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PROJECT BUDGET REVISION FOR APPROVAL BY THE CHIEF OF STAFF

5) To:	Division	Room	Approval and Date
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Swaziland Development Project 200353 BR05

Total revised number of beneficiaries	203 163
Duration of entire project	1 January 2012 to 30 June 2017
Extension / Reduction period	12 months
Gender marker code	n.a.
WFP food tonnage	10 825

PROJECT
Start date: 1 Jan 2012 **End date:** 30 June 2016 **Extension/Reduction period:** 12 months **New end date:** 30 June 2017

Cost (United States dollars)

	Current Budget	Increase	Revised Budget
Food and Related Costs	US$ 5 846 785	US$ 931 181	US$ 6 777 966
Cash and Vouchers and Related Costs	US$ -	US$ -	US$ -
Capacity Development & Augmentation	US$ 263 932	US$ 191 461	US$ 455 393
DSC	US$ 2 561 611	US$ 250 496	US$ 2 812 107
ISC	US$ 607 063	US$ 96 120	US$ 703 183
Total cost to WFP	US$ **9 279 391**	US$ **1 469 257**	US$ **10 748 648**

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

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1. ***The purpose of this budget revision five to Swaziland Development Project 200353, Food by Prescription, is to extend the operation by twelve months (to 30 June 2017). During this period of extension, the objectives and overall design of the operation will remain the same as those adopted by the current approved Development Project.***

2. ***An external operational evaluation of the project is currently underway and will be finalized in August 2016. A malnutrition prevalence survey among clients on anti-retroviral treatment (ART) and tuberculosis treatment (TB) was also undertaken in December 2015 and data analysis is ongoing. The recommendations of the evaluation as well as the results of the malnutrition survey, will inform the review, by WFP and national partners, of the project's targeting and implementation strategies, and the design of a future Food by Prescription – Nutrition Assessment, Counselling and Support (NACS) – programme in Swaziland. The intent is to hand over implementation in a gradual manner to the Ministry of Health, in order to promote increased government ownership and management of this programme.***

3. ***In the interim, this budget revision 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 aged between 6 months and 18 years who have been discharged from the Government's Integrated Management of Acute Malnutrition (IMAM) programme[1].***

4. ***Under this budget revision, the ration for children discharged from the IMAM programme has been modified in order to adhere to new international food safety standards on cereal-based foods for infants and young children. Supercereal Plus will be introduced in this project as a substitute to Supercereal in line with the new international guidelines on cereal-based foods.***

5. ***In addition to the extension in time, a new LTSH matrix was approved in June 2016, which provides for a decreased LTSH rate for the period of the extension. The decrease is mainly due to lower landside transportation costs, due to exchange rate differences, and revised cost-sharing of fixed costs with other WFP projects implemented in the country during this budget revision period. 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 percent among adults aged 15-49[2] and 31 percent among adults aged 18-49[3]. Women bear the brunt of the epidemic with 31 percent prevalence compared to 20 percent for men. The difference in prevalence is particularly concerning among the youth aged 15-24 years, as in 2011 it was found to be 14.4 percent amongst women, significantly higher than the 5.9 percent***

[1] As per national IMAM guidelines.
[2] Government of Swaziland, Demographic and Health Survey (DHS) 2006-07
[3] Government of Swaziland, Swaziland HIV Incidence Measurement Survey (SHIMS), 2011.

reported among men of the same age. The annual new infection rate is 2.38 percent (1.7 percent amongst men and 3.1 percent amongst women)[4]. Swaziland also has one of the highest incidences of TB in the world at 1,380 cases per 100,000 population. The TB/HIV co-infection rate among incident TB cases is above 80 percent.

