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برنامج الأغذية العالمي

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Operational matters

For information

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## Crisis response revision of Eswatini transitional interim country strategic plan and corresponding budget increase

	Current	Change	Revised
<b>Duration</b>	<b>January 2018 – June 2019</b>	<b>N/A</b>	<b>January 2018 – June 2019</b>
Beneficiaries	86 632	181 660	268 292
	<i>(USD)</i>		
<b>Total cost</b>	<b>7 887 216</b>	<b>9 521 617</b>	<b>17 408 833</b>
Transfer	6 188 024	8 694 599	14 882 623
Implementation	536 322	135 805	672 127
Adjusted direct support costs	681 491	110 081	791 572
Subtotal	7 405 837	8 940 485	16 346 322
Indirect support costs (6.5 percent)	481 379	581 132	1 062 511

Gender and age marker\* 2A

\* <http://gender.manuals.wfp.org/en/gender-toolkit/gender-in-programming/gender-and-age-marker/>.

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## Rationale

1. A recent El Niño advisory indicates that the El Niño climate pattern has taken effect. Although the signal is weaker than anticipated, it is expected to remain until May 2019. For the 2018/19 season, Eswatini has been affected by delayed and erratic onset of rains, which could potentially postpone the harvest and extend the lean season. The impact of the fall armyworm, which has become endemic in the country, is also expected to worsen the situation if not mitigated.<sup>1</sup> These effects will in turn compromise households' ability to meet their food needs.
2. The November 2018 update to the integrated phase classification (IPC) vulnerability assessment and analysis projects that approximately 8 percent of households will experience severe hunger and another 18 percent will experience moderate hunger during the ongoing lean season. The magnitude of hunger varies by geographic region, with severe or moderate forms expected to affect 40 percent of the population in the regions of Shiselweni and Lubombo. The food security situation is expected to deteriorate beyond the peak of the lean season, between now and March 2019. In total, nearly 247,700 people in Eswatini have been classified as being in "crisis" or "emergency" conditions for acute food insecurity (IPC phases 3 and 4), and require assistance to protect and save their livelihoods.<sup>2</sup>
3. The Government through the National Disaster Management Agency (NDMA) has requested WFP support to meet the food security needs of the affected population. Revision four to the Eswatini transitional interim country strategic plan (T-ICSP) seeks to add a crisis response strategic outcome to enable WFP to respond to lean season needs.
4. Based on a request from the Government, following a visit to the Centre of Excellence in Brazil, WFP has been working with the Ministry of Education and Training (MoET) to review and enhance government capacity to design and implement a sustainable, nutrition-sensitive, shock-responsive national school meals programme. Such a programme will contribute to improved access to education and help meet the basic food and nutrition needs of schoolchildren. This engagement has led to a request from the Government for WFP to provide implementation support to a pilot home-grown school feeding (HGSF) programme. WFP will provide nutritious meals in 50 public schools from all four regions of the country and representative of different agro-ecological zones.
5. As WFP is one of the few partners providing assistance to orphans and vulnerable children (OVC) attending neighbourhood care points, this revision will extend support from January to June 2019 as the programme is transitioned to government ownership as articulated in the draft social assistance policy, pending finalization.

## Changes

### Strategic orientation

6. WFP's strategic focus in Eswatini is to support the Government to improve the food and nutrition security of the most vulnerable people impacted by poverty and HIV/AIDS. WFP's proposed response to emergency food needs during the lean season, exacerbated by El Niño effects, is in line with this orientation. The WFP portfolio contributes to the poverty reduction strategy as revised and articulated in the Strategy for Sustainable Development and Inclusive Growth 2030.

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<sup>1</sup> Kingdom of Eswatini Vulnerability Assessment Committee (November 2018). Eswatini: *Acute Food Insecurity Situation December 2018–March 2019*.

