015	23,475
Total Beneficiaries in 2015	23,475

Key Project Dates	
Project Approval Date	January 30, 2013
Planned Start Date	January 01, 2013
Actual Start Date	January 01, 2013
Project End Date	June 30, 2015
Financial Closure Date	N/A

Approved budget in USD	
Food and Related Costs	3,891,448
Capacity Dev.t and Augmentation	25,411
Direct Support Costs	592,305
Cash-Based Transfers and Related Costs	N/A
Indirect Support Costs	315,641
Total	4,824,806

Commodities	Metric Tonnes
Planned Commodities in 2015	1,503
Actual Commodities 2015	226
Total Approved Commodities	6,501

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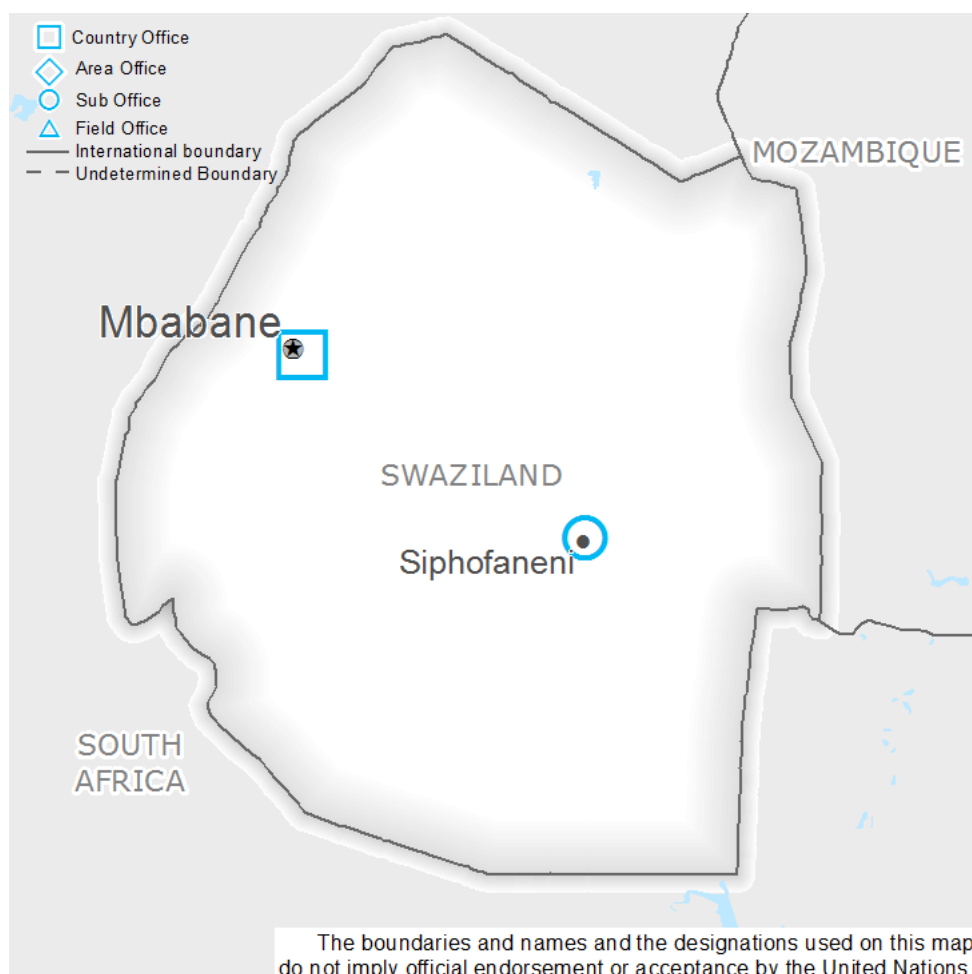
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COUNTRY OVERVIEW



Country Background

The Kingdom of Swaziland has a population of 1.1 million people and ranks 150 out of 188 in the 2015 Human Development Index. While Swaziland is a lower middle income country, 63 percent of Swazis live below the national poverty line (less than USD 1.25 per day). Swaziland faces significant development challenges including high income inequality, high unemployment and the impact of HIV and AIDS.

Swaziland has a very high HIV prevalence: 26 percent of the population between the ages of 15-49 and 41 percent of pregnant women receiving antenatal care live with HIV. Life expectancy is 49 years and 45 percent of children are orphaned or vulnerable. The country has made significant progress to achieve Millennium Development Goal (MDG) 6 to combat HIV/AIDS, malaria and other diseases by 2015.

Swaziland is ranked 115 out of 187 countries in the Gender Inequality Index. Factors contributing to increased vulnerability among women and girls include weak legislation; poor access to income generating opportunities and social services; and gender-based violence. Swaziland is on track to reach MDG 2, to achieve universal primary education, and MDG 3, to promote gender equality.

