



**World Food Programme**

**PROJECT BUDGET REVISION FOR APPROVAL BY THE REGIONAL DIRECTOR**

5) To:	Initials	In Date	Out Date	Reason for Delay
Mr. Chris Nikoi Regional Director				
4) Through:	Initials	In Date	Out Date	Reason for Delay
Ms. Sarah Longford Programme Adviser, RB				
3) Through:	Initials	In Date	Out Date	Reason for Delay
Ms. Oyinkan Odeinde Logistics Officer, RB				
2) Through:	Initials	In Date	Out Date	Reason for Delay
Ms. Anna Mukiibi-Bunnya Resource Management Analyst, RB				
1) From:	Initials	In Date	Out Date	Reason for Delay
Mr. Alberto Mendes Country Office				

**Swaziland DEV 200353.  
BR No.04**

<b>Total revised number of beneficiaries</b>	174,651
<b>Duration of entire project</b>	1 January 2012 – 30 June 2016
<b>Extension / Reduction period</b>	12 months
<b>Gender marker code</b>	n.a.
<b>WFP food tonnage</b>	9,312mt

**Start date:** 1 Jan 2012    **End date:** 30 June 2015    **Extension period:** 12 months    **New end date:** 30 June 2016

**Cost (United States dollars)**

	<b>Current Budget</b>	<b>Increase</b>	<b>Revised Budget</b>
Food and Related Costs	US\$ 4 900 140	US\$ 946 645	US\$ 5 846 785
Cash and Vouchers and Related Costs	US\$ -	US\$ -	US\$ -
Capacity Development & Augmentation	US\$ 177 417	US\$ 86 515	US\$ 263 932
DSC	US\$ 2 174 906	US\$ 386 705	US\$ 2 561 611
ISC	US\$ 507 672	US\$ 99 391	US\$ 607 063
<b>Total cost to WFP</b>	<b>US\$ 7 760 136</b>	<b>US\$ 1 519 256</b>	<b>US\$ 9 279 392</b>

**CHANGES TO:**

**Food Tool**

- MT  
 Commodity Value  
 External Transport  
 LTSH  
 ODOC

**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. *The purpose of this budget revision (BR) 04 to Swaziland Development Project 200353, Food by Prescription (FbP), is to extend the operation by twelve months (to 30 June 2016). During this period of extension, the objectives and design of the operation will remain the same as those adopted by the current approved Development Project.*
2. *At the end of 2014, WFP, together with national partners, commenced a review of the operation's targeting and implementation strategies. This review is ongoing, and is scheduled to conclude at the end of 2015. Findings and recommendations will inform the design of a future Food by Prescription – Nutrition Assessment, Counselling and Support (NACS) – programme in Swaziland.*
3. *In the interim, this BR will allow WFP to continue the provision of food and nutrition support to: (i) malnourished clients on anti-retroviral treatment (ART); (ii) malnourished clients on tuberculosis (TB) treatment; (iii) malnourished pregnant and lactating mothers including those attending prevention of mother to child transmission (PMTCT)/ante-natal care (ANC); and (iv.) children and adolescents aged 6 months to 18 years who have been discharged from the Government's Integrated Management of Acute Malnutrition (IMAM) programme.*
4. *In doing so, this BR will:*
  - Increase the total number of beneficiaries targeted by Development Project 200353 to 174,651;
  - Increase food requirements by 1,695mt to a total of 9,312mt;
  - Increase food and related costs by US\$946,645 to US\$5,846,785;
  - Increase Capacity Development and Augmentation (CD&A) costs by US\$86,515 to US\$263,932;
  - Increase Direct Support Costs (DSC) by US\$386,705 to US\$2,561,611;
  - Increase Indirect Support Costs (ISC) by US\$99,391 to US\$607,063; and
  - Increase the total project budget by US\$1,519,256 to US\$9,279,392.
5. *A new Landside Transport, Storage and Handling (LTSH) matrix for this operation was approved in June 2015. This provides for an increased LTSH rate due to a revision of costs in port operations and the inclusion of ICT per capita costs under internal storage and handling costs. The new LTSH rate has been applied for the budget requirements of this revision.*

## JUSTIFICATION FOR THE REVISION

### Summary of existing project activities

6. *Swaziland has an HIV prevalence rate of 26.5 percent among adults aged 15-49 and 38 percent among women of child-bearing age. The annual new infection rate is 2.7 percent. Swaziland also has one of the highest incidences of TB in the world at 1,350 cases per 100,000 population. The TB/HIV co-infection rate among incident TB cases is above 80 percent.*

