



**The UN COVID-19 Response and Recovery Multi-Partner Trust Fund
(UN COVID-19 MPTF)**

Proposal 2 – Eswatini

**PROPOSAL TITLE: STRENGTHENING CRISIS RESPONSIVENESS OF SOCIAL PROTECTION SYSTEMS
DURING AND BEYOND COVID 19–INDUCED FOOD EMERGENCY IN ESWATINI**

Amount: US\$ 625 000.00

Cover Page

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Description	<p>This proposed intervention is designed to cover two critical and interrelated social protection components in the immediate response to COVID-19. These include;</p> <ul style="list-style-type: none"> (I) a direct package of gaps in social assistance interventions to address livelihoods and food insecurity challenges. To address challenges of loss of livelihoods and food insecurity risk, this project will provide a safety net emergency measures for left behind groups to meet their food security needs and protect their livelihoods through implementation of a set of interconnected measures that collectively contribute to stabilizing disrupted agro-food system. (II) technical assistance to strengthen crisis responsiveness of social protection mechanisms to address response gaps and building back better. This project will draw on existing social protection gaps, missed opportunities/inability and or lessons learnt in using social assistance mechanisms to respond to COVID 19 induced crisis, to address systemic limitations that will form basis for improving shock responsiveness of the social protection system, increasing its in scope and coverage, and its financing modalities in the context of COVID19. <p>Combined the two components will enable the use of social protection mechanisms to comprehensively address these underlying inequalities and ability of responding emerging urgent challenges of the pandemic and future crises.</p>
Universal Markers	<p><u>Gender Marker</u>: <i>(bold the selected; pls select one only)</i></p> <ul style="list-style-type: none"> a) Have gender equality and/or the empowerment of women and girls as the primary or principal objective. b) Make a significant contribution to gender equality and/or the empowerment of women and girls; c) Make a limited contribution or no contribution to gender equality and/or the empowerment of women and girls.
Fund Specific Markers	<p>Human Rights Based Approach to COVID19 Response <i>(bold the selected):</i></p> <p>Yes/No</p> <p>Considered OHCHR guidance in proposal development <u>UN OHCHR COVID19 Guidance</u></p> <p>Fund Windows <i>(bold the selected; pls select one only)</i></p> <p>Window 1: Enable Governments and Communities to Tackle the Emergency</p> <p>Window 2: Reduce Social Impact and Promote Economic Response</p>
Geographical Scope	<p>Regions: Southern Africa</p> <p>Country: Eswatini</p>

Recipient UN Organizations	FAO; WFP, UNDP and UNICEF			
Implementing Partners	Department of Social Welfare, National Disaster Management Agency, Ministries of Agriculture, COVID-19 Emergency Agriculture and Food Security Technical Working Group, COVID-19 Social Protection Working Group.			
Programme and Project Cost	Budget	Agency	Amount	Comments
	Budget Requested	WFP	\$ 401 104	Emergency Safety nets transfers
		FAO	\$ 172 536	Agrofood system support and emergency winter food production
		UNDP/UNICEF	\$ 51 360	Foundation for building back better
	In-kind Contributions			Office space, Furniture, Vehicles, payment of additional overheads of staff
	Total		\$ 625,000	
Programme Duration	Start Date: May 2020			
	Duration (In months): 8 Months			
	End Date: December 2020			

I. IMMEDIATE SOCIO-ECONOMIC RESPONSE TO COVID19

a. Status and context of Eswatini's Response to COVID 19

In Eswatini, there are so far 31 confirmed COVID-19 cases as of 21 April 2019. The risk of the disease spreading wider is high as more and more cases without history of travel are recorded. The Government has finalized a COVID-19 preparedness and response plan coordinated through a sub-committee of Cabinet led by the Deputy Prime Minister's Office and the National Disaster Management Agency (NDMA) and an emergency task force supported by Regional and Sector Committees. A series of measures have been taken; His Majesty King Mswati III invoked section 29 of the Disaster Management Act 2006 and declared a State of Emergency in the country for a period not exceeding two (2) months with effect from 27 March. This has seen implementation of a partial lockdown for an initial 20 days which have been further extended by 14 days. Schools and Tertiary Institutions have been closed until further notice. Foreign nationals coming from COVID-19 high-risk countries are restricted from entering the country until further notice. All public & private gatherings attracting 50 or more people are suspended until further notice. These include conferences, funerals, weddings, entertainment, sporting activities, etc. Visits to hospitals and correctional Services are also suspended. This measure including in neighboring markets have far reaching socio-economic effects to the citizens with the most vulnerable disproportionately affected due to underlying vulnerabilities.