7. ***Poverty and unemployment are major drivers of the epidemic. Women have poorer access to productive resources, such as land, and earn less money than men (average women's wage in the formal sector is 30 percent below that of men[5]), contributing to their economic and social reliance on men. Forty-five percent of children are orphaned or vulnerable, largely due to the impact of HIV on families.[6] Stunting affects 25.5 percent of children under five, while wasting and underweight are 2 percent and 5.8 percent respectively[7]. Micronutrient deficiencies affect pregnant and lactating mothers and children under five years and contribute to stunting and maternal mortality. Thirty percent of women aged 15-49 have some degree of anaemia, while approximately 42 percent of children aged 6-59 months suffer from iron deficiency anaemia.[8]***

8. ***Globally, there is substantial evidence showing food insecurity and poor nutrition are barriers to initiation of treatment and long-term adherence to anti-retroviral therapy (ART) and TB treatment. The impact of the current drought caused by the El Niño phenomenon in Swaziland could also jeopardize investments in the provision of treatment. Findings from a joint drought health and nutrition assessment conducted in March 2016 revealed less adherence to HIV and TB treatment, defaulting from treatment in ART (12 percent) and TB (29 percent) from 2014 to 2015. Health workers reported that some of the reasons cited for defaulting on treatment was lack of food at household level.***

9. ***Under the leadership of the Ministry of Health and overall coordination of the Swaziland National Nutrition Council, WFP is implementing a Food by Prescription 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 Food by Prescription programme also targets children, 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.***

10. ***The project provides Food by Prescription beneficiaries with individual monthly take-home rations 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, reduces sharing of the individual ration amongst***

[4] Government of Swaziland, Swaziland HIV Incidence Measurement Survey (SHIMS), 2011.
[5] Government of Swaziland. Multi Indicator Cluster Survey (MICS) 2010
[6] *Ibidem*
[7] Government of Swaziland. Multi Indicator Cluster Survey (MICS) 2014
[8] The Cost of Hunger in Swaziland: The Social and Economic Impact of Child Undernutrition. 2013. Government of Swaziland, African Union, NEPAD, UN ECA, WFP.

family members and is seen as an enabler to support the patients' treatment adherence.

11. In-kind food assistance continues to be the selected transfer modality for this project, given the objective to support nutritional recovery and the unavailability of specialized products with adequate nutritional value in the local markets. However, the possibility of providing assistance through cash-based transfers for the household ration component will be explored during the review of the design of the project.

12. ***The project adopts a gender-sensitive approach. Gender considerations are mainstreamed in nutrition education and counselling. The interrelationship between HIV, malnutrition and transactional sex is well documented in Swaziland and as such the country office, as part of implementing the regional gender strategy is using gender analysis to inform the behavioral change and communication (BCC) approach in order to adequately address these concerns and negative coping mechanisms which may affect both treatment success and adherence.***

13. ***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 integrated in the United Nations Development Assistance Framework (UNDAF 2016-2020), Priority Area two (Equitable and efficient delivery and access to social services), specifically contributing to the outcome of increasing access to comprehensive HIV treatment, care and support.[9] The project contributes to the achievement of Sustainable Development Goal (SDG)[2], Zero Hunger, and SDG 3, good health and well-being[10].***

Purpose of change in project duration and budget increase

14. ***Food and nutrition support to malnourished clients on ART and TB treatment and pregnant and lactating women accessing PMTCT services remain key national priorities. The Food by Prescription 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 (NHSSP II).***

15. ***Swaziland has been heavily affected by the El Niño induced drought of 2015-2016, and WFP is currently responding through an emergency operation (EMOP 200974). Food and nutrition interventions to support treatment initiation and adherence are therefore even more needed in light of the effects of the drought. The impact of the drought on nutrition, is of particular concern, given higher vulnerability to food insecurity, and the depletion of other livelihoods and coping mechanisms. DEV 200353 and EMOP 200974 complement each other. The Food by Prescription programme contributes to mitigating the impact of the drought on the most vulnerable groups targeted under the programme, addressing their***

[9] Nutritional support for clients on ART, PMTCT, and TB treatment is part of activities under UNDAF, Outcome 2.3: Youths' risky sexual behaviours reduced and citizens' uptake of HIV services increased by 2020, Output 2.3.2: Health sector capacity to deliver quality HIV treatment care and support services strengthened.

[10] SDG 2, 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 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons", SDG 3, Target 3.3 "By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases".

specific nutritional needs, while assistance through the EMOP, will mitigate food insecurity at household level and support preventing development of malnutrition for those clients on ART/TB/PMTCT treatment who may become malnourished as a result of food insecurity due to the drought.