Chronic malnutrition is a concern in Swaziland: Stunting affected 25.5 percent of children under five years in 2014, a decline from 31 percent in 2010. Factors associated with stunting in Swaziland include poor infant feeding practices, low birth weight, poor levels of postnatal care, HIV/AIDS, poor access to sanitation, and maternal education. Among children under 5 years, 2 percent were wasted and 6 percent were underweight in 2014. The Cost of Hunger in Swaziland report found that 3 percent of Gross Domestic Product (GDP) is lost annually to child malnutrition. Swaziland is partially on track to achieve MDG 1, but targets to reduce poverty and achieve decent work for all are

unlikely to be fully met.

Swaziland is vulnerable to drought in the south-eastern part of the country. The 2015 spike in food insecurity disrupted five consecutive years of declining rates of food insecurity. An estimated 23.5 percent of Swazis are moderately to severely food insecure as of the early lean season in 2015, and food insecurity is expected to worsen as lean season progresses. Chronic food production deficits and rising food prices have serious implications for food access, particularly among the 77 percent of Swazis who rely on subsistence farming for their livelihoods.

Constrained economic growth is expected to hinder implementation of social policies benefiting vulnerable Swazis in years of increased need. GDP growth stood at an estimated 2.5 percent in 2014, significantly below the targeted 5 percent annual average growth rate. From 2015, a decline in Southern Africa Customs Union (SACU) revenue, and forecasted suboptimal performance in the agriculture sector are expected to constrain government finances.

Summary Of WFP Assistance

WFP assistance aims to improve food and nutrition security and the livelihoods of the most vulnerable households impacted by poverty and HIV/AIDS. From 2016, WFP will introduce a new Country Strategy with the objective to gradually handover food and nutrition initiatives to the Government of Swaziland. To achieve this, WFP will transition from a partner supporting direct implementation to a strengthened advocacy and advisory role.

In 2015, WFP implemented three Development Projects (DEVs) targeting the most vulnerable Swazis: orphans and vulnerable children (OVC) and malnourished people living with HIV and tuberculosis (TB). The projects together reached 102,598 beneficiaries. In addition, WFP enhanced the government's capacity to manage food and nutrition security interventions, including food security monitoring and emergency preparedness and response.

DEV 200422 provided support to OVC aged two to eight years attending community-run child care centres called neighbourhood care points (NCPs). DEV 200508 augmented DEV 200422 by providing food assistance to caregivers of OVC at NCPs, who prepared meals and provided complementary services for OVC.

WFP, under DEV 200353 and in partnership with the Ministry of Health, assisted people living with HIV and TB to improve treatment adherence and health outcomes by providing nutrition assessments with care and support services.

WFP's main achievements in 2015 demonstrated readiness to support full transition of food and nutrition security interventions to the government. WFP provided food assistance to young OVC while partnering with UN agencies to provide technical assistance toward strengthening the national social protection system to absorb OVC as a vulnerable population and to advocate for nutrition-sensitivity in safety nets.

As the multilateral convener of the Scaling Up Nutrition (SUN) Movement, WFP acted as a leading partner in developing the capacity of government to address childhood undernutrition. The prevention of stunting became a key priority in the national development agenda in part thanks to WFP advocacy. WFP supported the development of the National Nutrition Policy and national Stunting Action Plan that will lay out concrete actions to strengthen the multi-sectoral approach for mother and child nutrition.

These activities contributed to progress toward Millennium Development Goals 1, 2, 3 and 6. WFP activities supported the priorities of the Government of Swaziland, through the Poverty Reduction Strategy and Action Programme, and aligned with the United Nations Development Assistance Framework (UNDAF) for 2011-2015.

Beneficiaries	Male	Female	Total
Children (under 5 years)	28,000	29,345	57,345
Children (5-18 years)	12,969	14,072	27,041
Adults (18 years plus)	8,547	9,665	18,212
Total number of beneficiaries in 2015	49,516	53,082	102,598

Distribution (mt)						
Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Development Project	1,770	85	301	774	0	2,931

Distribution (mt)						
Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Total Food Distributed in 2015	1,770	85	301	774	0	2,931

OPERATIONAL SPR

Operational Objectives and Relevance

A major social consequence of HIV in Swaziland is that 45 percent of children are orphaned or vulnerable and require strong social safety nets. The community members that care for them also require adequate support, as recognized in the National Multisectoral Strategic HIV and AIDS Framework (2014-18).

DEV 200508 was designed to enhance the effectiveness of assistance provided to orphaned and vulnerable children (OVC) through volunteer caregivers at community-led Neighborhood Care Points (NCPs) under complementary project 200422. In DEV 200422, caregivers provided meals to OVC under the age of eight attending NCPs, enabling their access to nutritious food and complementary services such as early education and links to basic healthcare. DEV 200508 provided food assistance to caregivers who cooked the nutritious meals and provided lessons and psychosocial care for children enrolled at NCPs.