<sup>2</sup> *Ibid.*

## Strategic outcomes

7. Revision four will introduce a crisis response (strategic outcome 3), to ensure targeted food-insecure households in Eswatini are able to meet their basic food requirements in times of shock. This outcome will be achieved through the following activity: "Provide food and cash-based transfers to targeted food-insecure populations affected by shocks". WFP plans to reach an estimated 166,000 beneficiaries (67 percent of people in IPC phases 3 and 4). Of these, 110,500 will be reached through cash-based transfers (CBT) and 55,500 will be assisted with in-kind food assistance.
8. Strategic outcome 3 will contribute to Sustainable Development Goal 2, target 2.1 on ending hunger by promoting access to safe, nutritious and sufficient food all year round, and to Sustainable Development Goal 5 on achieving gender equality. It is in line with the Swaziland United Nations Development Assistance Framework (2016–2020) under the pillar of poverty and inequality reduction, inclusive growth and sustainable development. It is in line with WFP's primary objective to save lives and protect livelihoods in emergencies (Strategic Objective 1).
9. WFP's response will be aligned to national response procedures. A community-based approach to targeting will be adopted under overall coordination of NDMA. Household eligibility for food assistance in drought-affected areas will be based on the targeting criteria developed jointly by NDMA, non-governmental organizations (NGOs), the Food Security Consortium and WFP. The criteria will consider demographic factors, such as households headed by females, children or the elderly, and socio-economic indicators, including the health status of and existence of disabilities among household members, livelihood sources, and wealth in terms of assets. Household eligibility for the emergency response using CBT will be determined based on whether the household has lost crops or livestock as a result of the El Niño effects and if the household has access to markets and financial services.
10. Gender is mainstreamed into the design and implementation of the Eswatini portfolio. Under the crisis response strategic outcome, WFP and its partners will work with communities to establish gender-balanced relief management committees and promote women's participation in leadership positions of these committees. Whenever possible, women will be registered as entitlement holders and will be responsible for collecting food rations or CBT on behalf of the household. WFP will work in partnership with the United Nations Population Fund and NGO partners to provide social and behaviour change communication messaging focusing on sexual reproductive health, HIV prevention as well as referrals to health centres. HIV prevention and sexual reproductive health materials will be distributed by partners in conjunction with WFP assistance.
11. Accountability to affected populations will be promoted by involving assisted communities in the targeting and verification processes of the programme. WFP will engage a third party to manage the beneficiary feedback mechanism. Eligibility criteria and beneficiaries' entitlement will be widely communicated through sensitization sessions and during the training of relief management committees.
12. WFP's emergency interventions will build on experience gained and lessons learned during the 2016–2017 El Niño response, during which WFP provided cash transfers to an estimated 140,000 people. Eswatini has a functional road network and transport system, enabling access to markets even in rural areas where there are few retailers. The country has diverse financial instruments available, therefore, cash accounts will be the main platform through which to deliver the cash-based assistance.
13. WFP will provide a monthly cash transfer of 110 emalangeneni (USD 7.54) per person. Household transfers will be determined by the household size. The transfer value is based on the National Emergency Response and Adaptation Plan of 2016 and is currently under review by the Government and WFP. WFP is monitoring market prices on a regular basis,

and the transfer value will be adjusted should there be a significant change in prices. WFP will work with partners to facilitate beneficiary targeting and registration. SCOPE will be used to capture beneficiary registration, manage food and cash allocations, and to manage beneficiary information.

14. The revision will also extend support to OVCs in pre-primary neighbourhood care points under activity four from January to June 2019, and broaden the scope of the activity to include support to children in primary and secondary schools through a HGSF pilot. School meals will be provided to an estimated 91,320 children, of which 55,000 will be OVCs attending neighbourhood care points, 21,792 will be primary school children in 30 schools and 14,528 will be secondary school students in 20 schools across the country.
15. The HGSF pilot forms part of broader WFP technical support to strengthen the capacity of the Government to scale-up the programme and realize operational efficiencies that contribute to social protection and the education system in the country. The pilot, which will be led by MoET, will be implemented in collaboration with partners such as the Food and Agriculture Organization of the United Nations and the Ministry of Agriculture. Parastatals under the Ministry of Agriculture including the National Maize Corporation, National Agricultural Marketing Board and Eswatini Dairy Board who have direct links with farmers and farmer cooperatives will also be engaged in the pilot.
16. Evidence generation and learning will be central to the HGSF pilot, to inform government decision-making and the development of an investment case to scale up the model. WFP will support the MoET to undertake an evaluation of the national school meals programme to assess contributions to education outcomes and the cost of implementation. Upon inception of the pilot the targeted schools and communities will be sensitized on the implementation and roles and responsibilities related to the model.
17. The design of the pilot will be based on principles from the national framework for food security in schools (2013) which guides the implementation of the national school feeding programme. The principles of this framework encourage nutrition education through school gardens and community participation in the programme. The food basket will consist of cereals, beans, vegetable oil, peanut butter and milk. WFP will provide the cereals, beans and vegetable oil and the Government, peanut butter and milk for the pilot. To enhance the nutrition sensitivity of the food basket, fresh fruits and vegetables sourced from local communities will complement the commodities provided by WFP and the Government.
18. Internal and external risks that may affect the successful implementation of this intervention and relevant mitigating actions have been identified. WFP may face insufficient financial resources to implement the emergency response. To mitigate this risk, WFP will continue to explore alternative funding opportunities, including possibilities of increased private sector engagement. WFP will also work to strengthen collaborative partnerships which can be leveraged as platforms for joint resource mobilization efforts.

