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Programme
Alimentaire
Mondial

World
Food
Programme

Programa
Mundial
de Alimentos

**Executive Board
First Regular Session**

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REPORTS OF THE EXECUTIVE DIRECTOR ON OPERATIONAL MATTERS

Agenda item 9

*For information**



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DEVELOPMENT PROJECTS APPROVED BY THE EXECUTIVE DIRECTOR (1 JANUARY–31 DECEMBER 2012) — SWAZILAND 200353

Food-by-Prescription

Number of beneficiaries	119,400
Duration of project	36 months (1 January 2012–31 December 2014)
WFP food tonnage	6,367 mt
Cost (United States dollars)	
WFP food cost	2,881,078
Total cost to WFP	6,743,487

* In accordance with the Executive Board's decisions on governance, approved at the Annual and Third Regular Sessions, 2000, items for information should not be discussed unless a Board member specifically requests it, well in advance of the meeting, and the Chair accepts the request on the grounds that it is a proper use of the Board's time.

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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for information.

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

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Should you have any questions regarding matters of dispatch of documentation for the Executive Board, please contact Ms I. Carpitella, Senior Administrative Assistant, Conference Servicing Unit (tel.: 066513-2645).

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ABSTRACT

1. Swaziland has the highest prevalence rate of HIV in the world with 26 percent of the adult population and 38 percent of pregnant women infected. Around 80,000 people living with HIV require anti-retroviral treatment and 9,300 are estimated to need prevention of mother-to-child transmission treatment. Of these, 59 percent and 88 percent respectively are currently receiving medication. A malnutrition baseline survey, undertaken in October 2010, found that 24 percent of those receiving anti-retroviral treatment and 57 percent of those initiating tuberculosis treatment were acutely malnourished.¹ Wasting is strongly associated with poor treatment outcomes and is a reliable predictor of mortality.
2. The objective of this development project is to improve the client's nutritional recovery, treatment success and survival rate as well as improve food consumption within the targeted households. Under the leadership of the Ministry of Health, WFP will implement a food-by-prescription programme in the main health facilities across the country targeting undernourished clients undergoing anti-retroviral treatment or treatment for tuberculosis and women enrolled in the prevention of mother-to-child transmission/antenatal care. WFP will provide an individual monthly take-home ration of Supercereal and a household ration. In addition, moderately malnourished children in supplementary feeding programmes, many of whom are HIV positive or exposed to HIV, will also be assisted.
3. This project was designed taking into consideration the lessons learned from WFP's previous supplementary feeding programme and the recommendations from the 2010 comprehensive programme review and appraisal. The use of cash and voucher transfers will be explored through a feasibility and market analysis study for potential scale-up of the project.
4. Throughout the lifespan of the project, WFP will work to develop the capacity of the Ministry of Health's National Nutrition Council with the view to handing over the implementation of the food-by-prescription programme in the future. In particular, capacity development efforts will focus on project management, procurement, storage and inventory management.
5. The food-by-prescription programme is aligned with WFP Strategic Objectives 4 and 5, and Swaziland's National Multi-Sectoral HIV and AIDS Policy. The project also contributes towards the implementation of the Government's National Comprehensive Package of HIV Care and is related to the United Nations Development Assistance Framework pillar 1 (HIV and AIDS), specifically the outcome of increasing access to comprehensive HIV treatment, care and support. Food security and nutrition support also form key priority areas within the Treatment, Care and Support and Impact Mitigation outcomes of the Joint United Nations Programme on HIV and AIDS. The project will contribute to the achievement of Millennium Development Goal 6.

¹ World Food Programme and Ministry of Health, Malnutrition Baseline Survey, 2010. Preliminary results.