Projects 200422 and 200508 previously had components supporting school meals in secondary schools. Project 200422 provided school meals while project 200508 planned to supplement the school meals with micronutrient powders. The micronutrient component under DEV 200508 was not implemented because sustainable resources could not be secured. The school meals programme under DEV 200422 was successfully handed over to the Government of Swaziland in early 2014.

Under the leadership of the Office of the Deputy Prime Minister (DPMO) and the Ministry of Tinkhundla Administration and Development (MTAD), the expected outcome of the project was to improve access to livelihoods that reduce caregivers' risk from shocks and enhance their resilience.

The project was in line with WFP Strategic Objective 3 and with priorities of the National Development Strategy (1999-2022), with the United Nations Development Assistance Framework (2010-15) pillars 2 and 3. Its activities contributed towards the achievement of Millennium Development Goals 1 and 3 and the Zero Hunger Challenge goals.

Results

Beneficiaries, Targeting and Distribution

DEV 200508 targets volunteer caregivers of OVC attending NCPs. Most caregivers are rural women who face vulnerability themselves. Approximately 20 percent of the caregivers are men. Local leaders and community members participated in the selection of volunteers and endorsed the targeted caregivers. In each NCP, WFP allocated a monthly take-home ration of cereals, pulses and fortified vegetable oil for up to three volunteer caregivers and their family members using an average household size of five people. Children represented in the beneficiary table are all children of NCP caregivers covered by the household ration. This is based on demographics of average number of children by age group and gender in Swaziland.

Despite limited resources, WFP provided food assistance to 100 percent of its target, reaching 4,695 women and men volunteers at 1,565 NCPs in all four regions of the country with take-home food assistance. The total of 23,475 beneficiaries includes caregivers and their household members.

While WFP reached all the caregivers, the quantity of food distributed was lower than planned. With the extremely limited funding available, WFP was able to distribute only 15 percent of the planned food to the caregivers, including cereals and fortified vegetable oil. In-kind food assistance was chosen as the most efficient transfer modality, considering food prices are high in Swaziland. Market prices and food production trends continue to indicate higher food prices in Swaziland compared to neighbouring countries. Caregivers continued to provide services such as meals and lessons even when WFP was unable to provide their ration, demonstrating their dedication to supporting OVC in their communities.

The programme of support to community-based volunteer caregivers of children affected by HIV and AIDS was designed to complement the assistance to OVC at NCPs delivered under project 200422. As such, about 52,000 OVC attending the NCPs received secondary benefits from this project. The assistance to caregivers contributed to their effectiveness in providing meals and complementary services such as lessons and psychosocial care, ultimately preparing children to enter primary school.

Table 1: Overview of Project Beneficiary Information

Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Total Beneficiaries	11,034	12,441	23,475	11,034	12,441	23,475	100.0%	100.0%	100.0%
By Age-group:									
Children (under 5 years)	1,315	1,502	2,817	1,315	1,502	2,817	100.0%	100.0%	100.0%
Children (5-18 years)	4,202	4,718	8,920	4,202	4,718	8,920	100.0%	100.0%	100.0%
Adults (18 years plus)	5,517	6,221	11,738	5,517	6,221	11,738	100.0%	100.0%	100.0%
By Residence status:									
Residents	11,033	12,442	23,475	11,033	12,442	23,475	100.0%	100.0%	100.0%

Table 2: Beneficiaries by Activity and Modality

Activity	Planned			Actual			% Actual v. Planned		
	Food	CBT	Total	Food	CBT	Total	Food	CBT	Total
Food-Assistance-for-Assets	23,475	-	23,475	23,475	-	23,475	100.0%	-	100.0%

Table 3: Participants and Beneficiaries by Activity (excluding nutrition)

Beneficiary Category	Planned			Actual			% Actual v. Planned		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Food-Assistance-for-Assets									
People participating in asset-creation activities	939	3,756	4,695	939	3,756	4,695	100.0%	100.0%	100.0%
Total participants	939	3,756	4,695	939	3,756	4,695	100.0%	100.0%	100.0%
Total beneficiaries	11,269	12,206	23,475	11,034	12,441	23,475	97.9%	101.9%	100.0%

The total number of beneficiaries includes all targeted persons who were provided with WFP food/cash/vouchers during the reporting period - either as a recipient/participant or from a household food ration distributed to one of these recipients/participants.

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
Beans	62	1	0.8%
Maize	1,239	166	13.4%
Rice	-	26	-
Split Peas	124	-	-
Vegetable Oil	77	34	44.1%
Total	1,503	226	15.0%

Story Worth Telling

Cebile Magongo* (66), a mother of two grown children, has been the head of her household ever since her husband passed away. Despite raising six grandchildren and great grandchildren, she has contributed to her community by

working in the local NCP under the Mphankhomo chieftdom in Manzini region since it opened its doors in 2004. The Mphankhomo NCP has provided a foundation towards the education of all her great-grandchildren and grandchildren, as they all attended the NCP at one point. Two of them currently attend the NCP where they are getting ready to start primary school.