**Beneficiary analysis**

<b>TABLE 1: DIRECT BENEFICIARIES BY STRATEGIC OUTCOME, ACTIVITY AND MODALITY</b>											
<b>Strategic Outcome</b>	<b>Activity</b>	<b>Beneficiary group</b>	<b>Modality</b>	<b>Period</b>	<b>Women</b>	<b>Men</b>	<b>Girls</b>		<b>Boys</b>		<b>Total</b>
					<b>18+ years</b>	<b>18+ years</b>	<b>&lt; 5 years</b>	<b>5-18 years</b>	<b>&lt; 5 years</b>	<b>5-18 years</b>	
1	1	Households of malnourished clients	Cash-based transfers	Current	6 120	5 426	1 478	4 640	1 292	4 132	<b>23 088</b>
				Increase	-	-	-	-	-	-	
				Revised	-	-	-	-	-	-	
		Clients on anti-retroviral therapy (ART), tuberculosis (TB) and/or prevention of mother-to-child transmission (PMTCT) treatment	Food in-kind	Current	3 059	2 713	739	2 320	646	2 066	<b>11 544</b>
				Increase	-	-	-	-	-	-	
				Revised	-	-	-	-	-	-	
2	4	OVC in neighbourhood care points; children in primary and secondary schools	Food in-kind	Current			22 048	5 512	19 552	4 888	<b>52 000</b>
				Increase			38 720	9 680	34 336	8 584	<b>91 320</b>
				Revised			60 768	15 192	53 888	13 472	<b>143 320</b>

**TABLE 1: DIRECT BENEFICIARIES BY STRATEGIC OUTCOME, ACTIVITY AND MODALITY**

Strategic Outcome	Activity	Beneficiary group	Modality	Period	Women	Men	Girls		Boys		Total
					18+ years	18+ years	< 5 years	5-18 years	< 5 years	5-18 years	
3	6	Men, women, boys and girls affected by shocks/drought	Food in-kind	Current	-	-	-	-	-	-	-
				Increase	15 578	13 865	3 314	9 501	3 314	9 667	<b>55 241</b>
				Revised	15 578	13 865	3 314	9 501	3 314	9 667	<b>55 241</b>
			Cash-based transfers	Current	-	-	-	-	-	-	-
				Increase	31 156	27 731	6 629	19 003	6 629	19 334	<b>110 482</b>
				Revised	31 156	27 731	6,629	19 003	6 629	19 334	<b>110 482</b>
<b>Total (cumulative)</b>				Current	8 158	7 234	23 526	10 153	20 845	9 021	<b>86 632</b>
				Increase	46 734	41 596	48 663	38 184	44 279	37 586	<b>257 043</b>
				Revised	54 892	48 831	72 189	48 337	65 124	46 606	<b>347 523</b>
<b>Total (excluding overlap)</b>				Current	22 957	20 359	5 544	17 413	4 851	15 507	<b>86 632</b>
				Increase	48 140	42 690	11 626	36 514	10 173	32 517	<b>181 660</b>
				Revised	71 097	63 049	17 171	53 927	15 024	48 024	<b>268 292</b>

