



Swaziland
United Nations Development Assistance Framework
2016-2020

Statement by Government of the Kingdom of Swaziland

To be completed

Preamble and statement of commitment

This UNDAF sets new aspirations for more effective and efficient delivery that will support in fast-tracking Swaziland's development objectives. With joint collaboration between the Government and the UN now Delivering as One, the UNDAF will catalyse sustainable changes that will strengthen systems during and beyond the period covered (2016 – 2020). The Government of Swaziland and the United Nations System are therefore committed to working together in partnership under the Delivering as One approach to deliver the aspirations of this UNDAF. We will act together cognizant of this opportunity and responsibility.

We, the United Nations Country Team in Swaziland, while representing each organization's mandates, competencies and decision-making processes, pledge our commitment to the UNDAF as a means of fostering cooperation, coordination and enhanced UN coherence in the spirit of "Delivery as One" to improve performance towards achieving measurable results and impact of our joint response to the development needs of Swaziland.

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Acronyms and Abbreviations

ACC	Anti-Corruption Commission
AfDB	African Development Bank
AGOA	African Growth and Opportunity Act
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-Natal Care
ART	Anti-retroviral treatment
BOS	Business Operations Strategy
CEDAW	Convention on the Elimination of All forms of Discrimination Against Women
CMIS	Client Management Information System
CSO	Central Statistical Office
CSO	Civil Society Organization
DPMO	Deputy Prime Minister's Office
ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
EMIS	Education Management Information System
EU	European Union
FAO	Food and Agriculture Organization
FDI	Foreign Direct Investment
GBV	Gender Based Violence
GDP	Gross Domestic Product
GFATM	Global Fund for AIDS, TB and Malaria
GFIU	Gender and Family Issues Unit
HIV	Human Immunodeficiency Virus
HDI	Human Development Index

HMIS	Health Management Information System
HRH	Human Resources for Health
HTC	HIV Counselling and Testing
IMR	Infant Mortality Rate
JWP	Joint Work Plan
LFS	Labour Force Survey
MDR-TB	Multidrug resistant TB
MEPD	Ministry of Economic Planning and Development
MICS	Multiple Indicators Cluster Survey
MNRE	Ministry of Natural Resources and Energy
MOA	Ministry of Agriculture
MOET	Ministry of Education and Training
MOF	Ministry of Finance
MOH	Ministry of Health
MOLSS	Ministry of Labour and Social Security
NCDs	Non Communicable Diseases
NCP	Neighbourhood Care Point
NDS	National Development Strategy
NERCHA	National Response Council on HIV/AIDS
NHSSP	National Health Sector Strategic Plan
NSC	National Steering Committee
ODF	Open-Defecation Free
OMC	Operations Management Committee
OMT	Operations Management Team
OVC	Orphan and Vulnerable children
PMTCT/VCT	Prevention of Mother To Child Transmission/Voluntary Counseling and Testing

PPSC	Policy and Programme Support Committee
PPSG	Policy and Programme Support Group
PRSAP	Poverty Reduction Strategy and Action Programme
PSM	Procurement and Supply Management
RDT	Regional Director's Team
SACU	South African Customs Union
SDG	Sustainable Development Goals
SHIES	Swaziland Household Income and Expenditure Survey
SLFS	Swaziland Labour Force Survey
SME	Small and Medium Enterprises
SODV	Sexual Offences and Domestic Violence
SWAp	Sector Wide Approach
SWAZIVAC	Swaziland Vulnerability Assessment and Analysis Committee
TB	Tuberculosis
U5MR	Under five Mortality Rate
UHC	Universal Health Coverage
UNAIDS	United Nations Program on HIV/AIDS
UNCG	United Nations Communications Group
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Emergency Fund
UPR	Universal Periodic Review
WFP	World Food Programme
WHO	World Health Organization

Executive Summary

[Will be completed when draft is finalised]

Introduction

This United Nations Development Assistance Framework (UNDAF) 2016-2020 is the medium-term strategic plan of the United Nations in Swaziland. It represents an integrated response to supporting the people of Swaziland to achieve their national priorities as set out in the National Development Strategy (NDS) and other strategies, and the development aspirations reflected in the national post-2015 development agenda.

Building on the sound relationship between the United Nations and the Kingdom of Swaziland, the UNDAF has adopted a Delivering as One (DaO) approach for better coherence and impact, with reduced transaction costs. The decision to adopt this approach was informed by recommendations from the UNDAF 2011-2015 Mid-Term Review (MTR). The UN Country Team (UNCT) and staff engaged in discussions with their counterparts in the region to learn how they had proceeded with the design and implementation of DaO in their respective countries. Research was also conducted on the DaO approach in other regions. An advisory note on DaO in the Swaziland context was prepared and discussed with the Government, and was formally adopted by the Government and the UN in June 2014.

An important milestone in this process was the Strategic Prioritisation Retreat (SPR) which was held in October 2014 with the objectives of identifying key priorities for the UN's support to Swaziland. The SPR was preceded by the preparation of a synthesis report of the country based on the NDS, the current UNDAF, post - 2015 report, Swaziland's progress report on the Millennium Development Goals (MDGs) and other analytical reports from Government and development partners. The synthesis report identified progress made and challenges encountered in the country's development process was also guided by the five UN programming principles of human-rights based approach, gender equality, environmental sustainability, results-based management and capacity development. In addition, a stakeholder analysis, an analysis of the UN's comparative advantages, and an assessment of the existing national coordination mechanisms were undertaken and informed the SPR. Participants included: high level Government officials, representatives of the civil society, implementing partners, the UNAIDS Regional Director representing the Regional Director's Team (RDT), the UNCT and its technical arm. The SPR was facilitated by United Nations Development Group (UNDG).

Partnerships, Values and Principles

To be completed

Swaziland Development Context

Country context

The Kingdom of Swaziland is a small land locked country covering 17,364 square kilometres bordering South Africa and Mozambique. The country is divided into four administrative regions namely, Hhohho, Manzini, Shiselweni and Lubombo. The King is the head of State and appoints the Prime Minister as Chairperson of the Cabinet and the head of the Government. The country is divided further into 55 Local Authorities (Tinkhundla) and 365 Chiefdoms. Swaziland has a population of 1.1 million people of which 53% are women. It has a young but growing population with slightly over half (52%) the population under the age of 20 with a median age that has grown from 17.3 years in 1997 to 19.21 years in 2007.

Swaziland is classified as a lower middle income country with a per capita GDP \$3,500 and GDP of \$6.259 billion¹. The economy is predominantly agriculture-based with 70 seven percent of the population residing in rural areas and deriving their livelihoods from subsistence agriculture. The Government's *National Development Strategy* (NDS) provides the overarching national development framework for Swaziland. It focuses on improved standard of living particularly; poverty eradication, employment creation, gender equality and environmental protection. The Government developed and adopted the *Poverty Reduction Strategy and Action Programme* (PRSAP, 2006-2015) to serve as a critical means and guide to realize the national vision and attain MDGs. To strengthen the implementation of the PRSAP, a Sector Wide Approach (SWAp) was adopted and piloted in the planning and budgeting process in four priority sectors namely; agriculture, education, health and water & sanitation. The SWAp approach has added value in terms of improving coordination of development partners, reducing duplication of efforts, streamlining resources with good examples in Health, Education and WASH. In 2011, the country developed the *Economic Recovery Strategy* aimed at addressing stagnant growth. The Government Programme of Action 2013-2018 was also developed to guide the process of effectively responding to the adverse impacts of the global financial and economic crisis, poverty reduction and service delivery. The Programme of Action provided the overall policy direction on enhanced performance management for effective and efficient delivery of public service.

The Government of Swaziland has acceded to a wide range of international conventions and has created a legal and policy framework to translate international commitments to enable its citizens to realize their full potential. Swaziland has made good progress on several of the MDGs and is on track to achieve MDGs 2 (Universal primary education), MDG 3 (Promote gender equality and empower women), and MDG 6 (Combat HIV/AIDS, malaria and other diseases). However other MDGs require acceleration including: MDG 1 (Eradicate extreme poverty), MDG 4 (Reduce child mortality) MDG 7 (Ensure environmental sustainability) and in particular MDG 5 (Improve maternal health) which is the least progressive.

Swaziland participated in the dialogue on '*The World We Want*', to shape the global post 2015 agenda which was informed by a national consultation process on '*The Swaziland We Want*'. It was agreed that the MDGs were still very critical to the long-term socio-economic development of Swaziland and

¹<http://www.worldbank.org/en/country/swaziland/overview#1>

had to be taken forward in the post-2015 era. Subsequent to the global consultation, the Open Working Group established by the UN General Assembly proposed 17 Sustainable Development Goals (SDG) and targets, which are to be further elaborated with measurable outcomes and indicators. These SDGs build on the foundation laid by the Millennium Development Goals, seek to complete the unfinished agenda, as well as respond to new challenges.

Development challenges

Although there has been some progress, Swaziland continues to face development challenges including: slow economic growth; high levels of inequality and poverty; high unemployment rates especially amongst the youth; high incidence and prevalence of communicable (HIV and TB) and non-communicable diseases in the face of health system constraints; high maternal mortality; high levels of chronic malnutrition; increasing number of vulnerable households; low participation of women in decision making; high incidence of violence particularly gender based violence against children and women; high teenage pregnancy and high maternal mortality; limited research and technical capacity to generate timely and quality data to inform integration of risks and climate change adaptation and; capacity constraints to effectively implement pro-poor policies and strategies especially in education, health and agriculture; and corruption.

A theme that cuts across the many development challenges in Swaziland is that of capacity both on the demand and supply side. On the supply side, Swaziland does not have sufficient capacity to address the many development challenges it faces in service delivery while on the demand side service delivery is affected by limited awareness, uptake and utilization of services by citizens. Although the country has produced legislation and numerous policies, implementation of these policies is hampered by the lack of adequate capacity. The capacity challenges include limited financial resources to implement policies; limited technical skills in designing implementable programmes once policies have been approved; insufficient capacities to collect and analyse data for evidence-informed policies and decision-making; and limited capacities for monitoring and evaluation of policies, strategies and programmes.

Slow economic growth, poverty, inequality and unemployment

Swaziland attained impressive economic growth rates of not less than 6.5% in the 1980s and the early part of the 1990s. However, Swaziland's economic growth in the last decade particularly since 2000 decelerated to around 1.9% realized in 2010 to negative 0.6% in 2011, significantly below the targeted average growth rate of 5%. Swaziland experienced fiscal crisis due to a decline in revenue, in particular SACU revenue, which was lower than expected to finance budgetary operations.

The poverty level is estimated at 63%² with high income inequality (Gini coefficient) standing at nearly 0.52³. The persistence of poverty in Swaziland is exacerbated by, among others, the impact of HIV/AIDS, the global economic financial crisis, and over-reliance on SACU revenues. The sluggish economic growth observed in recent years also continues to impact unfavourably the implementation of social policies as well as the labour market. Unemployment stood at 47.1% for the overall population in 2013⁴ with youth and women more adversely affected by unemployment.

²<http://www.worldbank.org/en/country/swaziland/overview#1>

³<http://data.worldbank.org/indicator/SI.POV.GINI?page=1>

⁴ National Labor Force Survey, 2013

Unemployment for women rose from 29.7% to 31.3% while that for men decreased from 29.7% to 25.7% between 2001 and 2010.

Rural households involved in non-commercial farming activities are the poorest followed by self-employed headed households. Poverty is closely correlated to the extent of food security mainly due to unsustainable farming techniques, low rainfall and limited arable land. The effects of climate change manifested in chronic droughts have significantly constrained the rural populations who are largely dependent on agriculture. In 2014, the number of people requiring food assistance was estimated at 67,592 while an estimated 223,249 people required livelihood support such as inputs, cash transfer and institutional support⁵. In order to mitigate the impact of these trends on vulnerable groups, the government is implementing various social protection schemes with resources estimate at 2.2 % of GDP⁶.

Social Development - Health, HIV and AIDS, Education and Nutrition

The health sector is faced with a shortage in qualified health professionals falling below the international standards. The World Health Organization (WHO) recommendation on the ratio of doctors and nurses and midwives to population are 0.55/1,000 and 1.73/1,000 respectively while in Swaziland the ratio falls below this at 0.126/1,000 for doctors and 1.5/1,000 for nurses and midwives. Swaziland also faces Health Management Information System (HMIS) constraints which heavily rely on paper-based tools with fragmentation and lack of interoperability of health information databases. There are also constraints in Procurement and Supply Management (PSM) for drugs, equipment and supplies, with warehousing storage constraints and limited capacity for distribution of commodities due to inadequate transportation systems.

Swaziland still presents the highest HIV prevalence in the world with 26% of 15-49 year olds living with HIV⁷. Women bear the brunt of the epidemic with 31% prevalence compared to 20% for men. HIV prevalence amongst adolescents (15-19) and youths (20-24) increased from 17.8% and 18.8% in 1994 to 20.4% and 40.8% in 2010 respectively. The HIV epidemic has also given rise to a severe Tuberculosis (TB) co-epidemic, with an estimated TB incidence of 1,287/100,000 people.⁸ Gender inequality in the face of the HIV and AIDS pandemic also presents complex challenges for the country. The burden of HIV acquisition, caring for the sick and orphaned falls primarily on women, further entrenching gender stereotypes and economic reliance on men.

The education system still faces challenges as only one in three children age 36–59 months⁹ is attending early childhood care and education while 15% of primary school children repeated their class, 4% dropped out of school¹⁰ in 2012. Less than 50% of those who enter grade one reach grade seven at the right time or at all. Contributing factors to low enrolment and retention rates include the cost of lower secondary school education, social dilemmas; with the need to support the family in household chores and teenage pregnancy.