Cebile is one of three volunteer caregivers in her community. Together, they provide a safe haven for the children attending the NCP and share the work of cooking, teaching, looking after the kids, collecting firewood and taking care of the NCP garden where they grow vegetables to complement the food provided by WFP.

Cebile explained that the food assistance she received from WFP made it easier for her to keep working in the NCP while taking care of her family, especially during unsuccessful harvesting periods, such as 2015. Every year she grows maize and sweet potatoes. Due to the drought, in the 2015 season she was only able to grow about 100 kilograms of maize compared to the previous season when she managed to grow about 1,500 kilograms. Before they received WFP assistance, the family's only other source of income were remittances from the two adult children who work in an urban area. The wages they send home are not enough to cater for all the family needs, especially with rising food prices. Cebile's family appreciated the food they received this year because it freed up money to buy other household necessities.

* Name changed.

Progress Towards Gender Equality

Providing food assistance to caregivers supports a gendered social role that is vital to vulnerable children's growth and development. Volunteer caregivers at NCPs, who are about 80 percent women, are motivated by the commitment to caring for vulnerable children, and many of the caregivers have children or grandchildren of their own that benefit from NCPs. But this time-consuming role means caregivers have less opportunity to pursue income-generating activities, farm, or care for their own families. This is compounded by the challenges Swazi women disproportionately face in accessing livelihood opportunities and land.

Gender indicators were assessed during post-distribution monitoring in July 2015. Interviews of caregivers show that 38 percent of caregiver households were headed by women. Even when women caregivers are not heads of households, many of them make decisions about the use of food. In 93 percent of caregiver households, women make decisions about the use of the food received from WFP, while in 6 percent of the households there is consultation between the men and women on how household resources should be used. The large proportion of women decision makers when it comes to the use of food is consistent with common cultural family dynamics in Swaziland.

A success of the programme was that in 99 percent of caregiver households, decision-makers chose to consume the food rather than sell or trade it. Caregivers were generally satisfied with the decisions made in their households on how to use the commodities. This data suggests that decisions about food use are fair and benefit entire families, regardless of who is making these decisions. This conclusion is confirmed by the WFP-commissioned Operational Evaluation of WFP assistance to OVC and caregivers in 2014, which found that household food assistance enabled caregivers to contribute to the family income while continuing to volunteer at NCPs. Thus food assistance can be seen to empower women to take care of their families and enable them to support care for vulnerable children.

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where females and males together make decisions over the use of cash, voucher or food				
SWAZILAND, Food-Assistance-for-Assets , Project End Target: 2015.06 , Base value: 2014.11 , Latest Follow-up: 2015.07	=40.00	10.00		5.70
Proportion of households where females make decisions over the use of cash, voucher or food				
SWAZILAND, Food-Assistance-for-Assets , Project End Target: 2015.06 , Base value: 2014.11 , Latest Follow-up: 2015.07	=30.00	85.00		93.50

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where males make decisions over the use of cash, voucher or food				
SWAZILAND, Food-Assistance-for-Assets , Project End Target: 2015.06 , Base value: 2014.11 , Latest Follow-up: 2015.07	=30.00	5.00		0.80

Protection and Accountability to Affected Populations

According to the July 2015 post-distribution monitoring (PDM) survey, none of the caregivers reported having any safety problems at NCPs or during their commute, thereby meeting the project's protection target. These results are consistent with those of the previous year.

To mitigate the main potential security risk of theft, most NCPs have secure storage areas for food; WFP and its NGO partner, Save the Children, also ensure field monitors visit each NCP to review safe storage procedures. Caregivers are well-informed about how to report security issues, and it is therefore believed that all caregivers have accurately reported on their personal safety situation at the NCPs.

WFP has assessed caregivers' exposure to security risks as very low because caregivers commute to NCPs during daytime hours and stay within their own communities. Since community leaders select the caregivers and endorse their activities, they are unlikely to run into a lack of support from people in their communities. Working with MTAD and local government allows for mediation of community issues with NCPs should they arise.

Through the July 2015 PDM survey, caregivers were also asked questions to determine if they were fully informed about all aspects of the programme. Overall, 91 percent were well informed about the programme, including who is included, what people will receive, and how to give and receive feedback, thus meeting the project's target. Ninety-seven percent of the caregivers demonstrated that they understand the eligibility criteria for receiving WFP assistance, and 85 percent were able to explain what rations they should receive. These results indicate caregivers are able to determine whether they received the appropriate assistance. Additionally, 97 percent of caregivers were aware they could lodge complaints about the programme with local leaders in their communities or with WFP monitoring staff.