b. Background to the Food and Nutrition security situation

The normative content of the right to food can be summarized to the requirements of availability, accessibility, adequacy and sustainability, which means that the right to food is the right of every

individual, alone or in community with others, to have physical and economic access at all times to sufficient, adequate and culturally acceptable food. The COVID-19 outbreak and measures taken to address it have exacerbated an existing and underlying national food insecurity challenge. This is due to below average agriculture production giving a 49% deficit in national consumption requirement, high food prices, the travel restrictions and partial lockdown immediately reducing incomes from micro medium and small-scale enterprises as well as informal jobs and self-employment activities, and decline in remittances receivables by 39% for the period from January to March 2020. As a result, an estimated 301,762 people (27% of the population) are at risk of food insecurity¹. Declining incomes, combined with rising food prices (*40% increase in food inflation between December and March 2019*), are significant factors influencing food insecurity in urban areas where 4% (11,425 people/2,285 households) are at risk of food insecurity. In these trends, women who are mostly involved in the informal sector particularly along agro-food value chains are heavily affected. The Government of Eswatini Multiple Sector COVID-19 Emergency Response Plan(2020) highlights the importance of ensuring the inclusion of vulnerable groups particularly children, elderly, women and the disabled in specific interventions into emergency response planning.

In a country where 70% of the population rely on agricultural activities for their livelihoods, any disruptions of the agro-food value chain will have far-reaching consequences especially on women, children, elderly and other vulnerable groups who live in the rural areas. The disruption of the agro-food system and anticipated deterioration in food access is contributing to worsening malnutrition of children particularly PLHIV, elderly and women in addition to orphans and vulnerable children who are already missing a meal since schools have been closed and feeding discontinued and deterioration of household food security further exposes children to acute food insecurity. People living with HIV when faced with food insecurity usually default in medication which increase malnutrition and further compromising their health, heightening complication if infected by COVID-19. The exposure of pregnant and lactating women to malnutrition due to limited access to food will entrench the malnutrition vicious cycle and contribute to increasing undernourishment of the population in future. The vulnerabilities for OVC, PLHIV, elderly, people living with disabilities, refugees and pregnant and lactating women require an urgent policy action to prevent further deterioration of the situation of these groups during and post the COVID-19 outbreak.

c. Why addressing food security challenges is a critical part of social protection in context of impacts of COVID 19

It must be highlighted, that the primary functions of social protection are to alleviate income poverty and manage vulnerability. The focus in proposal highlights interventions on food security

¹ Of this number, a total of 178,544 people (16% of the population) are chronically food insecure while an estimated 123,218 people (11% of the population) are additionally at risk of food insecurity due to the impact of COVID-19.

which is closely related to poverty and vulnerability, especially among farming households in rural areas, where income and crop production (especially food crops) overlap strongly. It must be noted that social protection can promote food security by: a) stabilizing incomes: mitigating seasonal stress, managing risk and insuring against shocks; b) raising incomes: promoting agriculture and enhancing rural livelihoods; and c) enhancing social justice: empowering poor farmers, pastoralists and landless laborers².

The COVID-19 socio- economic effect has put a spotlight on economic inequalities and fragile social protection programmes that is leaving most vulnerable communities including women to bear the economic brunt of the crisis. COVID 19 pandemic is exacerbating underlying vulnerabilities and inequalities in Eswatini. Eswatini, has the highest HIV prevalence globally (27%) and a high burden of Orphans and vulnerable children (OVC). Furthermore, extreme poverty is remains high estimated at 20% of the population said to be extremely poor and facing worse deprivations in meeting their survival needs³. Chronic malnutrition is of concern with 26% of the children stunted⁴. The Social protection system is currently fragmented with under-coverage limiting its impact and opportunities for use in responding to crises and hence its effectiveness in protecting the most vulnerable. The system does not adequately leverage innovative digital platforms to ensure the inclusion of vulnerable groups particularly children, elderly, women and the disabled in specific interventions into emergency response planning

The government has drafted a Social Assistance Framework, which has not yet been implemented but provides opportunities for effective response to underlying poverty needs and emerging emergency needs. The recent analysis by the Agriculture and Food Security cluster highlights OVC, people living with HIV, pregnant and lactating women are key vulnerable population who will likely see increase in malnutrition and worsening health due limited access to necessary services (*school feeding has been stopped, about 1210 children and 12,000 adults on ART/TB treatment are malnourished, and pregnant and lactating women access to pre-and post-natal care*).