7. *Under the leadership of the Ministry of Health and overall coordination of the Swaziland National Nutrition Council, WFP is implementing a Food by Prescription (FbP) programme in the main health facilities across the country targeting: (i) malnourished clients on anti-retroviral treatment (ART); (ii) malnourished clients on tuberculosis treatment; (iii) malnourished pregnant and lactating mothers including those attending prevention of mother to child transmission (PMTCT)/ante-natal care (ANC). In addition to adult clients, the FbP programme also targets children and adolescents aged 6 months to 18 years, who have been discharged from the Government's Integrated Management of Acute Malnutrition (IMAM) programme. IMAM guidelines prescribe that once a child recovers from acute malnutrition, he or she should be referred for supplementary feeding for a period of three months to stabilize recovery. Many of these children are HIV positive or exposed to HIV.*
8. *The project provides FbP beneficiaries with individual monthly take-home rations of 10kg of Super Cereal to support the nutritional rehabilitation of targeted clients and a household ration which complements the client ration by helping families cope with the costs of care, increasing the likelihood of the client staying in treatment and preventing them from sliding into food insecurity and deeper vulnerability. The household ration is based upon an average family size of six and provides 45 percent of daily energy requirements, including 36kg cereals, 5kg pulses and 2.5l vegetable oil per month.*
9. In-kind food assistance continues to be the most efficient transfer modality, as the monitoring of market prices as well as food production trends indicates higher food prices in Swaziland compared to neighboring South Africa.
10. *The project adopts a gender-sensitive approach. Gender considerations are mainstreamed in nutrition education and counselling, and a gender balance is maintained among implementing staff to ensure both men and women beneficiaries are able to access these.*
11. *The overall objective of this Development Project is to improve the nutritional recovery and treatment outcomes of malnourished clients in targeted populations. The programme is aligned with WFP Strategic Objective 4 of the WFP Strategic Plan (2014-2017), to reduce under-nutrition and break the intergenerational cycle of hunger. It also contributes to the implementation of the Government's National Comprehensive Package of HIV Care and is an integral component of the United Nations Development Assistance Framework (UNDAF) pillar 1 (HIV and AIDS), specifically contributing to the outcome of increasing access to comprehensive HIV treatment, care and support. The programme's contribution to this outcome continues to be recognized in the new UNDAF for Swaziland (2016-2020). The project contributes to the achievement of Millennium Development Goal 6 (Combat HIV/AIDS, malaria and other diseases).*

***Purpose of change in project duration and budget increase***

12. Food and nutrition support to malnourished clients on ART and TB treatment and pregnant and lactating women accessing PMTCT services remain key national priorities. This FbP Development Project features in key country strategies, such as the Extended National Multi-sectoral HIV and AIDS Framework 2014-2018 (eNSF) and the National Health Sector Strategic Plan.

13. In 2014 WFP, together with the Swaziland National Nutrition Council, initiated a review of this operation. Different aspects from targeting to implementation are being considered under this review, with the overarching aim of developing recommendations to inform the design of a future NACS programme in Swaziland. During 2014, review activities related to data management (resulting in improved outcome measurements) and improving implementation of programme guidelines including assessments and referrals, were successfully completed. The review process is expected to continue to the end of 2015 and will focus on maintaining improvements in outcome performance, creating evidence to inform targeting, continuing decentralization efforts, and strengthening plans for sustainability and handover of the programme.
14. In order to allow for completion of this process, this BR04 to Development Operation 200353 will extend the operation to 30 June 2016. All objectives and design and implementation modalities will remain as planned in the original operation. This BR includes additional CD&A costs to support aspects of the project review, and specifically to strengthen sustainability and gradual handover of the programme to the Government of Swaziland.
15. This BR04 will include an additional 31,784 beneficiaries during the period of extension, in line with current operational planning figures. This will increase the total number of beneficiaries targeted by the operation to 174,651. Planning assumptions to design a future FbP project will be confirmed through the ongoing programme review process, and referencing the results of a planned WFP-Government of Swaziland national nutrition survey.