The overall proportion of beneficiaries that understood their entitlements in WFP's programmes shows a strong improvement from last year's 67 percent. The improvement can be explained by WFP's efforts to encourage information-sharing during monitoring visits, a number of community meetings that have been held to raise awareness of project procedures among caregivers and their community supporters, and the increased coverage of on-site visits through partnering with Save the Children in project monitoring. Increased community outreach also enabled WFP to communicate shortfalls in rations to caregivers ahead of time.

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people informed about the programme (who is included, what people will receive, where people can complain)				
SWAZILAND, Food-Assistance-for-Assets , Project End Target: 2015.06 , Base value: 2014.11 , Latest Follow-up: 2015.07	=90.00	67.00		90.95
Proportion of assisted people who do not experience safety problems travelling to, from and/or at WFP programme site				
SWAZILAND, Food-Assistance-for-Assets , Project End Target: 2015.06 , Base value: 2014.11 , Latest Follow-up: 2015.07	=100.00	100.00		100.00

Outputs

The NCP caregiver programme is a community-led initiative unique to Swaziland. These 1,565 centers are operated by volunteer caregivers who are selected from within the community and endorsed by its leadership. The caregivers provide basic services to about 52,000 vulnerable children, including early education, cooking of meals, psychosocial support, protection for children, and links to health care at nearby clinics. Though NCPs are similar to

an informal pre-school, they provide a safety net beyond those available at a pre-school, which does not provide free meals and is unaffordable to most OVC, or the school meals programme, which is not available to children too young for school. The programme differs from a Food-Assistance-for-Assets (FFA) programme traditionally implemented by WFP in that it provides food as an incentive to caregivers to ensure effectiveness of OVC services, rather than, for example rehabilitating a road to access agricultural markets.

The project began in 2013 with 1,300 NCPs, and was extended to June 2015 with an increase to 1,565 NCPs after careful review of community needs throughout the project. In each NCP, WFP planned to allocate a monthly take-home ration for up to three volunteer caregivers and their family members using the national average household size of 5 people per household. Despite resourcing challenges, WFP distributed a limited ration of cereals and vegetable oil to all caregivers in 2015 before project closure.

Caregivers were able to continue their support at all NCPs despite limited provision of the food incentive, demonstrating their commitment to caring for vulnerable children in their communities. The project contributed to a package of activities outlined in Swaziland's Strategic Plan on the National Response to Psychosocial Needs of Children, which states that caregivers themselves must be cared for and motivated, and proposes to standardize incentives for all caregivers, to mobilize communities to support caregivers, and to develop programmes to reduce caregiver burnout.

Output	Unit	Planned	Actual	% Actual vs. Planned
SO3: Food-Assistance-for-Assets				
Number of institutional sites assisted	site	1,565	1,565	100.0

Outcomes

As in 2014, during the 2015 reporting year, WFP assessed food security of volunteer caregivers and their families and their satisfaction with WFP assistance through the July 2015 PDM survey. Caregivers quantity of diet (food consumption score), quality of diet (dietary diversity) and ability to handle food shortages (coping strategy index) were included in the assessment.

New indicators were introduced in 2014 after the project began, so there were no follow-up values to compare against the latest outcome results. Where possible, 2014 results are used as a baseline.

The results showed that the food security situation among the caregiver households deteriorated from the previous year, primarily due to an overall national deterioration in food security. In 2015, 2.4 percent of the sampled households had a poor food consumption score, an increase over the 1.5 percent of households with a poor food consumption score in 2014. The proportion of households with a borderline food consumption score increased to 24 percent from 16 percent last year and the proportion of households with an acceptable food consumption score decreased from 83 percent in 2014 to 74 percent in 2015. The target for Strategic Objective 3 is to reduce the prevalence of poor and borderline food consumption among targeted households by 80 percent from the baseline values. The dietary diversity score, a measure of quality of diet, improved for both male- and female-headed households in 2015 compared to 2014, thus meeting programme targets.

WFP examined the Coping Strategy Index (CSI) among caregiver households to determine how severely supported households are affected by food insecurity, although the analysis was somewhat limited due to resource constraints. When the indicators for CSI were developed at the beginning of 2015, WFP aimed to monitor CSI in the same households as in 2014 to allow for comparisons of food security among the same people over time, and this plan is reflected in the outcome indicator table below. However during the July 2015 PDM survey, it was not possible to return to the same households surveyed in 2014. Thus WFP monitored CSI in a different sample population in 2015 and compared the average CSI scores across the two years.

The average CSI among households was reduced, indicating that targets to reduce extreme behaviors to deal with food shortages were met. The average CSI among female-headed households reduced from 9.8 in 2014 to 9.0 in 2015, and from 10.4 in 2014 to 6.8 in 2015 in male-headed households.