[1] UNAIDS HIV Estimates report 2019 (not posted online)

[2] Eswatini Household Income and Expenditure Survey 2018

[3] <https://www.wfp.org/countries/eswatini>

II. SOLUTIONS PROPOSED

This proposed intervention is designed to cover two critical and interrelated components in the immediate response to COVID-19. These include firstly, a direct intervention in the agricultural and food systems leveraging digital platforms to address both livelihoods and food security challenges, and secondly, draw on the immediate interventions to inform the needed reform in

² UNDP paper: Social Protection for Enhanced Food Security in Sub-Saharan Africa 2012.

³ Eswatini Household Income and Expenditure Survey 2018

⁴ <https://www.wfp.org/countries/eswatini>

the social protection mechanisms through supporting the current COVID-19 sectoral committees (i.e. food and nutrition security task team and social protection task team). In the proceeding section, the key activities covering these two aspects are described:

1. Component 1: Addressing loss of livelihoods and food insecurity challenges caused by disruptions of the agro-food system

To address the challenges of loss of livelihoods and food insecurity that more than 27% of the population are faced with, this project will provide (a.) an emergency cash-based safety net transfer to most vulnerable who are left behind in social protection programs, as well as, (b.) provide interconnected measures stabilizing disrupted agro-food system to protect livelihoods of vulnerable rural farmers to maintain income access and productivity. This will demonstrate productive social protection assistance (assistance or options) and application of innovative digital platforms within this sector. Specifically, the following activities will be implemented at different stages of the agro-food value chain:

Emergency Social assistance:

1. Target 1800 households (*9500 persons with 60-80% women*) from the list of PLHIV to receive cash-based transfers to meet immediate food and non-food needs. This be based on a designed emergency social protection package the costing of a Minimum Expenditure Basket (MEB) building on the food transfer value used by National Disaster Management agency. The beneficiaries will receive a monthly cash transfer of \$10.56 for a total of three months covering 60-70% of the MEB.

Livelihood Protection:

1. Through appropriate available e-solutions and supply chain platforms facilitate the market linkages for smallholder farmers affected by market disruptions to be able to access markets and earn incomes and continue production. This activity will target 44 groups (650 households) of small-scale farmers who have been affected by the closure of schools which they supplied commodities through the Home-Grown School Feeding programme. Activity will link groups to new markets – in including traders, supermarkets and community level markets to bridge the market gap caused by closure of schools. This will involve a subsidy for sustaining market linkage and productivity at a cost of USD\$200 per trader for 200 selected vendors. The selection criteria will prioritize women and the elderly most preferably those participating in internal savings and lending schemes in the urban and peri urban areas.
2. Provide production subsidy for winter food crop production for selected small-scale farmers (80 groups with 60% being women) with access to irrigation as a direct support mechanism to Government efforts of bridge the food insecurity challenge and reducing the demand for consumptive transfers. They will also receive a once off productive safety net subsidy to maintain access to inputs covering 85Ha of winter cropping. The subsidy will

cover fertilizers, seeds and herbicides.

In addition, to the direct interventions the project will mainstream COVID-19 Social Behavior Change Communication (SBCC) to sensitize project beneficiaries and their communities on best practices to mitigate the risk of infection and raise awareness. This will use available communication material in SiSwati language (posters, pamphlets) produced by the Ministry of Health, WHO and UNICEF) where adaptations for persons with specific needs (*e.g. brail and voice overs*) the project will liase with the Communication task team for the development and access to such material.

2. Component 2: Measures to build a firm basis for strengthening the national social protection system to be crisis responsive

Building on the identified gaps, missed opportunities and or lessons learnt in preparedness and response to COVID 19, this component will provide technical assistance to strengthen crisis responsiveness of social protection mechanisms in addressing to needs of most vulnerable and building back better. The component will provide, systemic interventions that will form basis for improving shock responsiveness of the social protection system, increasing its in scope and coverage, and its financing modalities. The following activities will be implemented:

Prepare:

1. Support review of the current social protection system with a view to improving the system for inclusion and efficient coordination
 - a. Conduct a rapid assessment to identify groups rendered vulnerable or excluded from services due to the COVID-19 pandemic.
 - b. Conduct rapid scan of the current social protection systems and vulnerability in these systems to respond to the shocks.
 - c. Strengthen the current social protection registry system to include households/families rendered vulnerable or affected by COVID-19 pandemic

2. III. Build back better and recovery:

- a. Support in embedding the multidimensional poverty and LNOB data into social protection programmes to support the integration of vulnerable groups, with gender-differentiated needs and strengthen the monitoring systems.