⁵ Swaziland VAC, 2014

⁶ Ref check

⁷Swaziland DHS 2006-07

⁸ WB, <http://www.tradingeconomics.com/swaziland/incidence-of-tuberculosis-per-100-000-people-wb-data.html>

⁹ MICS 2010

¹⁰ MICS 2010

Whilst education has been more accessible to both men and women, studies show that women's representation in the field of science and technology is still low thus affecting their employment opportunities in high earning and influential positions. Women especially those in rural areas have less access to education with 70% of rural adult females illiterate, compared to the national average of 21%.

Swaziland is faced with chronic child malnutrition. At a national level, 31% of children under the age of five are stunted, while 1% are wasted and 6% are underweight. Stunting prevalence levels are higher in rural areas (33%) compared to urban areas (23%). Orphans and Vulnerable Children (OVC) tend to be more affected by malnutrition with 39% of OVC's under five stunted compared to 28% for children who are not orphaned or vulnerable¹¹. The causes of childhood stunting are complex and relate to maternal and child health, low consumption of vitamin A, infant and young child feeding, water sanitation and hygiene, access to nutritious foods, caregivers practices and poverty¹².

Micronutrient malnutrition also exists particularly among pregnant and lactating mothers and children below five years of age. Thirty percent of women age 15-49 have some degree of anaemia, with pregnant women more likely to be anaemic at 40%. Approximately 42% of children aged 6-59 months suffer from some degree of iron deficiency anaemia and only 68% of children age 6-59 months received vitamin A¹³, which is essential for proper functioning of the immune system and eye health. Fifty five percent of children are breastfed within the first hour of birth and only 45% of children less than six months old are exclusively breastfed¹⁴.

Vulnerability and Resilience

Twenty-three percent of children under the age of 18 (123,000) are orphaned with one or both parents deceased¹⁵. Prevalence of orphan hood increases with age, with 7% of children under the age of 5 orphaned compared to 37% of 15-17 year olds¹⁶. The Government has created programmes for OVCs through the OVC grant; supporting free primary education and school feeding programmes to reach 229,000 OVCs in the country¹⁷. However, the OVC program faces operational challenges, including difficulty in keeping track of individual students and inadequate monitoring of the programme¹⁸.

Household food insecurity continues to be a problem in Swaziland. In 2014, the number of people requiring food assistance was estimated to be 67,592, while an estimated 223,249 required livelihood support such as inputs, cash transfer and institutional support¹⁹. About 11% of the population is estimated to be below the minimum level of dietary energy requirements²⁰. However, food availability for rural households greatly improved between 2011 and 2014²¹ with households increasingly able to provide for their day to day food needs.

¹¹ Swaziland VAC 2014

¹² Stewart CP, Iannotti L, Dewey KG, Michaelsen KF & Onyango AW. Contextualising complementary feeding in a broader framework for stunting prevention. *Maternal and Child Nutrition* 2013;9 (Suppl 2):27-45

¹³ MICS 2010

¹⁴ Government of Swaziland (2007). *Demographic and Health Survey 2006-2007*

¹⁵ SHIES 2010

¹⁶ World Bank, *Swaziland Using Public Transfers to Reduce Extreme Poverty*, 2012 pp.20

¹⁷ The National Multi Sectorial HIV and AIDS Framework (eNSF) 2014 - 2018

¹⁸ World Bank, *Swaziland Using Public Transfers to Reduce Extreme Poverty*, 2012 pp.35

¹⁹ Swaziland VAC, 2014

²⁰ The Swaziland Millennium Development Goals progress report 2010, quoting the National Nutrition Survey (NNS) 2008

²¹ Swaziland VAC, 2014

The Cost of Hunger Report for Swaziland 2013²² highlights the impact of under nutrition on the children, the family and society at large. A child is affected by stunting is more likely to be ill, perform poorly at school due to lower cognitive capacity and later in life be less productive at work. Under nutrition has long term effects on societies and result in health, education and economic productivity costs. It was estimated that Swaziland loses about 3.1% of GDP contribution as a result of malnutrition.²³

Governance

The Mo Ibrahim African Governance Index ranked Swaziland 26th out of 52 countries in 2013 showing a slight improvement from the 2012 ranking of 27th. The Index ranked Swaziland poorly in participation and human rights as well as sustainable economic opportunity attributable to weak institutional capacity²⁴. Despite having Human Rights enshrined in the Constitution, the country has not adequately invested empowering citizens to assert for their rights. There are also challenges in citizens' participation at the decentralized level.

In June 2014, the US Government removed Swaziland from the list of sub-Saharan African beneficiaries that receive duty-free access to U.S. markets under the USA African Growth and Opportunity Act (AGOA). The termination of Swaziland's AGOA status, effective January 1, 2015, reflects the challenges the country is facing related to maintaining certain democratic standards, as stipulated in AGOA's eligibility criteria²⁵.

In Swaziland, citizens have limited awareness of their rights and understanding of the procedures to access justice as a Constitutional right. Women continue to be disadvantaged by a range of economic, social and cultural factors that hinder them from accessing justice. High legal costs remain unregulated by tariffs and largely unaffordable to the majority of the population. The judiciary consist 17 judges and 18 magistrates for the population of 1.1 million. The country has 22 courts, of which four are higher courts and 18 are subordinate courts. The country also has a national traditional court system led by national court presidents (30) who are all male with the responsibility of adjudicating on customary and some civil issues. The traditional courts are spread out across the country in all regions. The traditional courts registered 4,576 cases of which 4,435 were criminal cases and 148 were civil cases. Swaziland has a comprehensive structure for delivering judicial services; however, the capacity of judicial institutions and supporting law enforcement agencies needs to be strengthened in terms of process, procedure and service delivery in general. Lack of understanding of the law itself, as well as of the procedures employed in resolving conflicts hinder general access to justice by citizens. Limited infrastructure, insufficient human resources and a lack of tools required to execute justice effectively have contributed to a huge case backlog. A related challenge is inadequate domestication of international and regional human rights instruments²⁶.

Gender equality and equity

The Government of Swaziland has promulgated and amended a number of important policies, legislations and strategies to protect and promote the rights of women. The Bill of Rights in the

²² Government of Kingdom of Swaziland (2013), The Cost of Hunger in Swaziland: The Social and Economic Impact of Child Under nutrition. Government of Swaziland, African Union, NEPAD, UN ECA, WFP.

²⁴<http://www.africaneconomicoutlook.org/en/countries/southern-africa/swaziland/>

²⁵<http://www.brookings.edu/blogs/africa-in-focus/posts/2014/06/27-swaziland-agoa-africa-union-summit-trade-copley>

²⁶ Conclusions of CRC and CEDAW recommendations

Constitution provides for equality before the law and equal opportunities for women and men in political, economic and social spheres. In 2004, the Government ratified the UN Convention on the Elimination of All forms of Discrimination Against Women (CEDAW) and passed the National Gender Policy and Action Plan in 2010. However, progress with implementation remains a challenge.

Gender inequality in Swaziland exacerbated by strong patriarchal traditions, values and norms. Other factors contributing to gender inequality include unsupportive legislation; poor access to means of production, education and health; and gender discrimination of different forms leading to increased vulnerability to abuse and disease. Evidence shows that a number of socio-cultural and economic factors contribute to increasing women and girl's vulnerability including: gender-based violence, intergenerational sex, early sexual debut and limited employment and economic opportunities. All these factors have the effect of compromising women and girls' ability to make autonomous decisions in matters affecting their lives and those of their families.

Women's representation in political positions remains low; recently held elections elected only one woman out of a constituency of 55 Tinkhundla. Representation in parliament has been fluctuating from about 8% in the 7th parliament (1998 – 2003) to 20% in the 8th parliament (2003 – 2008) and then declined to about 14.5% in the 9th parliament (2008 – 2013) and a slight decline to 14% in the current parliament (2014 – 2018). Women's representation in senior government positions including as cabinet ministers, principal secretaries and heads of Government departments and ambassadors also remains low. The pattern is similar in schools and in the justice sector where women only make up 23% of the country's judges and 37.5% of magistrates.

Violence and abuse are a major development concern in Swaziland, profoundly affecting women and children. Approximately one in three females experienced some form of sexual violence as a child and one in four females experienced physical violence as a child²⁷. Violence against children continues to be a challenge, particularly within the family environment, and is prevalent in all forms: physical, sexual and emotional abuse. Negative social norms that contribute to violence against women and children include but are not limited to: intergenerational sex, gender inequality (preference for boys over girls), gender based violence which largely remains hidden and kept within families and persons with disabilities hidden from the society. The legislative framework has been largely aligned with international human rights standards; however, the requisite adjustments to the allocations of resources, standards for services delivery and accountability mechanisms are all lagging behind.

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²⁷ VAC 2007

Table 1 Swaziland Fact Sheet

Location	Southern Africa
Area Size	17, 364 km ²
Natural Mineral Resources	Gold, Iron Ore, Diamond, Coal and Quarry
Bordering Countries	South Africa and Mozambique
Regions	Hhohho, Manzini, Lubombo and Shiselweni
Capital City	Mbabane
Local Authorities	12 purely urban local authorities and 55 Rural local authorities but some among these overlap between urban and rural areas
Population	1,106,189 (Housing and Population Census, 2007, 2014 estimate)
Life Expectancy	60 years in 1997 to 33.7 years in 2007
Constitution	The first Constitution of the Kingdom of Swaziland was passed in 1968 when the country gained independence from Britain. In April 1973, the 1968 Constitution was repealed. In 2006 a new constitution came into force which ushered in a new political dispensation.
Political System	Monarchical Democracy
Official Language	SiSwati and English
Labour Force Participation rate	57% (Swaziland Labour Force Survey, 2010)
GNI	\$2860 (World Bank Atlas, 2014)
GDP	\$6.259 billion, at purchasing Power Parity.
GDP Growth Rate	2.8% in 2013, (Budget Speech, 2014)
GINI Coefficient	0.52
Total Public External Debt	E3, 460.1 million in 2014, 19% of GDP (Ministry of Finance, 2014)
Total Public Debt	E6, 271.0 million
Total public debt as % of GDP	17.1%
Unemployment Rate	41.7% in 2013 (National Labour Force Survey 2014)
HDI Value	0.536 (Swaziland Human Development Report, 2012)
Interest Rate	5.5% (Central Bank of Swaziland Monetary Statement, 2014)
Current Account Balance	E2, 305.8 Million which is 6.6% of GDP (Central Bank of Swaziland Annual Report, 2013/14)
Annual Inflation Rate	5.6% (Central Bank of Swaziland Annual Report 2013/14)
Budget Balance	1.05 Billion, 3% of GDP (Central Bank of Swaziland Annual Report, 2013/14)

Results and lessons learnt from UNDAF 2011-2015

Highlights of Results achieved

An independent mid-term review was conducted on the UNDAF 2011-2015. The review concluded that there were several achievements with good progress made in the HIV and AIDS Pillar, especially in access to treatment, care and support; and impact mitigation. There were examples of good technical and advisory support to the Government in the Poverty Reduction and Sustainable Livelihoods Pillar, and several achievements in the area of Human Development and Basic Service Pillar. These included strengthening government's management information systems in health, education, and capacity building for integrated service delivery in both Prevention of Mother To Child Transmission (PMTCT) and Anti-Retroviral Treatment (ART). Advocacy work under the Joint Gender Programme and capacity development in selected governance sector institutions were among the achievements in the Governance Pillar.

UNDAF Outcome 1: *To contribute to reduction in new HIV infections; and improved quality of life for persons infected and affected by HIV by 2015*

The UN system complemented the Government's efforts to reduce HIV infections through supporting SBCC interventions and condom programming targeting young people. The UN also complemented the treatment, care and support initiatives, for example; providing food assistance to HIV and TB patients and follow-up of children on ART. The UN contributed to impact mitigation through capacitating schools as centres of care and support, and strengthening social protection measures for orphans and vulnerable children through neighbourhood care points. Furthermore, the UN contributed to strengthening institutional capacities for the effective management of the HIV and AIDS response through sub-recipients of the Global Fund for AIDS, TB and Malaria (GFATM).

The health sector addressed a number of existing and emerging diseases and conditions including HIV and AIDS. SHIMS, Estimates and Projection models supports the evidence of declining HIV infections and projects that the annual incidence rate among 15-49 years will reduce to 1.5% in 2018.²⁸ New HIV infections are declining, the HIV incidence rate among adults aged 18-49 is estimated as 2.38%, comprising of 1.7% and 3.1% amongst men and women, respectively²⁹ and is highest among women aged 20-24 at 4.17% compared to male counterparts at 1.6%.

Integrated health service was strengthened in the delivery of HIV services and rolled out to the lowest levels of the system but more still needs to be done. ART coverage was increased to over 90%, with PMTCT coverage through Ante-Natal Care (ANC) facilities increasing to reach 89% (162 out of 183 facilities) which provided services to 91% of HIV positive pregnant women.