The deterioration in caregivers' food security situations is consistent with food security trends at a national level. There has been a sharp change in the overall food security situation as confirmed by the 2015 Vulnerability Assessment and Analysis report as well as the 2015 Crop and Food Security Assessment Mission (CFSAM). Nationally, the proportion of people moderately to severely food insecure increased from 3 percent in 2014 to 23 percent in 2015 – the highest in the previous five years. The poor rainfall season of 2014/15 negatively impacted the food security situation of a large number of vulnerable people. An extended dry period occurred between January

and March 2015 during a critical maize crop development stage resulted in widespread crop losses and reduced yields. At national level, maize production was 31 percent less than in 2014 and 6 percent less than the five-year average. Food prices in the region also have been increasing due to widespread poor cropping conditions.

Although WFP was only able to make limited distributions of about 15 percent of expected food assistance, it was not possible to mitigate the food security of caregivers to a large extent given the context of decreasing food security nationally. Given the limited resources available, WFP was forced to end the project with existing concerns regarding the deteriorating food security situation. The government has begun emergency food assistance targeting vulnerable households, which WFP is supporting with technical assistance. This food assistance is likely to mitigate the impact of the closure of the project on the most vulnerable caregiver households.

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
SO3 Reduce risk and enable people, communities and countries to meet their own food and nutrition needs				
Improved access to livelihood assets has contributed to enhanced resilience and reduced risks from disaster and shocks faced by targeted food-insecure communities and households				
FCS: percentage of households with poor Food Consumption Score				
SWAZILAND , Project End Target: 2015.06 PDM , Base value: 2014.11 WFP survey PDM , Latest Follow-up: 2015.07 WFP survey PDM	<0.30	1.50	-	2.40
FCS: percentage of households with borderline Food Consumption Score				
SWAZILAND , Project End Target: 2015.06 PDM survey , Base value: 2014.11 WFP survey PDM , Latest Follow-up: 2015.07 WFP survey PDM	<3.20	16.00	-	24.10
FCS: percentage of households with poor Food Consumption Score (female-headed)				
SWAZILAND , Project End Target: 2015.06 PDM , Base value: 2014.11 WFP survey PDM , Latest Follow-up: 2015.07 WFP survey PDM	<0.20	1.00	-	4.20
FCS: percentage of households with poor Food Consumption Score (male-headed)				
SWAZILAND , Project End Target: 2015.06 PDM , Base value: 2014.11 WFP survey PDM , Latest Follow-up: 2015.07 WFP survey PDM	<0.40	2.00	-	1.30
FCS: percentage of households with borderline Food Consumption Score (female-headed)				
SWAZILAND , Project End Target: 2015.06 PDM , Base value: 2014.11 WFP survey PDM , Latest Follow-up: 2015.07 WFP survey PDM	<3.40	17.00	-	27.40
FCS: percentage of households with borderline Food Consumption Score (male-headed)				
SWAZILAND , Project End Target: 2015.06 PDM , Base value: 2014.11 WFP survey PDM , Latest Follow-up: 2015.07 WFP survey PDM	<3.00	15.00	-	22.00
Diet Diversity Score				
SWAZILAND , Project End Target: 2015.06 PDM , Base value: 2014.11 WFP survey PDM , Latest Follow-up: 2015.07 WFP survey PDM	>5.40	5.40	-	6.22
Diet Diversity Score (female-headed households)				
SWAZILAND , Project End Target: 2015.06 PDM , Base value: 2014.11 WFP survey PDM , Latest Follow-up: 2015.07 WFP survey PDM	>5.30	5.30	-	5.97

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
CSI (Food): Percentage of male-headed households with reduced/stabilized Coping Strategy Index				
SWAZILAND , <i>Project End Target: 2015.06 PDM</i>	=100.00		-	-
CSI (Food): Percentage of households with reduced/stabilized Coping Strategy Index				
SWAZILAND , <i>Project End Target: 2015.06 PDM</i>	=100.00		-	-
CSI (Food): Percentage of female-headed households with reduced/stabilized Coping Strategy Index				
SWAZILAND , <i>Project End Target: 2015.06 PDM</i>	=100.00		-	-
Diet Diversity Score (male-headed households)				
SWAZILAND , <i>Project End Target: 2015.06 PDM , Base value: 2014.11 WFP survey PDM , Latest Follow-up: 2015.07 WFP survey PDM</i>	>5.50	5.50	-	6.38

Sustainability, Capacity Development and Handover

Capacity development efforts under this project have focused on ensuring quality provision of meals and complementary services at community level and strengthening monitoring and evaluation and coordination of the NCP programme. WFP continued these activities in 2015 while also developing an exit strategy for the project in line with recommendations of the Operational Evaluation and partner consultations on the new Country Strategy to strengthen sustainability of WFP assistance in social protection.

During implementation and beyond project closure in June, WFP and Save the Children field monitors visited all 1,565 NCPs to encourage caregivers to continue to provide services at NCPs as the food assistance to OVC continued through December 2015. WFP provided on-site support to caregivers to ensure they implemented best practices in ration measurement, food safety and management, and record-keeping.