16. ***WFP, together with the Ministry of Health and the Swaziland National Nutrition Council, has initiated a review of this operation. Different aspects from targeting to implementation are being considered, focusing on improvements in outcome performance, creating evidence to inform targeting, continuing decentralization efforts, and strengthening plans for sustainability and handover of the programme, with the overarching aim of developing recommendations to inform the design of a future NACS programme in Swaziland. During 2014 and 2015, review activities related to data management (resulting in improved outcome measurements) and improving implementation of programme guidelines including assessments and referrals, were successfully completed. As part of the review, the need for an update of information on nutritional status among clients on ART, TB and PMTCT treatment was identified, and a survey conducted at the end of 2015, the results of which are being analysed. In addition an external operational evaluation, was commissioned in 2016 with the support of WFP's Office of Evaluation and is planned to be completed by August 2016. The evaluation will assess the project performance and make recommendations on further technical assistance needs to improve project outcomes, efficiency to move towards a handover of the programme. Findings and recommendations will be integrated into the programme review.***

17. ***In order to allow for completion of this review process, this budget revision five to Development Operation 200353, Food by Prescription, will extend the project to 30 June 2017. The overall design, objectives, results framework, and implementation modalities will remain as planned in the original operation.***

18. ***This BR includes additional capacity development costs (CD&A) to support aspects of the project review, and specifically to strengthen sustainability and gradual handover of the programme to the Government of Swaziland. WFP and the Ministry of Health will develop a detailed handover strategy with clear timelines and budget responsibilities. Stakeholder consultations have already identified key areas for technical assistance leading up to the handover, including review of programme design, financing strategy, supply chain management, oversight mechanisms, decentralization of services and referral strengthening, and further integration of monitoring and evaluation into health management information systems.***

19. ***Through this programme, WFP has also been providing, and will continue to do so under this budget revision, technical assistance on child undernutrition, to strengthen the policy framework and guidance to ensure children receive quality nutrition services, with a focus in supporting the country to achieve stunting reduction goals. WFP has assisted in building the evidence base on key drivers of stunting in Swaziland, and is supporting the development of a prioritized multi-sectorial national Stunting Action Plan.***

20. ***Gender is mainstreamed into the design and implementation of the programme. Food by prescription assistants at the health facilities counsel clients and report on their progress monthly. The nutrition counselling covers the linkage between good nutrition and HIV and TB care, the proper use of the food provided through the programme, including promotion of gender equality, and sensitization on gender based violence. Gender balance is***

maintained among the FBP assistants, which ensures that clients can choose between male and female assistants and receive a nutrition counselling that is more targeted to their needs and feel comfortable in accessing these services. This is especially important when assistants counsel pregnant women.

21. ***This BR will include an additional 28,512 beneficiaries during the period of extension, in line with current operational planning figures. This will increase the cumulative total number of beneficiaries targeted by the operation over the years to 203,163.***

TABLE 1: BENEFICIARIES BY ACTIVITY[11]

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	4 495	7 402	**11 897**	1 280	1 444	**2 724**	5 775	8 846	**14 621**
Rehabilitation of moderate malnourished TB clients	4 288	8 306	**12 594**	707	797	**1 504**	4 995	9 103	**14 098**
Rehabilitation of moderate malnourished women enrolled in PMTCT/ANC	0	4 448	**4 448**	0	470	**470**	0	4 918	**4 918**
Support to children discharged from IMAM	480	543	**1 023**	152	172	**324**	632	715	**1 347**
Moderate malnourished TB/ART/PMTCT clients' household support[12]	81 606	92 022	**173 628**	13 249	14 939	**28 188**	94 854	106 962	**201 816**
TOTAL	**82 086**	**92 565**	**174 651**	**13 401**	**15 111**	**28 512**	**95 487**	**107 676**	**203 163**

22. ***The supplementary feeding ration for children discharged from SAM through the government IMAM programme and referred to the Food by Prescription for a period of three months to stabilize recovery, has been modified under this extension. Supercereal Plus will now be provided for children instead of Supercereal. The change follows recommendations on new international food safety standards on cereal-based foods for infants and young children regarding levels of Deoxynivalenol (DON), adopted by the FAO/WHO Codex Alimentarius Commission in July 2015. In line with the new standards, programs for young children should only distribute Super Cereal Plus (or its alternatives) instead of Supercereal. The revised ration for this target group is presented in Table 2 below.***

[11] 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 revisions (BR 03, and BR 04).