UNDAF Outcome 2: *Increased and more equitable access by the poor to assets and other resources for sustainable livelihoods*

²⁸Preliminary Swaziland HIV Estimates and Projections, 2012

²⁹ Swaziland Incidence Measurement Survey Study, SHIMS 2011

The UN system supported the government to develop its capacity to improve its policies and strategies for enhancing poor people's access to resources for sustainable livelihoods. The appointment of technical advisory capacity to the Ministry of Economic Planning & Development (MEPD) Poverty Unit and National Population Unit assisted with advancement of important policy analysis and strengthening of the National Monitoring & Evaluation system. Other contributions of the UN included; Food assistance for care givers, youth income-generation projects and training of small scale farmers. The UN engaged the Government and other partners in dialogue on social protection as a step towards developing the National Social Protection Strategy and supported capacity development of Government and partners to address hunger and food insecurity. Specifically, technical and financial support were provided to Vulnerability Assessment Committee (though amounts of funding declined) to conduct annual vulnerability assessment that informed programming; supported Swaziland Household Income and Expenditure Survey to inform poverty analysis and evidence; supported a rapid assessment to understand the impacts of the 2011 fiscal crisis and how the UN and Government can respond; supported development of National Climate Change Strategy and National Adaptation Management Policy; and supported Cost of Hunger study.

UNDAF Outcome 3: *Increased access to and utilization of quality basic social services, especially for women, children and the disadvantaged*

The UN contributed to the Government's efforts to improve Swaziland's Human Development Index (HDI) through improved access and quality of service delivery in areas of health, education, water and sanitation. The UN contributed to improving the Education Management Information System (EMIS), and the development of the Education Policy and Education Strategy. It also supported a study on primary and secondary school operational costs, the development of Early Childhood Learning Standards, learning materials, and research on the quality of education. In addition, the UN supported the evaluation of the Child Friendly School Initiative which was launched in 2006.

Within the health sector, the UN contributed to the capacitating health institutions to provide essential health services; development of the first National Sexual Reproductive Health Policy, as well as the National Integrated Sexual and Reproductive Health and Rights Strategy (2014–2018) and the National Health Strategic Sector Plan. The UN also supported health systems strengthening in generating evidence for the provision of integrated health services and development of policies and strategic plans for Health Research and Human Resources for Health (HRH). This went hand in hand with supporting the review of the Health Management Information System (HMIS) and undertaking GIS mapping for TB. Another partner that the UN supported was civil society by enhancing their capacity in provision of quality health services as well as advocacy on the rights to health services.

UNDAF Outcome: *4. Strengthened national capacities for the promotion and protection of human rights*

The UN supported the review of legislations to align with the provisions of the Constitution. Key achievements include: the ratification and deposit of 29 UN conventions; support to the Government of Swaziland to strengthening national tracking and reporting systems that helped in reporting on its first Universal Periodic Review (UPR) to the Human Rights Council of the UN in 2011; Beijing Platform of Action (Beijing +20) report and the ICPD beyond 2014 report. The UN also supported the Commission on Human Rights and Public Administration to develop a strategic plan; built capacity in reporting on international obligations; and strengthen engagement with community leaders in preparation for civic education.

Gender-based violence is a significant problem in Swaziland and the UN supported several initiatives working with government as well as the NGO. The UN provided technical and human capacity to the Gender and Family Issues Unit in the Deputy Prime Minister's Office; supported the development of a gender policy action plan and Monitoring & Evaluation Framework; and trained planners in gender-responsive budgeting. The UN also supported the roll-out of the pilot One Stop Centre for comprehensive services, providing protection and counselling for victims of sexual and gender-based violence as well as health services.

The UN also supported capacity development at the institutional level, through the development of electronic case management and records system in the courts and the Directorate of Public Prosecutions and the development of a Legal Aid Policy Framework. A draft Legal Aid Policy and Bill is in place pending adoption by Cabinet and Parliament. Additional support included key legislative reforms aimed at protecting the rights of women and children including the Children's Protection and Welfare Act (2012) and the Amendment of the Deeds Registry Act (2011) which now provides for the registration of titled property in the name of both spouses. To support access to justice, a Small Claims Act (2010) was developed but has not been operationalised. The capacity of judicial institutions and supporting law enforcement agencies needs to be strengthened in terms of processes, procedure and service delivery in general.

The UN also offered support in strengthening the institutional capacity of the Gender and Family Issues Unit (GFIU), under the Deputy Prime Minister's Office to effectively implement the National Gender Policy. The Unit was also supported to develop a Prioritized Action Plan and M&E Framework that guided their programme activities for a four year period, and engaged a professional programme officer for a five year period.

Additionally the UN supported in the strengthening of enabling policy and legislative frameworks. Key gender equality and GBV frameworks include a Draft Strategy to End Violence; the Sexual and Reproductive Health Policy; and the integration of gender-based violence into the Extended National Multi-sectoral HIV and AIDS Framework (eNSF) 2014-2018). Another legislative milestone was the enactment of the Child Protection & Welfare Act (2012) that comprehensively deals with all issues of children's rights, protection and welfare as articulated on the Constitution, the Convention on the Rights of the Child and other child rights commitments.

The UN provided support that contributed to strengthened and sustained national dialogue on the rights of women and girls. Similar efforts have gone towards supporting advocacy for a national multi-sector mechanism for GBV prevention and response and for the enactment of the Sexual Offences & Domestic Violence (SODV) Bill.

Constraints and lessons learnt

The mid-term review identified several constraints:

Limited resources for implementation: The availability of financial resources to implement the UNDAF was a major assumption that did not hold true for all the pillars of the UNDAF, and consequently, activities were scaled back. Financial resources from the Government's side were also constrained. The shortfall in resources also meant that the UN had to spread small amounts of funding across a wide spectrum of activities therefore diluting the potential impact. The limited resources also impacted on the length of technical support that the UN system could provide. The short-term technical support was in a number of instances not sufficient to achieve the desired results.

Limited number of development partners: There were few development partners in Swaziland with diverse mandates including; the US Government (CDC, USAID & PEPFAR), Global Fund for HIV, TB and Malaria, The European Union, the World Bank, The African Development Bank and a number of non-resident bilateral partners. With little or no competition from other development partners, the UN system did not always reflect on its comparative advantage before responding to requests. In being responsive to the many requests from Government, the UN system's support was fragmented and spread across many initiatives in many ministries. The limited number of development partners also impacted negatively on the UN system's ability to mobilise resources to fill significant funding gaps.

Weak coordination capacity: The Resident Coordinator's Office, as the key coordinating unit for the UNDAF lacked the information systems necessary for the overall monitoring of the UNDAF, and for disseminating information to implementing partners, including the Aid Coordination Unit in MEPD. There were therefore many coordination points in the UNDAF and this led to increased transaction costs for the UN and Government.

Sustainability: The UNDAF results were found to be sustainable to the extent that the interventions are aligned with national priorities and complemented Government's on-going programmes. However, the main threats to sustainability were the sense of limited ownership of the UNDAF by government who viewed it as more of a UN strategy than a joint strategy and resource constraints experienced by government partners.

Limited knowledge sharing and learning from evaluations: Individual agencies commissioned evaluations of aspects of their country programmes. Although there was a Monitoring & Evaluation Group in place, there was no systematic process of jointly conducting or analysing the evaluation reports in a way that the results could form part of the knowledge base of the UN system and inform UNDAF programming.

In developing the new UNDAF, the UN system in Swaziland took cognisance of these findings and recommendations of the mid-term review, as well as the lessons learnt.

Two key recommendations from the mid-term review were:

That the UN system in Swaziland should focus on a few areas where jointly, the UN entities can maximise their impact and help shift the development trajectory onto a higher path. This required the UN system to work differently, focusing on supporting the Government to develop integrated approaches to policy-making, planning and programming; and strengthening institutional capacities. Shifting emphasis to upstream advisory work informed by catalytic downstream projects, the UN system would need to become a reputable source of technical advice, and draw extensively on its global knowledge networks.

That the UN system should articulate a vision and map a five-year path to shift towards 'One Programme' and 'One Budget Framework'. The potential benefits of a *Delivering as One* approach include; enhanced impact of UN support through reduced fragmentation of the UN system's support and reduced competition for funds. The DaO approach has the potential for enhancing the UN system's capacity in Swaziland for strategic approaches that are better aligned to Swaziland's needs as a middle-income country.

The importance of Government ownership and leadership and the involvement of implementing partners in the design of the UNDAF were major lesson from the UNDAF 2011-2015. In developing

the new UNDAF, the UN Country Team (UNCT) involved the Government and implementing partners in all critical stages of the process.

UNDAF Priority Areas and Outcomes

Three priority areas have been identified for the UNDAF 2016-2020. These priority areas and their accompanying outcomes were informed by Swaziland's National Development Strategy (NDS), the national priorities for the post-2015 development agenda, the Common Country Synthesis, the UN system's comparative advantage analysis; the lessons from the UNDAF 2011-2015 and the Strategic Prioritisation Retreat with Government and implementing partners.

Table 2 UNDAF Results framework

Priority Area 1: Poverty and inequality reduction, inclusive growth and sustainable development	
Outcome 1.1	Youth, women and vulnerable groups' opportunities for employment and sustainable livelihoods improved by 2020
Outcome 1.2	Communities' and national institutions' management of natural resources improved by 2020
Priority Area 2: Equitable and efficient delivery and access to social services	
Outcome 2.1	Children's and adolescents access to quality and inclusive education and; retention in school increased by 2020
Outcome 2.2	Families and communities' access to and uptake of quality health and nutrition services increased by 2020
Outcome 2.3	Youths' risky sexual behaviours reduced and citizens' uptake of HIV services increased by 2020
Priority Area 3: Good Governance and Accountability	
Outcome 3.1	Access to, and quality of priority public service delivery to citizens improved by 2020
Outcome 3.2	Citizen and Civil Society Organizations' participation in decision-making processes at all levels increased by 2020

Approach

The UN system's primary approach to delivering on the UNDAF will be to support the Government of Swaziland and its partners to develop sustainable capacity to achieve development results in the areas that the country has prioritised. Capacity development will focus on the institutional as well as individual capacities for programming, implementation, monitoring and evaluation. This is in response to the concern raised by the Government that it has developed several policies, but lacks the necessary capacity to implement these effectively.

While emphasis will be on supporting implementation, the UN will support policy development where the development of new policies are required, and where they fall within the UN system's comparative advantage. The UN will support advocacy, using its convening power and neutrality. Advocacy on normative issues will remain an important aspect of the UN's work in Swaziland.

The UN system in Swaziland is relatively small, and in supporting the people of Swaziland, it will draw on the extensive repository of knowledge, information and expertise that resides within the UN.

It will seek to expand the available learning opportunities for Swaziland, through a structured programme of South-South cooperation, with countries in the African region and beyond.

Priority Area 1: Poverty and inequality reduction, inclusive growth and sustainable development

Outcome 1.1 Youth, women and vulnerable groups' opportunities for employment, income generation and sustainable livelihoods increased by 2020

Lack of wage employment is a key contributor to income poverty in Swaziland. In 2013, using a definition of unemployment, to include those who may be considered economically active and available for work as well as those who have given up looking for jobs, 41.7% of the total labour force is unemployed. Unemployment, especially among youth 15-24 years, is a critical development challenge standing at 64% which is twice as high as any other age group. The number of unemployed in Swaziland is expected to rise considerably in the next decade as 47% of the population is under the age of 15³⁰. If not addressed, the uncertain employment prospects of the youth will have negative implications for the country's human capital and inclusive growth. There is an urgent need to create employment opportunities for this large and growing number of young people, most of whom are children of poor households.

Constitutionally, women can own and control land and their finances, however, traditional social systems discriminate severely against them and often bar them from owning and controlling land. Households headed solely by women are growing in number, as men seek employment away from home and HIV and AIDS takes its toll. At present 20% of households are headed by women, and a further 20% are managed by women while adult males are employed away from home. Women struggle to feed their families and meet household needs single-handedly.

The quality of service delivery, monitoring and evaluation of social protection and OVC programmes varies. Some programmes face significant operational challenges, including the difficulty of keeping track of individual students in the education system, leading to inadequate monitoring of school programmes³¹. The worsening poverty conditions, high levels of unemployment, food insecurity, high HIV/AIDS and disease burden have necessitated that the Government of Swaziland makes tremendous efforts to address the plight of vulnerable groups in society.

How the UN system will contribute to the Outcome

Economic growth is essential for increasing employment opportunities that allow the poor to benefit from their economic activities through the increase of disposable income. Economic growth is critical for the absorption of the many young people who wish to enter the labour market each year. Small and Medium Enterprises (SMEs) and small holder farmers offer potential for increasing economic growth and providing employment opportunities particularly for youth and women while providing sustainable livelihoods in rural areas. The UN system will support the Ministry of Agriculture and related parastatals to enhance the business practices of small holder farmers, many of whom are women. It will support the Government's efforts to link small holder farmers to markets, agro-processors and dealers building on the support that has been provided through the Swaziland

³⁰ National Labour Force Survey, 2013

³¹ World Bank, Swaziland Using Public Transfers to Reduce Extreme Poverty, 2012 pp.35

Agricultural Development Programme (SADP). Additionally, the UN will support the development of young people in entrepreneurial skills and good business practices in rural and urban areas.

The UN will support the Government in harnessing the effective voice and engagement of adolescents in their communities and the country as a resource for positive change through the use of innovative approaches and new technologies. The support will compliment Government's efforts to design and implement effective social protection systems, targeting a variety of poor and vulnerable groups, including people living with HIV and AIDS, orphans and vulnerable children, the elderly and people with disabilities. With the increasing share of productive persons, Swaziland stands a good chance to reap the demographic dividend provided the right investments in young people are put in place.

The UN will support key research in agriculture by supporting the Government in undertaking the agriculture census to inform evidence based decision making. The UN will also spearhead research around young people to determine the types and nature of investments in health and education that will guide policy processes.