Partner consultations on the new WFP Country Strategy established the way forward for WFP support to achieve full national ownership of food and nutrition security interventions, including ensuring access to social protection for vulnerable children. This transition requires WFP to strengthen its role as technical advisor and advocate while gradually and completely transferring implementation responsibilities to line ministries or finding other ways to ensure objectives to ensure access to social safety nets are met. The proposed strategy will enable WFP to implement recommendations of the Operational Evaluation conducted in 2013.

The government acknowledges that NCPs are an important platform for providing key basic services to young, vulnerable children, and food assistance has been recognized as a way to increase access to these services in the government NCP Strategic Plan. WFP has been the main partner providing food assistance to OVC and the providers of care and support to these children. However, limited external resources and poor economic forecasts have curtailed the implementation of the NCP Strategic Plan, which aimed to secure domestic resources and full ownership of NCP management by communities by 2014. Concerns on the economic forecast and deteriorating food security situation give greater urgency in 2015 for WFP and partners to prioritize the most efficient and needed modes of delivering social protection in 2015. While social protection initiatives are receiving increased support from government, which contributes financial resources equivalent to approximately 2 percent of GDP on various social protection mechanisms, funds for food based social safety nets intervention are no longer available externally and government is not able to commit further domestic resources to NCP projects. Barriers to handover of the NCP projects include concerns about the expense and sustainability of food-based social protection interventions.

Given the lack of external and domestic resources for caregiver assistance, WFP and partners worked together to find sustainable solutions to enable children's access to social protection services. Partners agreed the most effective course of action to achieve scaled impact is to focus on strengthening of national social protection institutions and systems, ensuring comprehensive and well-coordinated services.

In preparation for the project end, WFP provided technical assistance to MTAD and the DPMO to enhance institutions and systems that will enable access to social services for young OVC. WFP worked with the government, UN agencies and development partners to shape the policy framework guiding social protection institutions and ensure gender and nutrition-sensitivity are key objectives of social protection systems. Jointly with

the UN, WFP has advocated that these systems should target the most vulnerable, including young OVC who currently face a gap in social assistance initiatives.

These efforts resulted in the first high level national dialogue on social protection sponsored by the United Nations Social Protection Working Group. The dialogue aimed to create a wide consultation on social protection issues with the ultimate view of developing a comprehensive social protection policy and strategy that will enhance various initiatives and promote greater coordination on social protection.

Beyond the closure of DEV 200508, WFP will develop national partner capacity to manage social safety nets, as well as to enhance nutrition sensitivity of existing social protection initiatives and will continue to do so under the proposed new WFP Country Strategy (2016-2020). The Strategy details how WFP can best contribute to nationally-owned social protection systems, namely by providing technical assistance to ensure social protection services contribute to improving child nutrition, particularly to prevent stunting, and to enhance productive safety nets aimed to improve lives of vulnerable people living with HIV. WFP will continue to work toward the establishment of a national social protection coordination mechanism and partners closely with UN agencies to maximize the support available to government to ensure assistance is sustainable and nationally-owned. In light of the El Nino-related deterioration of food security nationally, WFP and government are working to monitor food security closely and to deliver emergency food assistance to the most vulnerable households affected by the drought. It is expected these efforts will mitigate the impact of the project closure on the most vulnerable caregiver households in areas targeted for emergency response.

Inputs

Resource Inputs

By the project closure in June 2015, total donor contributions to the project amounted to about two fifths of the project's overall requirements for its entire duration. However, resources available in 2015 amounted to about one fifth of the funding required to implement the project this year.

Resources in 2015 were all carry-over funds from multilateral allocations received in 2014. With DEV 200508's limited funding, WFP provided reduced rations to reach a consistent number of caregivers as in 2014. Limited resources were the ultimate reason for closing the project.

Food Purchases and In-Kind Receipts

WFP did not purchase any food for this project in 2015. All food distributed was carried over from the previous year, including regionally procured maize from South Africa.

Food Transport, Delivery and Handling

In 2015 WFP distributed limited rations, amounting to about 15 percent of the planned distributions to caregivers. Previous years' efforts to develop capacity of transporters meant no major issues with timely distributions to NCPs were experienced this year.

Post-Delivery Losses

In 2015, WFP incurred minimal food losses. This is attributed to good food handling practices by WFP and the contracted transporters, as well as the limited distribution of food this year. Training and monitoring on food storage at distribution sites continued in 2015 to ensure food reached the caregivers.

Management

Partnerships

WFP's main partner for this project is MTAD. Under the national strategy for NCPs, MTAD is the government ministry responsible for coordinating NCP services at all levels. WFP's partnership with MTAD enables it to better access communities, building their support for NCPs and the caregivers. At national level an NCP coordinator from MTAD works with regional MTAD representatives to partner with WFP in resolving community issues related to the operation of NCPs. Furthermore, MTAD regional officers have been available to provide support to WFP field monitors to ensure community relations with NCPs facilitate smooth operations.