[12] Households support includes also clients under ART/TB/PMTCT (hence total number of beneficiaries assisted is obtained by adding the beneficiaries under household support plus children discharged from IMAM programme – these do not receive the household support.

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TABLE 2: REVISED DAILY FOOD RATION/TRANSFER BY ACTIVITY *(g/person/day)*	
	Support to Children discharged from the IMAM programme
Supercereal Plus	200
TOTAL	**200**
Total kcal/day	***787***
Number of feeding days per month	**30**

23. ***The food basket composition for malnourished clients on ART, PMTCT, and TB treatment, and their household members, has been maintained as per original project and reported below on Table 3.***

TABLE 3: DAILY FOOD RATION BY ACTIVITY (g/person/day)			
	Rehabilitation of moderate malnourished ART/TB/PMTCT clients	**Malnourished ART/TB/PMTCT clients' household support**	**Total daily ration for malnourished ART/TB clients**
Super Cereal	333	-	333
Cereals	-	200	200
Pulses	-	28	28
Vegetable oil	-	12.5	12.5
Total	**333**	**240.5**	**573.5**
Total kcal/day	*1,332*	*938*	*2,270*
% Kcal from protein	18.0	10.2	14.8
% Kcal from fat	13.5	15.6	14.4

24. ***The individual client ration will provide the required energy, protein, fat and essential micronutrients and minerals required by the chronically ill. The ration size accounts for increased energy requirements of between 20-30 percent for symptomatic HIV and TB clients and recommended increased dietary intake for pregnant and lactating women. The household food ration will provide balanced variety of commodities that meet beneficiaries' needs and cultural and taste preferences in line with WFP decision tree for response options in HIV and AIDS, TB, PMTCT and orphan and vulnerable children programmes. This complementary ration is based upon the average family size of six and provides each household member with 45 percent of daily energy requirements. Considering both the individual and household rations, ART and TB clients will receive approximately 78 percent and PMTCT/ANC clients will receive 90 percent of daily recommended energy requirements.***

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FOOD REQUIREMENTS

25. ***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 4.***

TABLE 4: FOOD REQUIREMENTS BY ACTIVITY

Activity	Commodity	Food requirements (*mt*)		
		Current	Increase	Revised total
Rehabilitation of moderate malnourished ART/TB/PMTCT	Super Cereal (CSB+)	1 795	282	2 077
Support to children discharged from IMAM	Supercereal Plus (CSB++)	-	12	12
Malnourished ART/TB/PMTCT clients' household support	Cereals	6 251	1 015	7 266
	Pulses	876	141	1 017
	Vegetable Oil	390	63	453
TOTAL		**9 312**	**1 513**	**10 825**

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ANNEX I-A

PROJECT COST BREAKDOWN			
	Quantity *(mt)*	**Value** *(US$)*	**Value** *(US$)*
Food Transfers			
Cereals	1,015	355,969	
Pulses	141	100,010	
Oil and fats	63	38,202	
Mixed and blended food	294	163,592	
Others	-	-	
Total Food Transfers	**1,513**	**657,773**	
External Transport		2,961	
LTSH		162,183	
ODOC Food		108,264	
Food and Related Costs [13]		**931,181**	
C&V Transfers		-	
C&V Related costs		-	
Cash and Vouchers and Related Costs .		**-**	
Capacity Development & Augmentation		**191,461**	
Direct Operational Costs			1,122,641
Direct support costs (see Annex I-B)			250,496
Total Direct Project Costs			**1,373,138**
Indirect support costs (7.0 percent)[14]			96,120
TOTAL WFP COSTS			**1,469,257**

[13] This is a notional food basket for budgeting and approval. The contents may vary.
[14] The indirect support cost rate may be amended by the Board during the project.

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ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (US$)	
WFP Staff and Staff-Related	
Professional staff *	25,892
General service staff **	136,188
Danger pay and local allowances	-
Subtotal	**162,080**
Recurring and Other	**44,357**
Capital Equipment	**4,906**
Security	**2,982**
Travel and transportation	**36,170**
Assessments, Evaluations and Monitoring[15]	**-**
TOTAL DIRECT SUPPORT COSTS	**250,496**

* 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

[15] 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.

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** 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