III. WHAT IS THE SPECIFIC NEED/PROBLEM THE INTERVENTION SEEKS TO ADDRESS?

The agro-food marketing systems and channels have been disrupted by the restrictions on movement of people and other measures instituted as part of the COVID national response. Small-scale agricultural producers, vendors and traders particularly women and transporters alike have been affected by the restrictions related to the pandemic due to unforeseen shifts in the market affecting supply, demand, prices and quality of products. The obtaining dynamic has made

it more complicated for small scale farmers, transporters, vendors and traders who rely on the food value chain for their livelihoods. The recent Eswatini Food Security Outlook April to December 2020 produced by the COVID-19 Emergency Agriculture and Food Security Technical Working Group shows that 301,762 people (27% of the population)^[1] of the population is projected to sink further into food insecurity due to COVID-19. The disruptions of the Agro food system present significant risk of vulnerable households particularly PLWHIV, disabled, children, **women** and the elderly facing severe food insecurity challenges.

Further, the advent of COVID 19 has disrupted various Government programmes impacting negatively the agro-food system. For instance, the Government with support of FAO and WFP have been implementing a home grown School Feeding Programme with 44 farmer groups producing vegetables, with annual volumes as follows: 390.27 MT of spinach/cabbage, 39.03 MT of tomatoes, 19.51MT of onions. These were supplying 50 schools (6 primary with grade zero, 22 primary and 22 secondary/high schools) with a total enrolment of 24,900 students with Manzini region (12 schools), Lubombo region (13 schools), Hhohho region (12 schools) and Shiselweni with 13 schools. Farmer groups that had started on the production of the vegetables which was based on the school enrolment and captured in the contracts. Because of COVID 19, these groups are now stuck with ready produce with no confirmed market.

Seeking for alternative markets has been a challenge for these farmers with the travel restrictions as the lockdown has led to closure of schools and it is likely schools will be closed for the foreseeable future. Farmers, traders/vendors and transporters have lost business. For this particular group, support would therefore be required to facilitate access to new markets while allowing the production to continue so that by the time schools open, the farmer groups would be in a position to also supply the schools while also servicing the other alternative markets with the produce.

The Covid-19 pandemic is not only painfully displaying the gaps in health systems, but also high levels of vulnerabilities of individuals, families in particular women, and the of whole economy. Most poor and vulnerable people have limited means to cope with the economic, social and health impacts of the pandemic. Containment measures, disruption of supply and value chains, overcrowding precluding social distancing and lack of clean water and sanitation are all factors that threaten the well-being and very livelihoods of families and groups that are already left behind. Interrupted livelihoods of workers in informal employment must be compensated for, maintained and finally restored; food security, access to water and basic services must be preserved; and women, who carry most of the increased care responsibilities, must be supported with gender-responsive action.

The preventive measures and response to the primary and immediate impact of the pandemic, namely the partial lockdown, has resulted in loss or further reduction of income for many households. This subsequently is impacting ability of households in obtaining/accessing basic commodities and services, such as food, electricity, clean water, non-COVID healthcare services

including new-born and neonatal care, care services for persons living with HIV, and immunization, to name a few. Some other basic services, for instance education, are interrupted, or their quality seriously diminished. Additionally, the restrictions in movement has increased the exposure of children to violence or women and girls to GBV, at the same time reducing their access to protective support. The main objective of the programme is to alleviate the secondary impact of the pandemic on access of the most vulnerable to basic services and protection as summarized above.

IV. HOW DOES THIS COLLABORATIVE PROGRAMME SOLVE THE CHALLENGE? PLEASE DESCRIBE YOUR THEORY OF CHANGE.

The project intervention frame proposes to implement a rapid response to the Covid-19 pandemic while making the necessary inroads into building systems, institutions and capacities that will build the resilience of the vulnerable populations to future shocks. The proposed interventions will create linkages and ensure complementarities between humanitarian/disaster risk management and development responses, including long-term resilience building in crises and post-crisis contexts particularly in the agriculture and food sector, which provides livelihoods for at least 70% of the population.

The underlying theory of change for the project is that market linkage innovations underpinned by application of digital and mobile platforms to manage registers and data, buttressed by a stronger social protection system (with better targeting, to minimize inclusion and exclusion errors) and well as provision of specific subsidies and incentives will lead to functioning and stable agro-food systems during and beyond the COVID-19 emergency. Functioning, stable and consistent markets with connected small scale farmers, vendors/traders and transporters not only have direct food and nutrition benefits to the population but also yield stable and consistent incomes for the agro food system actors securing their livelihoods. In the medium term, if the current system of social protection is strengthened to better manage data, identify, register and monitor situation of vulnerable households affected by COVID-19 pandemic; and fiscal space is created to increase scope and coverage of the current system of social protection; the social protection system will have the capacity to prevent people from falling into increased poverty due to COVID-19 pandemic. This forms the basis for building back better.