In addition to the one expected partnership for 2015, WFP was also able to partner with Save the Children to enhance monitoring of the programme and better support caregivers to care for children. WFP and Save the Children monitors were able to increase the frequency of on-site visits in the 2 more remote of Swaziland's 4 regions. During site visits, WFP and Save the Children monitors ensured caregivers were informed on entitlements and on how to best delivery quality services for OVC. By doing outreach to local leaders and citizens, the partnership contributed to community awareness and support of caregivers. The partnership was possible because WFP secured funds under the complementary project 200422 to enhance monitoring of all NCP projects, including assistance to OVC and caregivers.

Partnership opportunities were also explored as part of the UN Social Protection Working Group whereby UN agencies work together to enhance the national social protection system. Working with the UN, WFP works to ensure the national system is inclusive of the most vulnerable children, and to promote linkages between nutrition and social protection programmes. WFP also participates in the Swaziland Joint United Nations Programme of Support for HIV and AIDS (JUNPS), whose partners include FAO, ILO, UNAIDS, UNDP, UNESCO, UNFPA, UNICEF, UNODC and WHO. This project contributes to the Impact Mitigation pillar of the JUNPS.

Partnership	NGO		Red Cross and Red Crescent Movement	UN/IO
	National	International		
Total				9

Cross-cutting Indicators	Project End Target	Latest Follow-up
Number of partner organizations that provide complementary inputs and services		
SWAZILAND, Food-Assistance-for-Assets , Project End Target: 2015.06 , Latest Follow-up: 2015.07	=1.00	2.00
Proportion of project activities implemented with the engagement of complementary partners		
SWAZILAND, Food-Assistance-for-Assets , Project End Target: 2015.06 , Latest Follow-up: 2015.07	=100.00	100.00

Lessons Learned

In implementing this project, WFP adapted to challenges, stretched limited resources to reach caregiver beneficiaries, and supported the development of new strategies to improve children's access to social services through national systems. Lessons learned in 2015 informed the exit strategy for the caregiver assistance project while WFP assistance to vulnerable children at NCPs continues. These learnings shaped WFP's continued engagement in strengthening national social protection systems beyond the project closure, under a new Country Strategy planned for 2016.

Resource constraints were identified as the top risk to WFP's ability to fully implement caregiver assistance. The second greatest risk to WFP support to caregivers was the commitment, capacity and resources of the host government to absorb the program. WFP took mitigating actions, attempting to diversify the resource base for the project, but ultimately it was not possible to secure resources to further extend assistance to caregivers beyond June 2015. The extension of food assistance to OVC at NCPs was validated by partners as a short-term holdover until systems strengthening efforts can be implemented to absorb vulnerable children into national social protection initiatives. While caregivers received limited assistance due to resource constraints, they continued to provide services for children at NCPs. Thus in the short term, the project closure did not pose a significant risk to children's continued access to food assistance and complementary services through project 200422, which will close in early 2016.

The Operational Evaluation of support through NCPs recommended that WFP, in collaboration with relevant UN agencies and other development partners, should continue to advocate for continued provision of social safety nets targeting OVC. The recommendations highlighted the need to strengthen sustainability and build institutional capacity and the enabling environment to ensure comprehensive services for OVC. These efforts should be based on a needs assessment of government capacity, completed jointly with partners in the UN. Further consultation with Government stakeholders and development partners confirmed commitment of partners towards WFP pursuing this mode of engagement on social protection.

In 2015, WFP made progress toward fulfilling the recommendations of the Operational Evaluation. WFP learned that the best way to continue to have impact on nutrition and ensure the youngest OVC are included in social protection systems is to work in even closer partnership with government, UN agencies and other development partners on capacity development to enhance national social protection systems. WFP cannot commit substantial resources to the operations of social protection systems. But WFP can provide technical assistance to ongoing initiatives. The Operational Evaluation identified entry points related to WFP corporate strengths including technical assistance in nutrition, supply chain management, and monitoring, evaluation and quality assurance of assistance program. Thus, the closure of the caregiver assistance will allow WFP to focus on more sustainable capacity development efforts, leveraging the resources committed by partners to optimize achievement of nutrition and HIV outcomes of social protection systems.

One example of how WFP is already shifting to more sustainable assistance is our engagement with national social protection working groups on the development of a comprehensive social protection system. Building on WFP contributions to the UN Social Protection Working Group in 2014, WFP advocated for nutrition- and HIV-sensitivity of safety nets through the National Social Protection dialogue. WFP will continue to transition its role as a direct implementer of assistance programmes to a role of technical advisor and advocate for strengthening social protection systems as it introduces the new Country Strategy in 2016.

Operational Statistics

Annex: Participants by Activity and Modality

Activity	Planned			Actual			% Actual v. Planned		
	Food	CBT	Total	Food	CBT	Total	Food	CBT	Total
Food-Assistance-for-Assets	4,695	-	4,695	4,695	-	4,695	100.0%	-	100.0%