Outcome 1.2 Communities and national institutions resilience and management of natural resources improved by 2020

Swaziland is vulnerable to natural disasters, particularly drought in the eastern regions, and occasionally severe flooding in the north while hail storms destroy property and crops on an annual basis. Swaziland's contribution to global warming was established to be 19.8 Mega tonnes of carbon dioxide in 2000. While this is an insignificant figure, the anticipated impact is negative, pointing to an increase of 2.5°Celsius and a decrease in precipitation by as much as 100 ml by 2050³². Climate change manifests itself in increased frequency and/or intensity of average weather conditions and may exacerbate existing vulnerabilities to hazards across sectors. The convergence of these vulnerabilities usually results in a complex risk profile, to which many poor households are exposed. This exposure to risk may be in economic, health and environmental terms. Noted manifestations include high variability and precipitation, which impact on availability of water for domestic consumption, hydro-power and agriculture. There is also a noted change in the epidemiology of malaria prevalence in previously unaffected areas such as Northern Hhohho.

How the UN system will contribute to the Outcome

The UN will support the domestication of international instruments on environment and climate change. It will further support capacity development within government and partners to collect and analyse evidence to inform policies including vulnerability adaptation assessments and mitigation analysis in all sectors to mainstream and strengthen the management and implementation of environment and climate change interventions.

Drawing on best practice through several approaches including south-to south learning, the UN will support the Government to intensify efforts to promote the use of climate smart techniques amongst smallholder farmers and SME's. It will work with the Government to develop and strengthen community capacities to manage and protect biodiversity and ecosystems, and enhance resilience, preparedness and comprehensive response to disasters using data and prioritizing key vulnerabilities among affected populations. Additionally, the UN will support the Government to increase the supply of energy created from renewable resources.

³²Swaziland National Communications State of Environment Report, 2012

Priority Area 2: Equitable and efficient delivery and access to social services

The Government of Swaziland has put in place a number of policies to improve basic services in the areas of HIV and AIDS, health, education, water & sanitation and social welfare. The effective implementation of these policies presents a major challenge for the country. The UN system will seek to enhance the capacities of government institutions and their partners to deliver quality services in these areas. It will also support the ‘demand side’ of service utilisation, and improve research and knowledge management systems for better quality service delivery.

Outcome 2.1 Children’s’ and adolescents access to quality and inclusive education and; retention in school increased by 2020

Swaziland has a high overall literacy rate of 89.1% and a youth literacy rate of 95.4%. Given that almost 50% of the population is under 20 years, the country has potential to reap the demographic dividend of a young and productive workforce³³. Primary school net enrolment rate was 95.6% in 2012³⁴ and is in line with government initiatives to enhance access to basic education in the country. However, the education system still faces challenges in access and retention in basic education that begin from Early Childhood Care and Development (ECCD), through to primary and lower secondary levels; posing issues related to the quality of learning and the efficiency of the education system. There is also a significant challenge in retention especially for boys in primary education while girls have less opportunity to attain upper secondary education. Gender parity decreases with increasing school grade for girls while boys are lost throughout the system. Challenges include inadequate management, inappropriately trained teachers weak governance systems, a lack of basic resources in poor schools, and for children with disabilities to access schooling.

Understanding and prioritisation of early childhood development as a critical contributor to building the country’s social capital is only beginning to emerge. There are still no integrated Early Childhood Development (ECD) services. Parenting has been largely ignored by system interventions, and as a result parents have poor awareness of the importance of the early years and limited knowledge of how to support the development of young children. Even after completing primary school, there are still major challenges with lower secondary education enrolment which stagnated at an extremely low rate of around 27 %³⁵. Low enrolment of adolescents in secondary school is often caused by having over aged learners in primary school as a result of high repetition and drop-out rates coupled with the limited number of secondary schools (260) compared with that of primary schools (613) and the cost of secondary school education.

How the UN system will contribute to the Outcome

The UN system will support the development of institutional capacities within the education sector to deliver quality, inclusive education and sector coordination including SWAP. The UN will also focus on strengthening systems to increase grade progression and reduce repetition rates. The support will also focus on improving net enrolment in lower secondary school, such as assistance in development of learning standards, planning delivery of services, and monitoring and evaluation of delivery of education services. Particular attention will be paid to the ECCD where only one-third of children between 3-6 years have access to early childhood education services. The UN will also support

³³AfDB, 2011

³⁴ Ministry of Education and Training, Annual Education Census 2012,

³⁵ MICS 2010

training based on appropriate teaching standards particularly for ECCD and primary education utilizing south-to south best practice where appropriate.

The Government in close partnership with the UN will continue to strengthen approaches that redress gaps in public provision for adolescents and the promotion of adolescent development, participation and citizenship. The support will also focus on strengthening life skills education in primary and secondary schools. This will involve developing manuals and guidelines for mainstreaming life skills including comprehensive sexuality education in the school system. Efforts will promote educational attainment and prevention of school dropout through the creation of school and community environments that are more inclusive and participatory. The UN will promote the expansion of opportunities for positive adolescent development by aiming to increase adolescents' inclusion, participation and completion of quality education. Emphasis will be given to fostering the resilience of adolescent girls and boys in the context of HIV mitigation, social exclusion, violence and exploitation. Strategies in these areas will consider the importance of preparing adolescents to prevent early pregnancy and the promotion of life skills.

The Government and the UN will also promote programmes that improve the Government's, parents and caregivers' capacities to ensure the fulfilment of the rights of the youngest children through integrated ECCD. The UN will support government efforts to strengthen quality ECCD services, in formal and non-formal settings, to ensure that all ECCD service providers are motivated and empowered to meet minimum ECCD standards on safety, care and nutrition, and to integrate early learning and school readiness in education plans. Specific actions include increasing the knowledge of families and caregivers on integrated ECCD, and on their own capacity to implement positive parental education.

Outcome 2.2: Families and communities' access to, and uptake of quality health and nutrition services increased by 2020

Swaziland's health system has been strained under the HIV and AIDS pandemic and the country is also going through an epidemiological transition, experiencing double burden of communicable and non-communicable diseases. While communicable diseases still remain a challenge, non-communicable conditions such as cancer, diabetes, cardiovascular diseases, mental disorders, violence and injuries, malignancies, obesity and substance abuse are a growing problem. In addition, the health sector has to respond to health emergencies such as outbreaks of diarrhoea and other diseases.

General mortality in Swaziland has increased from 11/1,000 to 18/1,000 population between 1997 and 2007 respectively. However, maternal mortality remains excessively high at 320 deaths per 100 000 live births. A meta-analysis of 63 reviews between 2008 and 2010 identified direct causes of maternal mortality as haemorrhage, abortion complications, pre-existing maternal diseases, sepsis, pre-eclampsia/eclampsia and anaemia with HIV as a leading indirect cause, accounting for 46% of maternal deaths.

Swaziland's Under-5 years mortality status has been improving with an estimated at 104/1000 live births in 2010³⁶. Three quarters of under-five deaths occur during the first year of life, and three quarters of infant deaths occur within first month of life³⁷. The Under-5 mortality rate is higher in urban than rural areas seemingly due to a growing peri-urban population. Infants of mothers with no

³⁶ MICS 2010

³⁷ CSO and UNICEF 2011

education are twice as likely to die as those whose mothers have tertiary education (108/1,000 vs. 51/1,000).

Swaziland has high prevalence of stunting estimated at 31%³⁸. The Cost of Hunger Report for Swaziland 2013³⁹ highlights the impact of under-nutrition on the children, the family and society at large. A child affected by stunting is more likely to be ill, to perform poorly at school due to lower cognitive capacity and later in life to be less productive at work. Under-nutrition has long term effects on societies and result in health, education and economic productivity costs. It was estimated that Swaziland loses about 3.1% of GDP contribution as a result of malnutrition.⁴⁰

Since 2011, the number of households with poor food consumption level have decreased between 2011 and 2014 with about 11% of the population estimated to be below the minimum level of dietary energy requirements⁴¹. The effects of climate change manifested in chronic droughts have significantly affected the rural population who are largely dependent on agriculture. In 2014, the number of people requiring emergency food assistance was estimated at 67,592 while an estimated 223,249 required livelihood support such as inputs, cash transfer and institutional support.⁴²

Swaziland faces health systems constraints particularly in the area of Human Resources for Health (HRH). Health professionals remain in short supply and constrained in terms of specialisation in latest skills for dealing with emerging health conditions in an integrated manner. According to a study conducted in 2004 the ratio of doctors and nurses to population remains low at 1:5953 and 1:356 respectively. Whilst primary health care remains the major approach, the allocation of resources for preventive programmes; focused on equity and quality of service delivery require improvements.

There are also constraints in Procurement and Supply Management (PSM) for drugs, equipment and supplies, with warehousing storage constraints and limited capacity for distribution of commodities also due to inadequate transportation systems. Other challenges include lack of appropriate skills in inventory management, compilation and analysis of data, and weak laboratory quality assurance system.

³⁸ MICS 2010

³⁹ Government of Kingdom of Swaziland (2013), The Cost of Hunger in Swaziland: The Social and Economic Impact of Child under nutrition. Government of Swaziland, African Union, NEPAD, UN ECA, WFP.

⁴¹ Swaziland National Nutrition Survey, 2008

⁴² Swaziland VAC, 2014

How the UN system will contribute to the Outcome

Building on the support provided under the previous UNDAF, the UN system will support the Ministry of Health (MOH) to strengthen its capacities and those of its partners to deliver the essential health and nutrition packages on maternal, child and adolescent health services and continue to support integration of HIV into health programs. The UN will also focus on strengthening the regulatory environment for nutrition, including strengthening capacities of multi-stakeholder forums using lessons and best practice of South-South learning.

The UN system will build the capacity of the MOH and its partners to implement the National Health Sector Strategic plan II and contribute to the attainment of Universal Health Coverage (UHC). The UN will also work with key Government institutions and partners to enhance their capacities to develop and deliver a comprehensive package of nutrition interventions including positive WASH practices and Community-Led Total Sanitation, contributing towards Open-Defecation Free (ODF) communities. Particular attention will be paid to vulnerable populations, children under-five years, pregnant and lactating women with combined efforts to prevent stunting.

To strengthen the health system, the UN will support the process of putting in place mechanisms to address challenges in the broader health sector and in delivery of more effective responses, including a human resource for health strategic plan (2012–2015) developed with emphasis on improving planning, management and development of the health sector workforce. The UN will provide capacity support to review and amend existing legislation, and the completion of relevant policies to promote improved nutrition. This will include supporting the MOH in its role of coordinating partners in the sector namely; other ministries, development partners and civil society organisations.

The UN system will also support the strengthening of the National HMIS and the National Health Sector Strategic Plan (NHSSP) through a unified mechanism named the Client Management Information System (CMIS). This will go hand in hand with support to the health sector's capacity to collect and analyse the large volumes of information generated by the sector; to use the data to inform policies, planning and programmes; and to effectively disseminate information.

To address the PSM constraints, the MOH has developed a Pharmaceutical Strategic Plan (2012 – 2016), which is being rolled out. Additionally, the MOH has developed a Warehousing and Distribution Integration Plan that focuses on ensuring an integrated supply management approach across the Laboratory Health Services and Central Medical Stores.

Outcome 2.3 Youths' risky sexual behaviors reduced and citizens' uptake of HIV services increased by 2020

The impact of HIV in Swaziland has adversely affected social and economic gains, including reversing life expectancy from 60 years in 1997 to 33.7 years in 2007⁴³, but this improved to 49 years in 2010⁴⁴. Notably, the HIV prevalence has stabilized a result of increased survival rates among the infected population because of high uptake of ART.

There are wide age, gender and population group disparities in HIV. Prevalence rates by age differ between women and men with peaks of 54% for 30-34 year old women and 47% for 35-39 year old

⁴³ Swaziland Human Development Index, 2007

⁴⁴ UNDP Human Development Report, 2013

men⁴⁵. Young women and adolescent girls account for a disproportionate number of the new infections in Swaziland with HIV incidence among 20-24 was 4.17 % among women and 1.6% among men of the same age⁴⁶. For ANC attendees, data shows a steady increase in prevalence from 18.9% in 1994 to a peak of 39.4% in 2002 for the 15-24 years age group, which then started to decline reaching 34.7% in 2010. There are also disparities in regard to age; in 2004 prevalence among 15-19 year age group ANC attendees was 32.5% while it was 45.4% for 20-24 years' age group.

Sexual debut is early at 17 years particularly amongst adolescent girls and often happens without protection exposing them to HIV/STI, teenage pregnancy and early child birth. A national study on violence documented that 5% of girls were forced to sex before the age of 18 years and less than half of such incidents are reported⁴⁷. Despite various interventions, only 56% of young people aged 15-24 years correctly identified ways of preventing sexual transmission of HIV and 71.5% of sexually active persons aged 15 to 49 years who had more than one sexual partner in the past 12 months reported use of a condom during their last intercourse. Intergenerational sex among young women 15-24 years of age doubled from 7% in 2007 to 14% in 2010.⁴⁸

Secondary analysis of SHIMS data showed that 85% of PLHIV aged 18 to 49 years who reported to be on ART were virally suppressed (i.e. <1000 copies/ml) and thus less infectious. However, it also revealed that that people who know their status but are not taking ART have high viral load and are potentially as infectious as people who are positive but not aware of their status. The high viral load among in the two groups of PLHIV, coupled with inconsistent and incorrect use of condoms further contributes to the spread of HIV infection. This underscores the need for enhanced continuum of care by intensifying ongoing efforts to scale-up HIV Testing and Counselling (HTC), enrolment and retention in treatment and care programmes.