One of the immediate priorities of actors in a COVID-19 response context will be to ensure that ongoing agro-food market functions as well as deliveries of food assistance to vulnerable groups are not hindered and is adapted to potential COVID-19 impacts. This means preserving and protecting the agriculture livelihoods and food security of vulnerable populations including by adapting programming and operational delivery. It entails continuing and scaling-up (as needed) distributions of agricultural inputs (seeds, tools, livestock feed etc) and provision of animal health support to ensure continuous food production and income generation in the most vulnerable areas, including within the rural-urban interface---maintaining the stability of the agro-food system. It also implies supporting livelihood diversification and home-based food production (e.g. backyard gardens) to ensure further fresh food availability and incomes for vulnerable

communities. By providing market linkage innovations, specific subsidies and incentives, as well as measures to improve the social protection system, the project will minimize the negative impact of the COVID-19 emergency and its accompanying restrictive measures on the agro-food system.

V. DOCUMENTATION

The UNCT is in the process of completing and will be posted on the National Plan for Combating COVID-19 on the WHO partner portal once done. Some key documentation, which has informed this proposal, include the following:

- 1. Eswatini Food Security Outlook April to December 2020:** produced by the COVID-19 Emergency Agriculture and Food Security Technical Working Group this is a report on the Food Security Outlook, projecting food security outcomes, based on assumptions about anticipated events, their effects, and the probable responses of various actors. The outlook analyses these assumptions in the context of current conditions and local livelihoods, together with likely socio-economic impact of COVID-19 relevant to agriculture and food security to arrive at a most likely scenario until December 2020. COVID-19 Emergency Agriculture and Food Security Technical Working Group's membership includes Government Ministries and agencies, UN agencies and NGO players involved in food and nutrition security, and is chaired by Ministry of Agriculture.
- 2. Draft UN Common Country Analysis (CCA) Kingdom of Eswatini February 2020:** This CCA provides evidence-based description of Eswatini's social, economic, cultural, legislative, governance and political landscape and an analysis of the underlying causes of development challenges and risks. It also takes stock of the Sustainable Development Goals (SDGs) achievements and identifies the most vulnerable groups in the country. Furthermore, the CCA outlines Eswatini's commitments under international conventions and legal frameworks. Regional and transnational trends and their impacts on SDGs implementation are given due attention.
- 3. Government Multiple Sector COVID-19 Emergency Response Plan 2020:** This presentation outlines Eswatini's COVID 19 response Architecture including summaries of the sector specific response plans, the institutional arrangements as well as the estimated costs. It shows that Eswatini's response plan is classified into three phases namely i) Humanitarian Phase(0-12 months) with immediate Emergency Response interventions as well as Risk and Impacts mitigation; ii) Early Recovery (12-36 Months) with rehabilitation of Infrastructure and systems and 3) Long-term (36-60 months) which includes reconstruction building back better for resilience.
- 4. Eswatini Draft Social Assistance Policy Framework:** This draft document shows policy direction on Government intends to develop, facilitate and monitor the implementation of effective policies and strategies on integrated social welfare services that meet the needs of all vulnerable groups. It provides basis for implementation of comprehensive social welfare services focusing on all vulnerable groups. (families, older persons, disabilities, children, Ex-servicemen, substance abuse people, persons affected with

HIV/AIDS)

- 5. National Social Development Policy:** This is a policy framework to guide social service delivery for citizens, in particular the most vulnerable groups. This Policy aims to provide policy guidelines for the Department of Social Development and other stakeholders in social service delivery. Specifically the mission is provision of integrated, comprehensive and equitable social development services, in partnership with key stakeholders, to improve the quality of life of the Swazi nation, particularly its poorest and most vulnerable members. It is informed by the 1995 Copenhagen Declaration on Social Development that identifies social and economic factors as key to achieving development through the vehicle of social protection, thereby reducing or eliminating poverty. This Policy, serves as a reference for structured and coordinated social development services provision.

VI. TARGET POPULATION

The project will benefit the following groups of vulnerable people:

- 1. Vulnerable People Living with HIV, (PLHIV with 60-80% women):** The programme will benefit 1800 vulnerable (9,600) households with cash transfers of \$10.56 per person per month for three months. These beneficiaries are part of the approximately 13,200 PLHIV who are suffering from undernourishment and not included in safety net programmes.⁵ The source of lists will be forming the Government's Antiretroviral and Tuberculosis (ART/TB) treatment Client referral system (CMIS) managed by Ministry of Health. The intention is to target 60-80% women as beneficiaries. The payments will be done through an innovative Mobile Money transfer platform.
- 2. Farmers in GoE/ FAO/WFP programme and Local vendors/traders:** the programme will involve at least 200 vendors /traders of which at least 80% should be women. These will receive a once off capital injection incentive of US\$200 to sustain their trade and provide quality service to the customers. The traders will be linked to the 44 farmer groups who had been engaged to support schools with vegetables under the pilot Home Grown School Feeding Program, and due to disruption following closure of schools have no access to markets. Each group has between 8-20 farmers more than 60% are women of the 650 members. The budget cost is estimated at USD 40,000.
- 3. Smallholder farmers productive support:** In addition to the existing groups, the programme will identify 36 additional smallholder farmers groups with irrigation facilities to support 0.2 ha during this winter to produce in order. A subsidy package containing bean seeds, vegetable seedlings, fertilizer will be delivered. With an average of 14 members per group this will reach an estimated 1120 smallholder farmers of which 60% are expected to be women. The subsidy will ride on the government input subsidy infrastructure which has identified input providers. The budget to provide inputs is