**Transfers**

<b>TABLE 2: FOOD RATION (g/person/day) or CASH-BASED TRANSFER VALUE (USD/person/day) BY STRATEGIC OUTCOME AND ACTIVITY</b>							
	<b>Strategic outcome 1</b>		<b>Strategic outcome 2</b>		<b>Strategic outcome 3</b>		
	<b>Activity 1</b>		<b>Activity 4</b>		<b>Activity 6</b>		
<b>Beneficiary type</b>	<b>ART/TB/PMTCT clients</b>	<b>Households of clients with ART/TB/PMTCT</b>	<b>OVCs</b>	<b>Primary and secondary school children</b>	<b>Food insecure populations affected by shocks</b>		
<b>Modality</b>	<b>Food</b>	<b>Cash-based transfers</b>	<b>Food</b>	<b>Food</b>	<b>Cash-based transfers</b>	<b>Food</b>	
Cereals		N/A	200	150	N/A	333	
Pulses			28	40		83	
Oil			12.5	7.5		30	
SuperCereal	333						
SuperCereal Plus				75			
Total kcal/day	1 270			938		1 051	1 767
% kcal from protein	16			10.2		13	11.7
Cash-based transfers (USD/person/day)		0.25			0.25		
Number of feeding days per year	180	180	132	132	180	180	

<b>TABLE 3: TOTAL FOOD/CASH-BASED TRANSFER REQUIREMENTS AND VALUE</b>						
	<b>Current budget</b>		<b>Increase/decrease</b>		<b>Revised budget</b>	
	<b>Total (mt)</b>	<b>Total (USD)</b>	<b>Total (mt)</b>	<b>Total (USD)</b>	<b>Total (mt)</b>	<b>Total (USD)</b>
Cereals	2 263	889 650	5 123	1 690 871	7 386	2 580 521
Pulses	583	339 387	1 311	1 310 833	1 894	1 650 220
Oil and fats	117	146 217	389	310 894	506	457 111
Mixed and blended	1 376	1 201 420	-1 030	-1 008 658	346	192 762
<b>Total (food)</b>	<b>4 339</b>	<b>2 576 674</b>	<b>5 792</b>	<b>2 303 940</b>	<b>10 131</b>	<b>4 880 614</b>
Cash-based transfer and comm. vouchers		1 062 534		4 997 815		6 060 349
<b>Total (food and cash-based transfer value)</b>	<b>4 339</b>	<b>3 639 120</b>	<b>5 792</b>	<b>7 301 755</b>	<b>10 131</b>	<b>10 940 963</b>

## Cost breakdown

19. There has been a reduction in direct support costs for strategic outcome 1 as the activity has received limited funding since April 2018, therefore the cost share portion has been allocated to activity four.

<b>TABLE 4: COST BREAKDOWN OF THE REVISION ONLY (USD)</b>				
	<b>Strategic Result 1</b>	<b>Strategic Result 2</b>	<b>Strategic Result 5</b>	<b>Total</b>
	<b>Strategic outcome 3</b>	<b>Strategic outcome 1</b>	<b>Strategic outcome 2</b>	
<b>Focus area</b>	<b>Crisis response</b>	<b>Root causes</b>	<b>Resilience</b>	
Transfers	7 962 960	-8 903	740 542	<b>8 694 599</b>
Implementation	116 898	-24 043	42 949	<b>135 805</b>
Adjusted direct support costs				<b>110 081</b>
Subtotal				8 940 485
Indirect support costs (6.5 percent)				<b>581 132</b>
<b>Total</b>				<b>9 521 617</b>

<b>TABLE 5: OVERALL T-ICSP COST BREAKDOWN, AFTER REVISION (USD)</b>				
	<b>Strategic Result 1</b>	<b>Strategic Result 2</b>	<b>Strategic Result 5</b>	<b>Total</b>
	<b>Strategic outcome 3</b>	<b>Strategic outcome 1</b>	<b>Strategic outcome 2</b>	
<b>Focus area</b>	<b>Crisis response</b>	<b>Root causes</b>	<b>Resilience</b>	
Transfer	7 962 960	2 183 301	4 736 363	<b>14 882 623</b>
Implementation	116 898	301 991	253 238	<b>672 127</b>
Adjusted direct support cost	237 248	191 545	362 779	<b>791 572</b>
Subtotal	8 317 106	2 676 837	5 352 379	16 346 322
Indirect support costs (6.5 percent)	540 612	173 994	347 905	<b>1 062 511</b>
<b>Total</b>	<b>8 857 718</b>	<b>2 850 831</b>	<b>5 700 284</b>	<b>17 408 833</b>



**Acronyms used in the document**

ART	anti-retroviral treatment
CBT	cash-based transfer
HGSF	home-grown school feeding
IPC	integrated phase classification
MoET	Ministry of Education and Training
NDMA	National Disaster Management Agency
NGO	non-governmental organization
OVC	orphans and vulnerable children
PMTCT	prevention of mother-to-child transmission
TB	tuberculosis