How the UN system will contribute to the Outcome

Building on the momentum and the incredible results achieved globally and particularly in Swaziland in HIV response, ending the AIDS epidemic by 2030 is not just a significant obligation but it's also a momentous opportunity to lay the foundation for a healthier, more just and equitable world for future generations. The UN strongly believes that ending the AIDS epidemic in Swaziland will inspire broader health and development efforts, demonstrating what can be achieved through global solidarity, evidence-based action and multisectoral partnerships. To this end, the UN will provide technical support, advocate for and support resources mobilization initiatives for the implementation of the Fast Track Initiatives and the realization of the 90-90-90 target by 2020. These targets are that; 90% of all people living with HIV know their status, 90% of all people diagnosed with HIV infection receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy have viral suppression.

Treatment, care and support services remain a critical element in combating HIV and AIDS, and the UN will support the strengthening of the health sector's capacity to deliver quality HIV treatment, care and support services. The UN will offer targeted support focussing on three aspects: prevention of new infections, delivery of treatments and support services, and the coordination of the HIV response in Swaziland. In the area of prevention, the UN system will focus on children at school and young people (between 10-24 years). The UN in Swaziland will support the acceleration of the global adolescent agenda commonly known as All In! and call attention to the opportunity from enhanced

⁴⁵ SHMIS, 2011

⁴⁶ Swaziland HIV Measurement Survey (SHIMS, 2012)

⁴⁷ UNICEF 2007

⁴⁸ SDHS 2007, MICS 2010, BSS MARPS 2010

collective action to reduce new infections among adolescents by 75% by 2020 as well as reduce AIDS related deaths among adolescents living with HIV by 65% by 2020.

The role of the UN in Swaziland is also evolving with greater emphasis on catalysing change by providing best global expertise and facilitating south-to south learning in building Government's capacity to deliver services, strengthen innovation and leverage resources. The UN system will assist in strengthening Government's and civil society's capacity to deliver effective, coordinated and integrated multi-sectoral, multi-stakeholder response to HIV. The UN system will continue to work with the national coordination structure and decentralised structures including through the extended National Strategic Framework⁴⁹ to enhance coordination capacities and service delivery.

Outcome 2.4 Families and communities' access to, and utilization of quality nutrition services increased by 2020.

Priority Area 3: Good Governance and Accountability

Governance is a cross-cutting issue and all public institutions are required to deliver quality services and be held accountable for doing so. Swaziland's Constitution is the overall guiding legislative framework and supreme law of the land, making provision for the Bill of Rights in promoting participation, accountability and gender equity. In addition to the Constitution, the country has signed and ratified a number of international instruments aimed at the protection and fulfilment of the rights of the people.

Outcome 3.1 Access to, and quality of priority public service delivery to citizens improved by 2020.

The attainment of development goals and aspirations in Swaziland is critically dependent on the effectiveness of the country's systems, institutions and practices of governance. A strong governance framework is critical for promoting local investment and attracting foreign direct investment. The quality of governance determines the pace and direction of growth and prosperity of both the economy and the people. The Government has put in place several measures aimed at creating a policy and legal environment conducive to good governance. Some of the policies and frameworks to strengthen governance include: the Public Financial Management Bill and Action plan (2012); the National Anticorruption Policy (2012); the establishment of Anti-Corruption Commission; the Commission for Human Right and Public Administration and Public Service Procurement Unit. The government has also established an e-governance unit to operationalise the e-governance strategy with a view of enhancing access to information by citizens and improving efficiency and effectiveness of the Government.

There is however need for support to effectively operationalization and strengthen public financial management, targeting institutions that can generate and disseminate timely information on public budgeting and expenditure and strengthening service delivery standards for the public sector. Several public institutions exist to promote good governance and accountability, for example, Parliament, the Judiciary and the Justice system, the Commission on Human Rights and Public Administration. However, these institutions do not have sufficient capacity to effectively deliver on their mandates. Capacity constraints include capacity to review and align legislation and policies; capacity to collect, analyse and use data for policy and programming; and capacity to translate policies into practice.

⁴⁹ eNSF http://hivhealthclearinghouse.unesco.org/sites/default/files/resources/swaziland_ensf_hiv-aids_2014_2018.pdf

Swaziland is making significant progress in fighting corruption, improving by 13 places in the corruption index between 2012 and 2014, placing Swaziland amongst the ten least corrupt countries in Africa. This has been attributed to the strengthened Anti-Corruption Commission, ratification of the UNCAC, increased number of corruption cases litigated and legal and policy framework put in place. Further efforts such as instituting integrity tests and lifestyle audits as a deterrent for corruption needs to be established to further reduce corruption.

How the UN system will contribute to the Outcome

The UN system will assist the Government to strengthen its capacity to translate policies into practice, paying special attention to key cross-cutting principles (pro-poor development, gender, HIV and AIDS, population, adolescents, and environmental sustainability). In this regard, the UN system will work with central policy, planning and coordination institutions in Government.

Building on the support provided under the previous UNDAF, the UN system will also support the Government and Parliament to align national laws to the Constitution and international standards, ensuring that legislation incorporates principles of good governance. This will go hand in hand with increasing awareness of citizens to their right to demand and receive high quality service through the quality standards charter that will be operationalised in priority sectors.

The UN will also support the Government to strengthen the justice system to provide an efficient justice system that is accessible to all its citizens, particularly the most vulnerable groups. The UN system will work with the Government and with civil society organisations to strengthen capacities for the collection and analysis of socio-economic and governance data, and in the use of data for reporting and improvement of policies and programmes. The UN will also utilize South-to-South learning to support in development of improved ICT, communication and data analysis capacity for improved analysis and efficient information analysis, processing and dissemination.

Outcome 3.2 Citizens' and Civil Society Organisations' participation in decision-making processes at all levels increased by 2020

Participation of citizens in development and decision making is one of the key elements of promotion of good governance. Swaziland has one sphere of government, four regions and 55 Constituencies established to ensure that citizen's decision making devolves across all levels of governance. It has been noted that citizens do register and vote in National elections but there is limited understanding of the right to vote due to lack of comprehensive civic education. Citizens also do not meaningful participate in the formulation of national policies and legislation as well as development programmes and projects that should benefit them. Contentious views and opinions are often censored or omitted in the final reports contravening the principles of participation.

How the UN system will contribute to this Outcome

For citizens to access services, they need to be aware of the services available from public institutions, and should play an active role in ensuring that the services provided are responsive to their needs. The UN system will therefore support the 'demand side' of the service delivery equation. Working through civil society organisations, the UN system will support the strengthening of citizens' awareness of their rights to claim public services, and to monitor and evaluate the delivery of public services. The UN system will also support civil society organisations to develop capacities for evidence-based advocacy for the promotion of good governance.

The UN will continue to support decentralization as an effective tool for addressing governance challenges through the implementation of the decentralization policy which seeks to strengthen citizens' participation in development plans. The UN will also work in strengthening citizen's engagement during local government elections for councillors to increase dialogue around issues of service delivery and representation particularly by women.

Resources and Resource Mobilisation

Resource requirements

The UN in Swaziland estimates that approximately USD 125 million will be required to implement the UNDAF 2016-2020. Of the total figures indicated, currently available funds total approximately 78 million as detailed in the table below. There is therefore a funding gap of slightly over 50 million that the UN will work collectively with the Government and other partners in mobilizing. To this end, the UN will develop a resource mobilization strategy that will be used to identify and access further resources to meet the funding gap. The indicative budget for each of the Outcomes is shown in below:

Table 3 UNDAF Resource Requirements

UNDAF Priority Areas and Outcomes	US\$
Priority Area 1: Poverty and inequality reduction, inclusive growth and sustainable development	
Outcome 1.1 Youth, women and vulnerable groups' opportunities for employment and sustainable livelihoods improved by 2020	12,185,000
Outcome 1.2 Communities and national institutions resilience and management of natural resources improved by 2020	10,210,000
Sub-Total	22,395,000
Priority Area 2: Equitable and efficient delivery and access to social services with a focus on HIV and AIDS, health, education and nutrition	
Outcome 2.1 Children's and adolescents access to quality and inclusive education and; retention in school increased by 2020	5,000,000
Outcome 2.2 Families and communities' access to and uptake of quality health services increased by 2020	29,145,000
Outcome 2.3 Youth risky sexual behaviours reduced and citizens' uptake of HIV services increased by 2020	14,145,000
Outcome 2.4 Families and communities' access to and utilisation of quality nutrition services increased by 2020	8,109,000
Sub-Total	56,399,000
Priority Area 3: Good Governance and Accountability	
Outcome 3.1 Access to, and quality of priority public service delivery to citizens improved by 2020	4,735,000

Outcome 3.2 Citizens and civil society organisations' participation in decision-making processes to ensure accountability for good governance is increased by 2020	4,555,000
Sub-Total	9,290,000
Grand Total	88,084,000

Resource mobilisation

The mobilisation of resources will be the responsibility of the UNCT. The Resident Coordinator and the other members of the UNCT will raise funds to address shortfalls between the indicative budget and available resources. Resources will be mobilised from core funds of the different UN agencies, and through special Trust Funds. The UN Country Team will also mobilise resources through bilateral development partners and other multilateral partners, as may be appropriate.

Management and Accountability Arrangements for the UNDAF

The management and accountability arrangements for the UNDAF aim to ensure a coherent, efficient and results-oriented management of the One UN Programme linked to resource allocation. The structures defined below will interact at defined periods during the Swaziland UNDAF implementation cycle to strengthen the UN system's move towards 'Delivering as One'. Terms of reference for each group will be developed and updated as required and approved by the UNCT under the leadership of the Resident Coordinator.

Internal management arrangements

The UN Country Team: Under the leadership of the Resident Coordinator, the UNCT will be responsible for providing overall guidance for effective and efficient implementation of the UNDAF ensuring timely achievement of results. The UNCT will provide necessary strategic and operational guidance for implementation, facilitate partnerships with the Government, civil society, and development partners and mobilise resources required to implement the UNDAF. UNCT will ensure adherence to the One Programme to enhance opportunities for Delivering as One. The UNCT will be supported by internal structures, namely, the Policy and Programmes Support Group (PPSG); the Monitoring and Evaluation Group; the Results Group; the Operations Management Team (OMT); and the UN Communications Group (UNCG).

The UN RC will represent the UN in political dialogue with the Government, as well as in high level forums for policy dialogue, accompanied as necessary by heads of Agencies. Heads of Agencies will be responsible for representing the UN in policy dialogue at the ministerial level on issues within their mandates. They will ensure coordinated representation of the UN in technical discussions with the Government, donors and CSO's in line with respective Result Areas. This will ensure that the UN speaks with One Voice in the relevant coordination structures.

Results Groups (RGs): The Swaziland UNDAF comprises of three RGs based on the three priority areas. The results group will serve as the coordination mechanism for ensuring effective and efficient development, implementation, coherence and consistency of the UNDAF through their respective Priority Areas. The Groups will prepare joint annual or biennial work plans which will provide specific details on the implementation of the UNDAF and will be approved by the NSC after

validation at the UNCT. The Results Groups will each be chaired by a Head of Agency and Principal Secretary from the Government or selected Government Representative.

Policy and Programmes Support Group (PPSG): The PPSG serves as the main ‘think tank’ and technical advisor to the UNCT by providing in depth policy analysis on the UNDAF. The PPSG will be responsible for coordinating technical aspects of interventions under the UNDAF, and will serve as the interface between their agencies and the Results Groups. PPSG is comprised of senior policy and programme officers of the UN in Swaziland and is chaired by one of the Heads of Agencies. They will be meeting monthly with the UNDAF forming a substantive component of their meetings agenda.

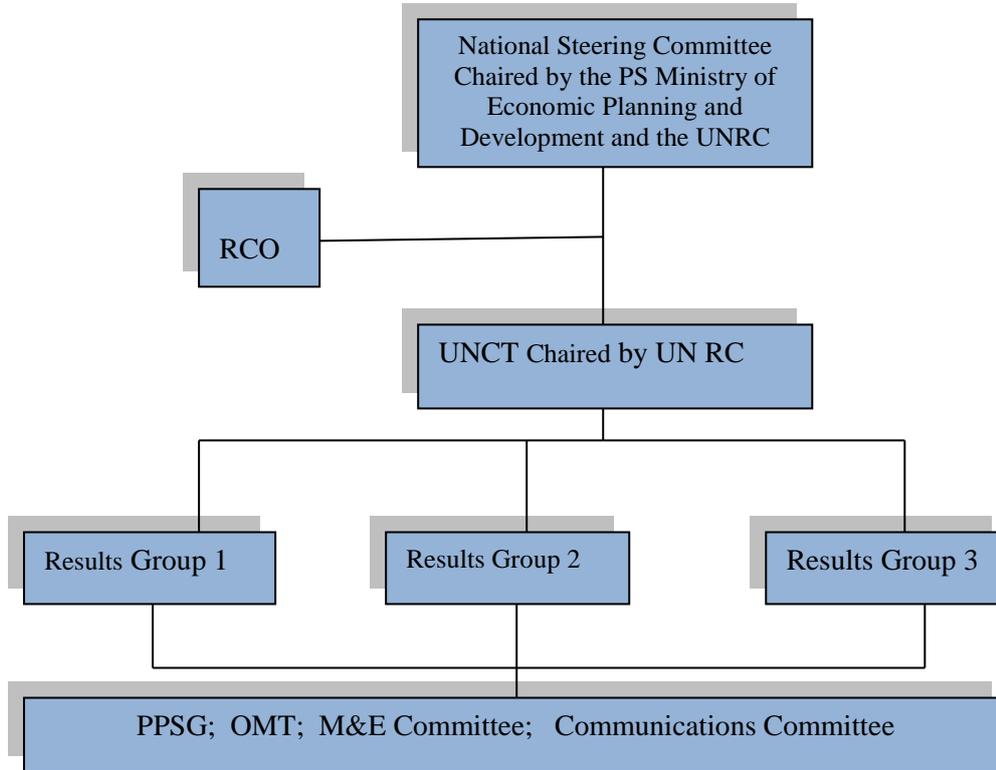
Monitoring and Evaluation Committee: The Monitoring and Evaluation Committee is responsible for providing support to the UN Country Team in implementing the UNDAF Monitoring and Evaluation Plan. This includes designing the necessary templates and tools for monitoring and reporting; assisting with annual reviews and ensuring key studies and surveys are undertaken in partnership with the government and other stakeholders to facilitate evidence based implementation, monitoring and evaluation of the UNDAF. The M&E committee meets once a month and is chaired by a head of agency.