**TABLE 1: BENEFICIARIES BY ACTIVITY<sup>1</sup>**

Activity	Current			Increase			Revised		
	Boys / Men	Girls / Women	Total	Boys / Men	Girls / Women	Total	Boys / Men	Girls / Women	Total
Rehabilitation of moderate malnourished ART clients	3 012	5 729	<b>8 741</b>	1 483	1 673	<b>3 156</b>	4 495	7 402	<b>11 897</b>
Rehabilitation of moderate malnourished TB clients	3 412	7 318	<b>10 730</b>	876	988	<b>1 864</b>	4 288	8 306	<b>12 594</b>
Rehabilitation of moderate malnourished women enrolled in PMTCT/ANC	0	4 210	<b>4 210</b>	0	238	<b>238</b>	0	4 448	<b>4 448</b>
Moderate malnourished children and adolescents	370	417	<b>787</b>	110	126	<b>236</b>	480	543	<b>1 023</b>
Moderate malnourished TB/ART/PMTCT clients' household support	66 778	75 302	<b>142 080</b>	14 828	16 720	<b>31 548</b>	81 606	92 022	<b>173 628</b>
<b>TOTAL</b>	<b>67 148</b>	<b>75 719</b>	<b>142 867</b>	<b>14 938</b>	<b>16 846</b>	<b>31 784</b>	<b>82 086</b>	<b>92 565</b>	<b>174 651</b>

16. There are no changes in rations and food distribution modalities from the approved project.

<sup>1</sup> In the planned beneficiaries for the increase, the gender balance for ART and TB clients has been revised compared to the current plan. Beneficiary data from health facilities have not confirmed the planning assumptions of the original project; therefore for the increase a more balanced ratio between male and female, based on Swaziland's demographics, has been used. This change started to be effected from previous budget revision (BR 03).

## FOOD REQUIREMENTS

*17. The BR involves an increase in food requirements. The additional requirements for the extension in time and the revised total for the project are indicated in Table 2.*

<b>TABLE 2: FOOD REQUIREMENTS BY ACTIVITY</b>				
<b>Activity</b>	<b>Commodity</b>	<b>Food requirements (mt)</b>		
		<b>Current</b>	<b>Increase</b>	<b>Revised total</b>
Rehabilitation of moderate malnourished ART/TB/PMTCT, children and adolescents	Super Cereal (CSB+)	1 466	329	1 795
Malnourished ART/TB/PMTCT clients' household support	Cereals	5 115	1 136	6 251
	Pulses	717	159	876
	Vegetable Oil	319	71	390
<b>TOTAL</b>		<b>7 617</b>	<b>1 695</b>	<b>9 312</b>

*Drafted by:* Margherita Coco, Country Office  
*Cleared by:* Alberto Mendes, Country Office, on 01/07/2015  
*Reviewed by:* Jenna Cattermole, Regional Bureau  
*Cleared by:* Sarah Longford, Regional Bureau, on 02/07/2015


**ANNEX I-A**

<b>PROJECT COST BREAKDOWN</b>			
	<b>Quantity (mt)</b>	<b>Value (US\$)</b>	<b>Value (US\$)</b>
<i>Food Transfers</i>			
Cereals	1,136	325,384	
Pulses	159	91,028	
Oil and fats	71	56,252	
Mixed and blended food	329	147,206	
Others	-	-	
<b>Total Food Transfers</b>	<b>1,695</b>	<b>619,869</b>	
External Transport		3,760	
LTSH		240,348	
ODOC Food		82,668	
<b>Food and Related Costs <sup>2</sup></b>		<b>946,645</b>	
C&V Transfers		-	
C&V Related costs		-	
<b>Cash and Vouchers and Related Costs</b>			
		-	
<b>Capacity Development &amp; Augmentation</b>			
		<b>86,515</b>	
<i>Direct Operational Costs</i>			
Direct support costs (see Annex I-B)			1,033,160
<b>Total Direct Project Costs</b>			<b>1,419,865</b>
Indirect support costs (7.0 percent) <sup>3</sup>			99,391
<b>TOTAL WFP COSTS</b>			<b>1,519,256</b>

<sup>2</sup> This is a notional food basket for budgeting and approval. The contents may vary.

<sup>3</sup> The indirect support cost rate may be amended by the Board during the project.


**ANNEX I-B**

<b>DIRECT SUPPORT REQUIREMENTS (US\$)</b>	
<b>WFP Staff and Staff-Related</b>	
Professional staff *	22,232
General service staff **	215,047
Danger pay and local allowances	-
<b>Subtotal</b>	<b>237,279</b>
<b>Recurring and Other</b>	<b>37,935</b>
<b>Capital Equipment</b>	<b>24,606</b>
Security	-
Travel and transportation	86,885
Assessments, Evaluations and Monitoring <sup>4</sup>	-
<b>TOTAL DIRECT SUPPORT COSTS</b>	<b>386,705</b>

\* 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

<sup>4</sup> 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.