⁵Project will deliberately address food security for women (particularly pregnant and lactating women) and children (particularly orphans) and additional vulnerable groups including older persons, persons with disabilities, persons deprived of liberty, migrants and refugees within this missed group.

estimated at US\$62 249

4. **Local Food Transporters:** Approximately 10 transporters will benefit from the business of transporting agricultural produce and inputs.
5. **All food system and social protection beneficiaries:** all agro-food system actors including vulnerable PLHIV, small scale farmers, vendors/traders, transporters, and selected populations will benefit from COVID 19 SBCC on best practices to mitigate the risk of infection and raise awareness on preventive measures provided in SiSwati language and other adapted forms for persons with specific needs.

In addition, measures towards the social protection system reform will have long terms benefits for all vulnerable groups within the population including children are at risk of being unsupervised as parents/caregivers/guardians are quarantined or self-isolated (under COVID 19 measures), women have limited economic activities due to closure of work places, pregnant and lactating women, migrants including key populations such as sex workers and refugees are at high risk due to their constant movement as well as vulnerable men and boys

VII. WHO WILL DELIVER THIS SOLUTION?

A Project Implementing team which meets in a regular platform will be established comprising of the Un Agencies spearheading implementation, Government officials (Ministries of Agriculture and Department of Social Development, National Disaster management Agency and relevant committee representatives). This technical platform will be serviced by a secretariat comprising of Government representatives (1 or two focal point persons) and UN agency representatives following the normal operational procedures for UN programmes. FAO, WFP, UNICEF and UNDP already have the established support system in terms of technical staff for running the project within the country. The roles of keys players are summarized as follows:

- RC: The RC will provide overall oversight, receive regular reports, monitor programme implementation and performance and report to the fund accordingly in line with the agreed procedures.
- Project implementing team: This platform will serve as the steering committee of the programme, specifically responsible for providing technical oversight, networking opportunities, content and process review as well as mobilization of relevant players.
- FAO, WFP and UNDP will dedicate specific focal point persons (and staff) depending on the level of involvement in the project activities to be part of the project secretariat in collaboration with a representative from Government, particularly the Ministry of Agriculture and Department of Social Development.
- Other UN entities: UN entities through the UNCT will assist the RCO in providing overall oversight, receive regular reports, monitor programme implementation and performance and reporting
- Civil society: Will participate in the technical committee and platforms convened by the Ministry of Agriculture and Department of Social Development. Feedback mechanism through a toll-free contact number will be used to get participation of vulnerable groups

including emerging issues in the design and implementation of the programme.

Monitoring and Evaluation

Project monitoring and evaluation will incorporate monitoring and reporting on these risks and any others that may emerge during project implementation. Critical issues and changes to the risk level will be reported in a timely manner so that mitigation action can be taken before risks spiral. Monitoring and evaluation of the project will be integrated within the existing M&E systems of UNRCO, and participating UN agencies. The Project implementation team will develop the detailed M&E framework integrating provisions from these agencies. The M&E framework will describe objectives, performance indicators and the methodologies for data collection and ensure that data is disaggregated by age and sex to show the numbers of women benefiting from the intervention. During the inception phase, relevant stakeholders shall be engaged to review and validate the M&E framework. The main monitoring and evaluation processes will include:

- **Work Planning:** Work plans shall be reviewed periodically in annual programme reflective and planning meetings in order to redefine activity implementation and targets based on performance.
- **Continuous Monitoring and technical backstopping:** to be carried out by project technical teams throughout the project cycle to track progress of activities and delivery of outputs.

Reporting schedule

The project aims to produce the following reports:

- **Inception phase report:** detailing what has been put in place (in terms of institutional arrangements, staff recruitment, assignment/deployment and other arrangements); overall direction of the programme, annual work plans, problems/constraints encountered and adjustments needed in specific cases, etc.
- **Periodic Progress Reports:** The progress report for on the project implementation shall be submitted to the UNRCO in line with the UN to UN Agreement as agreed upon. All reports will be prepared based on the reporting formats which will be developed during the inception phase.
- **Project Completion Report:** towards the end of the programme duration, a final report will be prepared and submitted.