Operations and Management Team (OMT): The OMT consists of the Heads of Operations units of UN agencies chaired by a head of agency. The OMT will be responsible for developing and operationalizing the Business Operations Strategy (BOS) and implementing agreements reached for Operating as One. The Operations Management Team will identify and recommend new opportunities for additional common services and activities with potential to lead to greater harmonization of business practices for the UN. The Operations Management Team is an oversight and coordination body that relies on individual agencies to implement the agreements reached at OMT planning meetings and endorsed by the UNCT. The Annual Work Plan of the OMT will be the basis for reporting and accountability to the UNCT.

Communications Group: The Communications Group consists of the communications focal points of UN agencies and reports to the UNCT. The group will be responsible for developing UNDAF communication strategy that seeks to raise awareness, advocate for, and communicate key messages about the UNDAF to Government, civil society, development partners, the private sector, academic institutions, local communities and other stakeholders.

The above structure is summarized below showing the various levels of the internal coordination and planning mechanisms:

Table 4: UNDAF Governance Structure



Joint Government UN UNDAF management arrangements

National Steering Committee (NSC): The National Steering Committee will be the highest level oversight committee for the UNDAF. The NSC will be convened twice a year and will be chaired by the Principal Secretary in the Ministry of Economic Planning and Development and co-chaired by the UN RC on behalf of the UN. The other members of the NSC are the designated representative from the Deputy Prime Minister's Office, Principal Secretaries from Ministries that are aligned to the UNDAF result areas, and a representative of civil society organisations in Swaziland.

The NSC will provide oversight of the UNDAF ensuring close alignment between the UNDAF and Swaziland's Vision 2022 and the Sustainable Development Goals (SDGs). This will strengthen coherence and strategic partnership between Government and the UN in delivering the One Programme. The NSC will review and approve UNDAF periodic plans and reports and provide guidance on key issues emerging from policy, national priorities and UNDAF implementation.

The NSC will be supported by structures, namely, the UNCT, the Results Groups, the Joint Policy and Programmes Support Committee (PPSC); the Joint Monitoring and Evaluation Committee; the Joint Operations and Management Committee and the Joint Communications Committee.

Joint Policy and Programmes Support Committee (PPSC): The Joint PPSC will be comprised of senior officials from the various Government Ministries and members of the UN PPSG. This committee will also include representatives from the joint M&E Committee, Operations Management Committee and Communications Committee. The joint PPSC is the main advisor on technical aspects of the UNDAF and is responsible for driving the implementation of the UNDAF. The committee will be responsible for preparation of relevant UNDAF plans and reports that will be reviewed and approved by the NSC after approval by the Results Groups and UNCT. Representation with Government will ensure the UN's periodic priorities are aligned to national priorities and increase mutual accountability.

Joint Monitoring and Evaluation Committee: The Joint Monitoring and Evaluation Committee will be comprised of members of the UN Monitoring and Evaluation Committee and designated representatives from the Government. This committee will be responsible for developing and implementing the UNDAF M&E plan and facilitating access to, and collection of evidence required for monitoring and evaluation the UNDAF including joint government UN studies and evaluations. The committee will be required to prepare reports that will facilitate consolidation of the final UNDAF reports by the joint PPSC.

Joint Operations and Management Committee (OMC): The Joint OMC was launched in 2014 by the PS Ministry of Economic Planning and Development. The OMC will be chaired by the PS MEPD and will be comprised of designated representatives from the Government and UN Operations and Management staff. The OMC is responsible for providing technical support to the UNCT and the NSC. They will also be required to explore solutions to obstacles hindering closer collaboration between the UN and Government systems with a view of improving efficiency gains and reducing transaction costs in administration and operations in the course of implementing the UNDAF. The OMC will be responsible for ensuring that best business practices are applied in implementation of UNDAF for enhanced efficiency and Value for Money. The committee will prepare reports that will be reviewed and approved by the NSC after approval by the Results Groups and UNCT.

Joint Communications Committee: The Joint Communications Committee will be comprised of members of the UNCG, designated representatives from the Government's communications department and the media. This Committee will be responsible for developing a joint Government-UN communication strategy for the UNDAF. This strategy will provide a framework for raising awareness and communicating key UNDAF messages to the Government, civil society, development partners, the private sector, academic institutions, local communities and other stakeholders.

Programme Documents and Joint Work Plan (JWP)

The UNDAF will have a Joint Work plan and Common Budgetary Framework that will be based on the three Priority Areas which will elaborate how the UN will achieve the UNDAF outputs. The JWP will be shared and agreed with Government and implementing partners, outlining joint actions for which specific UN agencies can collaborate in the spirit of Delivering as One. The Joint Work Plans and Common Budget Framework will be signed between the UN and the Ministry of Economic Planning and Development to enhance mutual accountability and ownership.

The Implementing UN Agencies carry both programmatic and financial accountability for activities in the work plan. Each agency will commit itself to providing the required financial and technical support for implementation of the JWP. The Results Groups will be responsible for coordination, planning, monitoring, implementation and reporting of the delivery of the JWP.

In addition to the JWP, where appropriate, Joint Programmes will be developed to enhance efficiency and effectiveness of the One Programme. The decision on whether to develop a Joint Programme for a priority area will be made by the Result Group and approved by the UNCT. Joint programming should reduce transaction costs, maximize synergies and result in improved effectiveness and coherence.

Common Budgetary Framework and One UN Fund

The Swaziland UNDAF will be funded by a combination of allocated core and non-core resources of participating organizations as well as the mobilized resources for the One UN Fund for Swaziland. The resources will be allocated to specific outputs in the Joint Work plan that will be used for planning. Under the leadership of the RC, the UNCT will work together to develop a resource mobilization strategy to cover any funding gaps in the UNDAF. The One UN Fund will be the last resort of funding for the unfunded portion of the UNDAF.

Operating as One

The UNCT places a high priority on integrating Programme and Operations in order to ensure that an appropriate and efficient operational infrastructure exists to implement the UNDAF. The OMT will identify and recommend opportunities to the UNCT for common services and activities with potential to lead to greater harmonization of business practices to reduce transaction costs and duplication of effort. OMT will do so by building on the lessons learned on how to improve the Operating as One management mechanisms, and by systematically implementing already established good practices across the One UN Swaziland.

Some of the common services arrangements and plans resulting in efficiency gains and reduction of costs in Swaziland will include: One House, harmonized financial management, procurement, human resources, ICT services and infrastructure. Communication

Communicating as One

Communicating as One is critical for ensuring the strategic positioning of the UN in Swaziland in terms of its internal and external communication. Very fundamental to the relevance of the One UN will also be what is being communicated and how it is communicated. The UN will focus on developing common messages and policy positions; strengthening the outreach of the UN system by pooling efforts; supporting communication about the UN comparative advantages in the country to both internal and external stakeholders; and avoiding message duplication, inconsistencies and fragmentation. It implies developing common messaging and joint communication on key issues where the UN is active in the country.

The United Nations Communication Group (UNCG) will play a vital role in promoting the Communicating as One principle. The UNCG will be represented by communications focal points of all United Nations Agencies operating in Swaziland. It will be chaired by a Head of Agency

The UNCG, in collaboration with UNCT, will enhance the impact of UN Agency Programmes in Swaziland, in response to national needs and priorities. The UN Communication group will be responsible for:

- Identifying new and creative ways to show how UN programmes are delivering results (emphasizing interagency collaboration);
- Promoting a coherent communication of the United Nations in Swaziland;
- Serving as an advisory board to UNCT on strategic media and communication matters;
- Facilitating the communication of the UN Reforms and other strategic policy decisions taken;

A communications strategy will be developed which is aimed at promoting the United Nations in Swaziland as a family that speaks with One Voice on key development and humanitarian issues facing the people of Swaziland. The strategy will seek to increase stakeholder awareness and/or ownership of key UN achievements; ensure the awareness of Delivering as One processes and vision among the staff members and strengthen partnership and Resource mobilization efforts among others.

In addition to the communications strategy, a knowledge management strategy will be developed that will enable the UN to apply knowledge to improve effectiveness, innovation and the quality of its work. It will be quintessential in turning personal knowledge into corporate knowledge, and corporate knowledge into individual capacity. Knowledge Management will be a viable and effective programme and advocacy strategy to enhance the effectiveness of UN support to national development in Swaziland. The aim is to strengthen the UN's role as an interactive sharer of appropriate knowledge at all levels (within and between agencies and other stakeholders, as well as with countries in the region), changing from the current structure of within-agency knowledge sharing to a common UN-wide knowledge sharing.

A well-implemented knowledge management strategy will allow:

- a culture of building human networks of competence for delivery of specific evidence based solutions, rather than the production of documents or databases;
- a more coordinated and coherent knowledge of products, which is more attractive and convincing with respect to donors and development partners;
- Partnerships spreading across recipients of UN services in Swaziland.
- Strengthening capacity of civil society organizations to use evidence in support of their advocacy actions

Monitoring and Evaluation

The UNDAF has articulated priority areas of UN comparative advantage highlighting a clear results chain with outputs and outcomes that will facilitate achievement of Swaziland's development objectives. The Swaziland UNDAF has been designed according to the Results-Based Management (RBM) approach.

Capacity development on RBM will be a key driver for ensuring achievement and evidence based decision making for lessons learning and improved delivery throughout the UNDAF period, within the UN and among partners.

In line with the focus of the UNDAF on joint outputs, progress on delivery will be tracked through indicators for each of the joint outputs as set out in the annexed Results Matrix. These indicators have been designed and agreed by all UN agencies and are aligned to national strategic documents. The results matrix has three distinct priority areas, each with its own set of outcomes and outputs. UN agencies will convene through the Results Group for each priority area; also ensuring adequate engagement and ownership by government and other partners in tracking and reporting progress towards the targets.

The M&E committee has elaborated a detailed M&E plan that will outline all the key studies, surveys and M&E processes to be undertaken (see Annex). This plan will be the main guide for M&E activities and will be used for joint planning and pooling of resources for M&E. The plan will also be used to track progress of the M&E committee in their role in providing relevant evidence for the UNDAF.

Reviews will be conducted annually led by the UN agencies technical team and respective government partners. At the Annual Review, the Results Groups will present status of progress towards achievement of the joint outputs as further elaborated in the Joint Annual Work plan. The reviews will provide specific, time bound recommendations with clear responsibilities which will be tracked on an annual basis. Any changes agreed in the annual review, including those arising from changes in the overall policy environment and emerging opportunities, will be referred to the Policy and Programmes Support Group for action and reflected in the M&E matrix and joint work plan for the following year. The annual report will be presented to the NSC.

Indicators at the outcome level are aligned, as far as possible, with national priorities, particularly in relation to the MDGs. In addition, many of the results indicators are based on those used by government for coherence and ease of tracking progress. Thus, national monitoring processes and systems will be used to the extent possible. Joint surveys, research, studies and reviews will be supported to enhance evidence generation and reduce costs of undertaking surveys. However, as required, the UN will extend support to Government and other partners to strengthen generation, analysis and the use of data. The indicators for the outcomes will also be evaluated during annual progress reviews or whenever new data become available from relevant sources.

Cognizant of the 2008 UN Development Group (UNDG) directive and in light of the strong focus on gender equality in the UNDAF, the UNCT will implement the 'Accounting for Gender Equality' Scorecard. It intends to provide an assessment of what the UN, as a whole, contributes to gender mainstreaming and, consequently, to the promotion of gender equality. The UNCT Performance Indicators on Human Rights, and Gender Equality and the Empowerment of Women will establish an accountability framework to assess the effectiveness of the UNCT's strategy in support of Human Rights, gender equality and women's empowerment.

The M&E Team will assist the UN Country Team to plan and carry out the M&E activities, together with the UNDAF Result Groups (each chaired by a UN Head of Agency). There will also be a joint UN and Government M&E committee that will meet periodically as elaborated in the management and accountability sections of the UNDAF.

It is expected that an end term evaluation will be conducted and if required, the Mid-term Review will provide an opportunity to take stock, identify bottlenecks and adjust the results framework. The final UNDAF Evaluation will lay the foundation for the design of the next UNDAF.

The review and the evaluation processes will be carried out by parties external to the UN and according to the norms and standards of the UN Evaluation Group (UNEG), examining the relevance, effectiveness, efficiency, and sustainability of the UN's joint programming efforts and their contribution to the UNDAF outcomes. The evaluation will be conducted against the backdrop of the principles and commitments of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action.

Annex A: UNDAF Results Matrix

Outcomes/ Outputs	Indicator, Baseline, Target	Means Of Verification	Risks and Assumptions	Role of Partners	UN Agencies
Priority Area 1: Poverty and inequality reduction, inclusive growth and sustainable development					
Outcome 1.1: Youth, women and vulnerable groups' opportunities for employment, income generation and sustainable livelihoods increased by 2020	Indicators: Employment rate Baseline (2014): 57% Youth :36% ⁵⁰ Women : 55% Target: National: 67% Youth :46% Women:65% Proportion of population living below USD1 per day Baseline (2010): 63%; M: 59% F: 67% Target: 32% Percentage of children under 5 years stunted. Baseline (2010): 31% Target 23%	Labour Force Survey Report SHIES Central Bank Annual Report Sdemane and NAMBoard Reports Cotton Board Reports	Risk: Global trade/economic growth is sluggish Global and domestic social unrest Assumption: SACU receipts will be stable Investment rate will increase.	MEPD MLSS DPMO MOH MCIT MSCYA MoA: Policy and Aid Coordination, leadership, Civil Society: Lobbying for a conducive environment Development partners: TA and funding	UNDP FAO

⁵⁰ Source: Labour Force Survey, 2012

Outcomes/ Outputs	Indicator, Baseline, Target	Means Of Verification	Risks and Assumptions	Role of Partners	UN Agencies
	<p>Value of agricultural exports to GDP</p> <p>Baseline (2013): Vegetable: 3.2 Million, Cotton 84 Million, Sugar: 2.1 Billion, Beef: 85 million</p> <p>Target: Vegetable: 32 million, Cotton 200 Million, Sugar ,3.1 Billion, Beef:124 million</p>				
Output 1.1.1: SMEs and small holder farmers' good business practices enhanced	<p>Indicators: # of businesses compliant. Baseline (2014): TBD Target: 4,300</p> <p>% of SMEs linked to local and global markets. Baseline 2014: ,1% Target: 10%</p> <p>Access to finance for SME's. Baseline 2014: ,1% Target: 10%</p>	<p>NAM Board Reports</p> <p>MoA Agri- Business unit annual report</p> <p>Ministry of Youth Sports and culture: Youth fund annual report</p> <p>Women's business forum (FSE)</p> <p>SME unit report</p>	<p>Risk: Youth Mobility and unpredictability</p> <p>Assumption:</p> <p>Effective targeting</p> <p>Investment in irrigation from government other partners</p> <p>Agriculture sector remain driver for the economy</p>	<p>MOA: Coordination and Facilitation</p> <p>NGO: Mobilize small-holder women farmers</p> <p>Development Partners: TA Funding</p>	<p>UNDP</p> <p>FAO</p>

Outcomes/ Outputs	Indicator, Baseline, Target	Means Of Verification	Risks and Assumptions	Role of Partners	UN Agencies
Output 1.1.2: Vulnerable groups ⁵¹ have improved access to social protection services	<p>Indicators: National Policy and strategy on SP approved and operationalized; Baseline (2014): No Target: Yes</p> <p>Social protection coordination mechanism established and functional. Baseline (2014): No; Target: Yes</p> <p># of OVCs receiving at least two services at NCPs. Baseline (2014): 51,596; Target: 51,596⁵²</p> <p>Proportion of assisted households producing two or more crops Baseline (2013) 26,200 (10% of HH) Target 117,000 (50% of HH)</p>	<p>DPMO</p> <p>Reports, Ministry of Labor and Social Security Reports</p> <p>MICS</p>	<p>Risk: Unsustainable resources and poor targeting of vulnerable population</p> <p>Fragmented coordination continues</p> <p>Assumption: Government and communities continue to support NCPs</p>	<p>DPMO-Social Welfare: Facilitation and coordination</p> <p>Civil Society: Lobbying for a conducive environment</p> <p>Development partners: TA and funding</p>	<p>UNDP</p> <p>UNICEF</p> <p>WFP</p> <p>WHO</p> <p>FAO</p> <p>UNAIDS</p>
Outcome 1.2: Communities and national institutions resilience and management of natural	<p>Indicators: MT of Carbon equivalent emissions. Baseline</p>	<p>Ministry of Tourism and Environmental Affairs Annual Reports</p>	<p>Risk: Global Climate change</p>	<p>MTEA, MOA, NDMA, SNTC: Policy and Aid Coordination, leadership</p>	<p>UNDP</p> <p>FAO</p>

⁵¹ OVC including adolescents, displaced, elderly, People With Disability and extremely poor populations ensuring adequate focus on child poverty and disparities and includes elements focused on gender

⁵² Level of support to be maintained

Outcomes/ Outputs	Indicator, Baseline, Target	Means Of Verification	Risks and Assumptions	Role of Partners	UN Agencies
resources improved by 2020	(2014): 19.8 Target: 17. 8%(10% reduction) % of protected area coverage, Baseline (2014): 3.9% Protected Areas coverage Target: 6.4% Protected Areas coverage (of the 10%) International Declaration		Assumption: Commitment to follow climate resilience path	Civil Society: Lobbying for a conducive environment Development partners: TA and funding	WFP UNFPA
Output 1.2.1: Institutions utilization of climate smart techniques (CST) and disaster risk reduction and preparedness strengthened	Indicators: # of SME's utilising CST. Baseline (2014): 500; Target: 2,000 # of regions and local councils with Disaster Preparedness, Management and Risk Plans in place and operational. Baseline (2014): 0 regions, 3 local councils Target: 4 regions, 5 Local councils	Ministry of Agriculture Annual Reports NDMA SWALGA Report	Risk: Inconsistent adherence to CST and financial stability of smallholder and medium enterprises Cost of implementation of DRR Assumption: Adoption of techniques economically beneficial	MOA: Policy and Aid Coordination, leadership Civil Society: Lobbying for a conducive environment Development partners: TA and funding	UNDP FAO UNFPA WHO
Output 1.2.2: Increased area of biodiversity and ecosystems protected by communities	Indicators: # of rural population participating in climate change adaptation/mitigation programmes. Baseline (2014): 20,000; Target:	Ministry of Tourism and Environment Reports	Risk: Resistance from the communities and land owners; In adequate compensation from the intervention proponent	MTEA, MOA, SNTC , SEA Policy and Aid Coordination, leadership Civil Society: Lobbying for a conducive	UNDP FAO

Outcomes/ Outputs	Indicator, Baseline, Target	Means Of Verification	Risks and Assumptions	Role of Partners	UN Agencies
	100,000 # of landscapes with protected ecosystems. Baseline (2014): 0; Target: 6 # of communities with protected wetlands. Baseline (2014): 0; Target: 6		Assumption: Communities have the same national interest and will cooperate	environment; training of communities Development partners: TA and funding	
Output 1.2.3: National supply of energy from renewable sources increased	Indicators: % of electricity generated from renewable energy sources. Baseline (2014): 28% Target: 35%	MNRE Annual Report	Risk: Cost of generating from renewable sources is prohibiting Assumption: Renewable energy policy in place Communities are receptive to alternative sources	MNRE: Leadership and policy Private sector and SEC; generation of renewable energy Development partners: TA and funding	UNDP FAO

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
Priority Area 2: Equitable and efficient delivery and access to social services					
Outcome 2.1: Children's and adolescents access to quality and inclusive education and; retention in school increased by 2020	<p>Indicators:</p> <p>Percentage of children age 36-59 months currently attending Early childhood development and learning. Baseline (2010): 33% M: 32% F:34% Target: 65%</p> <p>Lower secondary education (NER). Baseline (2012): 27% :F: 30%; M: 22%: Target 80%</p> <p>Primary school survival rate; Baseline (2012):</p>	<p>MICS</p> <p>DHS</p> <p>EMIS</p> <p>Annual Census</p> <p>Education</p>	<p>Risks:</p> <p>Resource constraints to support the education sector. Disturbance due to teacher strikes can lead to reduction of teaching hours</p> <p>Cost of education</p> <p>Ineffective SWAp</p> <p>Assumptions:</p> <p>FPE and OVC education grant be sustained.</p>	<p>MOET to coordinate, implementation of the national policies, strategies and standards</p> <p>EU financial and technical support</p> <p>WB</p> <p>Non-governmental actors to support policy implementation and raise awareness of new policies and practices in schools and community level and provide financial and technical assistance</p>	<p>UNICEF</p> <p>UNESCO</p> <p>UNFPA</p>

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
	76.4%: F: 78.3%; M: 73.7% Target: 90% Repetition rate primary and lower secondary Primary. Baseline 2012: 15.5% : F; 13,3%; M: 17.7% Target 9.5%: F: 9.25%; M: 9.25%, F: 8.5%; M: 9.5%		Adherence to the repetition Policy which does not allow repetition rate of more than 10%	Support coordination across sectors Development partners: financial assistance MEPD and MoF for financial support MoH for school health services	
Output 2.1.1: Education sector policies,/ plans, and/ standards developed and implemented	Indicators: National ECCD policy and framework approved and operationalized. Baseline 2014: No; Target: Yes	MOET Annual Report	Risks: Low implementation of policies, plans and standards Assumptions: Funding for FPE will be sustained	MoET to lead multi-sectoral dialogue leading to the development of ECD policy and framework	UNICEF UNFPA
Outcome 2.2 Families and communities access to and uptake of integrated, quality health and nutrition services increased by	Indicators: % of children 12-23 months vaccinated against childhood diseases. Baseline 2010: 83%; Target: 95%	MOV MICS - DHS	Assumptions: The health sector budget of the country will increase to the 15% as per Abuja Declaration. Risks:	Role of partners MOH CSOs PEPFAR	UNICEF UNFPA WHO= \$

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
2020	<p>Proportion of pregnancies with an antenatal visit in the first trimester. Baseline 2007: 26%; Target: 50%</p> <p>Proportion of mothers and their babies receiving post natal care within six weeks of delivery. Baseline (2014): 25%; Target: 60%</p> <p>Percentage of children 0-6 months old exclusively breastfed; Baseline: (2010): 44%; Target: 50%</p> <p>% of children aged 6-23 months receiving a minimum meal frequency of complementary foods; Baseline (2010): 55.4%, Target 80%</p> <p>% of population practicing open defecation (ODF);</p>	<p>SAM</p> <p>MICS and SDHS</p> <p>MICS and SDHS</p> <p>MICS and SDHS</p> <p>SAM and HMIS reports</p>	<p>Economic crisis</p> <p>Natural disasters</p> <p>Assumptions:</p> <p>The health sector budget of the country will increase to the 15% as per Abuja Declaration.</p> <p>Risks:</p> <p>Economic crisis</p> <p>Natural disasters</p>	<p>EU</p> <p>INGOs</p> <p>World Bank</p> <p>CBOs</p> <p>Private sector</p> <p>MOH</p> <p>CSOs</p> <p>PEPFAR</p> <p>EU</p> <p>INGOs</p> <p>World Bank</p>	

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
	<p>Baseline (2010): 15%; Target: <1%</p> <p>Unmet need for family planning. Baseline (2010): 13%; Target: 10%</p> <p>Percentage availability of tracer classes of medicines at facility level. Baseline (2014): 75%; Target: 95%</p> <p>Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases Baseline (2014): 21%; Target: 16%</p> <p>TB Treatment Success rate Baseline (2014): 75% Target: 100%</p> <p>Number of local Malaria cases/year Baseline (2014): 158</p>			CBOs Private sector	

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
	<p>Target: 0 This indicator is related to Malaria Elimination goal</p>				
<p>Output 2.2.1: Health sector's capacity to provide promotive, preventive and curative health and nutrition services strengthened</p>	<p>Indicators</p> <p>Percentage of essential health services package provided at each level of care as per standards. Baseline (2014): 60%⁵³; Target: 80%</p> <p>Proportion of health facilities using the LMIS (Logistics Management Information System); Baseline (2014): 70%; Target: 95%</p>	<p>Program Reports & SAM</p> <p>CMS Program Reports</p>	<p>Assumptions:</p> <p>SWAp is functional</p> <p>Risks:</p> <p>High mobility and turnover of health staff</p>	<p>MOH: provide overall leadership and coordination for implementation of the health sector.</p> <p>CSOs: support the ministry of health to implement health interventions</p> <p>PEPFAR; support through providing TA</p> <p>EU; support through providing TA</p> <p>INGOs: support the ministry of health to implement health interventions</p> <p>World Bank; support through providing TA</p>	<p>UNICEF</p> <p>UNFPA</p> <p>WHO</p>

⁵³ Source: National Health Sector Strategic Plan, 2014

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
				CBOs: Mobilize communities to utilize services Private sector: provide Financial support and do business under good health practices.	
Output 2.2.2: Ministry of Health enabling environment for planning and coordination strengthened	<p>Indicator Health sector joint annual reviews held</p> <p>Baseline (2014): 0; Target: 4</p> <p>Multi-Stakeholder Platform on nutrition established and operating as per ToR Baseline (2014): No; Target: Yes</p> <p>Key health and nutrition policies and strategies⁵⁴ developed, approved and operationalized. Baseline (2014): No;</p>	<p>MOH Reports Technical</p> <p>MOH Reports Technical</p>	<p>Assumptions: Adequate resources are available for convening the health sector joint annual reviews</p> <p>Evidence informed planning for the reviews</p> <p>Risks: Poor planning</p>	<p>MOH</p> <p>CSOs</p> <p>Nutrition Council</p> <p>PEPFAR</p> <p>EU</p> <p>INGOs</p> <p>World Bank</p> <p>Private sector</p> <p>CBOs</p>	<p>UNICEF</p> <p>UNFPA</p> <p>WHO</p> <p>WFP</p>