Results Framework

INSTRUCTIONS: Each proposal will pick a window. As part of the proposal the agencies, funds and programme will develop an outcome, outcome indicators, outputs and output indicators that will contribute to the achievement of the selected proposal outcome.

Proposal Title	: STRENGTHENING PRODUCTIVE SOCIAL SAFETY AND PROTECTION SYSTEMS DURING AND BEYOND COVID 19–INDUCED FOOD EMERGENCY IN ESWATINI				Outcome Total Budget
Proposal Outcome:	Stronger productive social safety and protection systems in the agro-food system and other sectors				USD: 600 000
		Baseline	Target	Means of verification	Responsible Org
Outcome Indicators	SDG Indicator 2.3.2: Average household income of small-scale food producers, traders, and vendors by sex and indigenous status	TBD	Small scale farmers, traders and vendors can realize net income greater than the E600 monthly minimum wage	Project reports on small scale producers, traders, and vendors incomes	FAO/WFP
	SDG Indicators 2.1.1 Prevalence of undernutrition among People Living with HIV (PLHIV) SDG Indicators 2.1.2. Prevalence of moderate or severe food insecurity in the population affected by covid	13200 (6.6% of HIV positive) 27% of population	Reduction by 1800 (13% reduction in prevalence) (17250 people benefiting in component 1) 14% reduction of the estimated COVID 19 induced food insecurity prevalence	Evaluation Reports on the numbers of PLHIV reporting better access to food	FAO/WFP
Output 1	Reduced loss of livelihoods along agro-food value chain and food deficiencies among vulnerable groups of population				
Proposal Output Indicators	1.1 Number of people receiving cash transfer safety nets within project period	0	1800 households (9000 people with 60% women)	Project reports and	FAO/WFP

				documents	
	1.2 Number of small-scale farmers linked to markets	0	80 groups of farmers (approximately 1120 households or 5600 people of which at least 60% are women)	Project reports and documents	FAO/WFP
	1.3 Number of small scale farmers receiving support to produce winter crops	0		Project reports and documents	FAO/WFP
	1.4 Number of Transporters (MSMSEs) linked to farmers downstream and to markets upstream	0	At least 10	Project reports and documents	FAO/WFP
	1.5 Number of small-scale farmers, transporters, vendors and traders and households receiving awareness information on COVID-19 through the project	0	+5000(60% women)	Project reports and documents	FAO, WFP
Output 2	Strong basis for strengthening the national social protection system developed through leveraging digital platforms and working through the two COVID-19 task teams (COVID-19 Emergency Agriculture and Food Security Technical Working Group, COVID-19 Social Protection Working Group)				
	2.1 Number of Government Task teams supported to deliver social protection services	0	2(FNS and Social Protection)	Project reports and documents	FAO, WFP
	2.2 Number of farmers, vendors, traders including women transacting through innovative and more efficient digital platforms	0	-80 groups of farmers(approximately 1120 households or 5600 people of which at least 60% are women) -10 transporters -200 vendors	Project reports and documents	FAO, WFP
	2.3 Rapid Assessment Report	0	1	Project reports and documents	UNDP, UNICEF

	2.4 Vulnerability Assessment Report	0	1 (Report)		UNDP, UNICEF
	2.5 Social Protection Registry	0	1 (Registry)		UNDP, UNICEF

SDG Targets and Indicators

Please consult Annex: [SDG List](#)

Please select no more than three Goals and five SDG targets relevant to your programme.

(selections may be bolded)

Sustainable Development Goals (SDGs) [select max 3 goals]			
<input checked="" type="checkbox"/>	SDG 1 (No poverty)	<input type="checkbox"/>	SDG 9 (Industry, Innovation and Infrastructure)
<input checked="" type="checkbox"/>	SDG 2 (Zero hunger)	<input type="checkbox"/>	SDG 10 (Reduced Inequalities)
<input type="checkbox"/>	SDG 3 (Good health & well-being)	<input type="checkbox"/>	SDG 11 (Sustainable Cities & Communities)
<input type="checkbox"/>	SDG 4 (Quality education)	<input type="checkbox"/>	SDG 12 (Responsible Consumption & Production)
<input type="checkbox"/>	SDG 5 (Gender equality)	<input type="checkbox"/>	SDG 13 (Climate action)
<input type="checkbox"/>	SDG 6 (Clean water and sanitation)	<input type="checkbox"/>	SDG 14 (Life below water)
<input type="checkbox"/>	SDG 7 (Sustainable energy)	<input type="checkbox"/>	SDG 15 (Life on land)
<input type="checkbox"/>	SDG 8 (Decent work & Economic Growth)	<input type="checkbox"/>	SDG 16 (Peace, justice & strong institutions)
<input type="checkbox"/>	SDG 17 (Partnerships for the Goals)		
Relevant SDG Targets and Indicators			
[Depending on the selected SDG please indicate the relevant target and indicators.]			
Target	Indicator # and Description	Estimated Budget allocated	%
Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable	Indicator 1.3.1: Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor	50%	

	and the vulnerable	
Target 2.1: By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round	Indicator 2.1.1: Prevalence of undernourishment Indicator 2.1.2: Prevalence of moderate or severe food insecurity in the population,	
TARGET_1.5: By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters	Indicator 1.5.2: Direct economic loss attributed to disasters in relation to global gross domestic product (GDP)	
TARGET: 2.3 By 2030, double the agricultural productivity and incomes of small-scale food producers, in particular women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets and opportunities for value addition and non-farm employment	Indicator 2.3.2: Average income of small-scale food producers, by sex and indigenous status	50%

Risk

What risks and challenges will complicate this solution, and how they will be managed and overcome?

(COVID19 has created an unprecedented and fast changing development context. Accepting this volatile situation, please identify up to three risk to the success of the proposal based on best available analysis to the UN) **Please enter no more than 3.**

Event	Categories Financial Operational Organizational Political (regulatory and/or strategic)	Level 3 – Very High 2 – Medium High 1 - Low	Likelihood 6 – Expected 5 – Highly Likely 4 – Likely 3 – Moderate 2 – Low Likelihood 1- Not Likely 0 – Not Applicable	Impact 5 – Extreme 4 – Major 3 – Moderate 2 – Minor 1 – Insignificant	Mitigating Measures (List the specific mitigation measures)	Risk Owner
Stakeholders prioritize alternative implementation frameworks	Operational	1	3	2	Proper information, Lobbying and advocacy will take place to ensure that all stakeholders including Regional Government officials work in a harmonized and coordinated manner.	FAO
Limited awareness and stakeholder involvement on the project	<i>Operational</i>	1	2	2	The project partners have experience in undertaking multi-stakeholder initiatives and will aim to ensure that all relevant stakeholders are engaged and involved throughout the project cycle. Awareness raising, social mobilisation and stakeholder engagement activities will be conducted during the project.	COVID-19 Emergency Agriculture and Food Security Technical Working Group, COVID-19 Social Protection Working Group)
Instability in local currency, market prices and availability of project inputs.	<i>Financial</i>	2	4	3	Procurements plans to be developed in line with the project work plan so as to ensure timely availability of project inputs	FAO/UNDP

Budget by UNDG Categories

***Up to Four Agencies**

Budget Lines	Fiscal Year	Description	FAO	WFP	UNICEF	UNDP	Total
1. Staff and other personnel	2020	Cost share of Staff and additional expertise to be sourced	\$ 29,000.00	\$ 34,657.00			\$ 63,657.00
2. Supplies, Commodities, Materials	2020	Direct support to small scale farmers for emergency winter food production(92 hectares)	\$ 62,249.00				\$ 62,249.00
3. Equipment, Vehicles, and Furniture, incl. Depreciation	2020	Cost of small scale transporters moving food to connect agro-food system actors	\$ 17,000.00				\$ 17,000.00
4. Contractual services	2020	Costs of services contracts plus digital platforms	\$ 5,000.00		\$ 24,000.00	\$ 24,000.00	\$ 53,000.00
5. Travel	2020	In country travel					\$ -
6. Transfers and Grants to Counterparts	2020	Direct transfers to People living with HIV, vendors and traders	\$ 40,000.00	\$ 322,207.00			\$ 362,207.00
7. General Operating and other Direct Costs	2020		\$ 8,000.00	\$ 18,000.00			\$ 26,000.00
Sub Total Programme Costs			\$ 161,249.00	\$ 374,864.00	\$ 24,000.00	\$ 24,000.00	\$ 584,113.00
8. Indirect Support Costs ⁶ 7%			\$ 11,287.43	\$ 26,240.48	\$ 1,680.00	\$ 1,680.00	\$ 40,887.91
Total			\$ 172,536.43	\$ 401,104.48	\$ 25,680.00	\$ 25,680.00	\$ 625,000

⁶ The rate shall not exceed 7% of the total of categories 1-7, as specified in the COVID-19 Response MOU and should follow the rules and guidelines of each recipient organization. Note that Agency-incurred direct project implementation costs should be charged to the relevant budget line, in line with UNSDG guidance.