⁵⁴ Including Food and Nutrition policy and strategy, Joint health sector plans

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
	<p>Target: Yes</p> <p>Key health and nutrition acts amended and enacted⁵⁵. Baseline (2014): No; Target: Yes</p>			<p>MEPD</p> <p>MOF</p> <p>MOSYC</p>	
<p>Output 2.2.3: Health Sector's capacity to generate, disseminate and use strategic information strengthened</p>	<p>Indicator</p> <p>Timeliness of submission of HMIS data. Baseline 2014: 74%; Target: 90%⁵⁶</p> <p># of priority Health Sector studies and surveys completed and disseminated in a timely manner especially during Joint Annual Reviews. Baseline (2014):84 Target 100 pa</p>	<p>National Health Sector Strategic Plan</p> <p>MOH Annual report</p> <p>HMIS</p>	<p>Assumptions:</p> <p>Assumptions:</p> <p>All resources are available for conducting the planned surveys/researches</p> <p>Risks:</p> <p>Delayed planning</p> <p>Other competing activities/priorities</p>	<p>MOH: provide overall leadership and coordination for the health sector.</p> <p>CSOs : support the ministry of health to implement health interventions by advocacy and lobbying</p> <p>PEPFAR; support through providing TA</p> <p>EU; support through providing TA</p> <p>INGOs</p> <p>World Bank; support</p>	<p>UNICEF</p> <p>UNFPA</p> <p>WHO</p>

⁵⁵ Including Swaziland National Nutrition Act (1945), Public Health Act

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
				through providing TA Private sector: provide Financial support CBOs: Mobilize communities to utilize services MEPD: helps with planning and resource mobilization for the implementation of the health sector strategies. MOF: budgets and disburse funds for health	
Output 2.4.2: Children under five, pregnant and lactating women have improved access to nutrition interventions	Proportion of pregnant and lactating women receiving Iron supplementation. Baseline (2010): 88.2%; Target: 95% Proportion of children 6 -59 months receiving Vitamin A supplementation Baseline (2010): 68%; Target: 80%	MICS; MOH M&E Reports; Ministry of Agriculture programme reports Agriculture census Environment and health department	Risks: Limited shared responsibility amongst nutrition stakeholders Assumptions: Increasing Continued Government commitment to Nutrition including increased government resource allocation to nutrition interventions Full involvement of	Government of Swaziland (SNNC/MoH; MoA; MNRE) Formulate national programmes and strategies Implement and monitor interventions including budgeting and allocating resources	FAO UNICEF WFP WHO

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
	<p>#. of households oriented in community led total sanitation (CLTS) approach in Targeted regions. Baseline (2013): 500; Target: 5000</p>		<p>stakeholders in policy and programme decision-making</p>		
<p>Outcome 2.3: Youth risky sexual behaviours reduced and citizens uptake of HIV services increased by 2020</p>	<p>Indicators:</p> <p>% of young people aged 15-24 who report using a condom during first sex. Baseline (2010): M=49%, F=43% Target: M= 70%, F= 65%</p> <p>% of adults and children currently receiving ART among all adults and children living with HIV. Baseline (2013): 49.9%; Target: 90%</p> <p>% of men and women aged 15-49 with more than one partner in the</p>	<p>DHS, MICS, SHIMS</p> <p>Spectrum, Programme data</p>	<p>Risks:</p> <p>Competing development priorities e.g. the economy</p> <p>Increased financial burden of HIV response especially ART</p> <p>Assumptions:</p> <p>HIV remains high on the national development agenda</p>	<p>Ministry of Health</p> <p>Leadership in policy development and delivery of HIV services within the health sector</p> <p>NERCHA</p> <p>Coordination of overall HIV national response and leadership in HIV Prevention</p> <p>CSO</p> <p>Delivery of HIV services especially at community level</p>	<p>UNAIDS Secretariat</p> <p>UNFPA</p> <p>UNICEF</p> <p>WHO</p> <p>WFP</p> <p>ILO</p> <p>UNODC</p> <p>UNESCO</p> <p>UNDP</p>

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
	<p>past 12 months who report use of a condom during last sex. Baseline (2010) M=71%, F=74% Target: M=80%, F=85%</p> <p>MTCT rate at 18 months. Baseline (2013): 11%; Target: <5%</p> <p>Teenage pregnancy rate⁵⁷. Baseline (2007): 25%; Target: 7%</p>			<p>Development partners</p> <p>Funding and technical guidance for the national HIV response</p> <p>Other Government ministries</p> <p>Mainstreaming of HIV within their sectors</p>	
<p>Output 2.3.1: Government and Civil society capacity to deliver quality HIV prevention services strengthened</p>	<p>% of young people aged 10-24 reached with social and behavioral change interventions. Baseline (2013): 51 % Target: 81 %</p>	<p>Programme Data, National surveys NERCHA HIV Annual programme report</p>	<p>Risk:</p> <p>Human Resources ;Inadequate provision of supplies(test kits, condoms,) Cultural and religious beliefs Barriers in accessing HIV services e.g. distance to health facilities, stigma and discrimination</p>	<p>Ministry of Health</p> <p>Leadership in policy development and delivery of HIV services within the health sector</p> <p>NERCHA</p> <p>Coordination of overall HIV national response and leadership in HIV</p>	<p>UNAIDS</p> <p>UNFPA</p> <p>UNICEF</p> <p>WHO</p> <p>UNODC</p> <p>UNESCO</p>

⁵⁷ UN will contribute to this in several ways including life skills education

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
			<p>Assumptions</p> <p>Availability of enabling policies e.g. task shifting</p> <p>Uncertainties and lack of unsustainable funding for CSOs</p> <p>Unpredictability of funding from development partners</p>	<p>Prevention</p> <p>CSO</p> <p>Delivery of HIV services especially at community level</p> <p>Development partners</p> <p>Funding and technical guidance for the national HIV response</p>	
<p>Output 2.3.2: Health sector capacity to deliver quality HIV treatment care and support services strengthened</p>	<p># of tests done for HIV in the last 12months. Baseline (2013): 178,813; Target: 700,000</p> <p>% of health facilities who report no stock out of ARV and other tracer drugs in the last 12 months. Baseline (2013):75 %; Target: 95%</p> <p>% of HIV positive pregnant women and lactating mothers who receive life-long ART;</p>	<p>Programme Data</p> <p>SAM</p> <p>MOH annual HIV programme report</p> <p>Nutrition council programme data</p>	<p>Risks:</p> <p>Human Resources; Inadequate provision of supplies(test kits); Cultural and religious beliefs; Barriers in accessing HIV services e.g. distance to health facilities, stigma and discrimination</p> <p>Increased financial burden of HIV response especially ART</p> <p>Assumption:</p>	<p>Ministry of Health</p> <p>Leadership in policy development and delivery of HIV services within the health sector</p> <p>CSO</p> <p>Delivery of HIV services especially at community level</p>	<p>UNAIDS</p> <p>UNICEF</p> <p>WHO</p> <p>WFP</p> <p>UNODC</p>

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
	<p>Baseline (2013): 44%; Target:80%</p> <p>Number of eligible HIV and TB clients accessing nutrition services at health facilities. Baseline (2013) : HIV 2,765, TB 1,773; Target :TBD⁵⁸</p>		Availability of enabling policies e.g. task shifting		
<p>Output 2.3.3: Institutional capacity for the coordination of the HIV response strengthened at all levels</p>	<p>% of HIV implementers who submit timely quality reports to the REMSHACCs. Baseline (2013): 65%; Target: 90%</p> <p>National Commitment and Policy Index. Baseline (2013): 7; Target: 8</p> <p>Multisectoral joint annual reviews conducted. Baseline</p>	<p>Programme Data</p> <p>NCPI (GARP)</p> <p>NERCHA HIV annual programme report</p> <p>Swaziland global AIDS</p>	<p>Risk:</p> <p>Competing programme priorities</p> <p>Assumption:</p> <p>Sustained political commitment ,</p>	<p>NERCHA</p> <p>Coordination of overall HIV national response</p> <p>Decentralized coordination structures</p> <p>Coordination of HIV response in the relevant structures</p>	<p>UNAIDS</p> <p>ILO</p> <p>UNDP</p>

⁵⁸ Survey is ongoing to determine the prevalence of malnutrition among HIV and TB patients

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
	(2014): 0; Target: 4				

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
Priority Area 3: Good Governance and Accountability					
Outcome 3.1: Access to and quality of priority ⁵⁹ public service delivery to citizens improved by 2020.	Indicator: % of citizens who report that they're satisfied with delivery of public institutions services. Baseline: (2014):TBD ⁶⁰ Target: TBD	Citizens Satisfaction Survey	Risks: Limited financial and human resources to implement policies Weak corporate governance practices Assumptions:	Ministry of Tinkhundla and Local Government has mandate to ensure provision of quality services. Municipalities provide services to citizens	UNDP UNICEF UNFPA UNESCO FAO WFP

⁵⁹ Service delivery ministries: MoH, DPMO, MoE, MoA, MoJCA and MoHA Royal Swazi Police Service

⁶⁰Study to be determined 1st year of UNDAF Implementation

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
			Government at all levels coordinated to implement policies. Citizens will actively participate in monitoring and evaluate delivery of public services.		
Output 3.1.1 Public sector capacity for planning and management strengthened	Indicator # of priority government institutions ⁶¹ that have a functional monitoring system for public service standards % of budget allocation to social sector ⁶²	Prime Minister's Office Public Policy Coordinating Unit Reports	Risks: Low prioritization for mainstreaming key cross-cutting principles in policy formulation at different levels of Government. Assumptions:	Government has the mandate to draft policies.	UNDP UNICEF UNFPA UNESCO FAO WFP

⁶¹ MoH, DPMO, MoE, MoA, MoJCA and MoHA

⁶² Education, Health, HIV and AIDS, Water and Environment and Social Welfare

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
	<p>Baseline: (2014): Education 7.8%⁶³, 2013:Health 14.9%⁶⁴; Agriculture Baseline 4%, Social protection 2.2%</p> <p>Target: Education: 9% or no decline. Health: 15% or no decline, Agriculture: 10%, Social protection 4%</p>	CRC and CEDAW periodic reports	<p>Baseline can be determined through retrospective desk review of existing policies.</p> <p>Government policies that have mainstreamed cross-cutting principles have potential to be implemented due to an increase in partnership base.</p>		UNAIDS
Output 3.1.2 Government and Parliament capacity to align national laws to the constitution and international standards ⁶⁵ incorporating good	Indicator: #of laws reviewed and in line with the Constitutional and international standards incorporating principles	Parliamentary Reports Ministerial Reports	Risk: Protracted process of translating constitutional provisions and international standards	Ministry of Justice and Constitutional Affairs has the mandate to draft legislation. Parliament responsible	UNDP UNICEF UNFPA

⁶³ Source: Dakar Commitment by African Union Member States

⁶⁴ Source: Abuja Declaration by African Union Member States

⁶⁵ UN will be focusing on Human Rights Convention (ICCPR, ISECR, UNCAC, CRC, ICPD ,CPD, CEDAW, UNFCC) and UPR

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
governance principles strengthened.	<p>of good governance. Baseline (2014): 3⁶⁶ Target: 10</p> <p>% of UPR recommendations implemented. Baseline: TBD Target: 50%</p> <p>% of CRC and CEDAW recommendations met by Government. Baseline: 2012:30% (CRC), 2014:30% CEDAW Target: 75%</p> <p># of key government institutions⁶⁷ whose policy documents mainstreaming key cross cutting principles. Baseline (2014): TBD; Target: TBD</p>		<p>into domestic law.</p> <p>Assumption:</p> <p>Government is committed and has the resources to align legislation to the constitution and domesticate international law. Government has the capacity to review and draft legislation in line with international law.</p>	<p>for enacting law.</p> <p>Ministries have the responsibility to initiate domestication of international law</p>	

⁶⁶ Source: Child Protection Welfare Act, Trafficking Act, Elections Boundaries Commission Act

⁶⁷ Service delivery ministries: MoH, DPMO, MoE, MoA, MoJCA and MoHA

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
<p>Output 3.1.3</p> <p>Government capacity for routine data collection, analysis and dissemination with a focus on key socio-economic and governance data strengthened.</p>	<p>Indicator</p> <p># of Targeted surveys⁶⁸ conducted and timely updated. Baseline (2014): 2; Target: 6</p> <p>SD Governance Index available and applied. Baseline (2014) :No Target: Yes</p> <p>% of children under five years' age registered at birth. Baseline (2014): 50%⁶⁹ Target: 80%</p>	<p>Central Statistics Office (CSO) Reports</p> <p>Ministry of Home Affairs Reports</p> <p>Ibrahim Index of African Governments (IIAG) and Transparency International</p>	<p>Risks:</p> <p>Limited resources to undertake routine data collection.</p> <p>Assumption:</p> <p>Governance data prioritized</p> <p>Local ownership of governance index increases willingness to report on governance indicators</p> <p>Government considers financing civil society engagement.</p>	<p>Central Statistics Office (CSO) has mandate to collect data.</p> <p>Ministry of Home Affairs responsible for civil registration.</p> <p>Ibrahim Index of African Governments (IIAG) and Transparency International release annual governance report.</p> <p>Civil Society collaborate with Government on data collection</p>	<p>UNDP</p> <p>UNICEF</p> <p>UNFPA</p>
<p>Output 3.1.4</p> <p>Protection systems including justice</p>	<p>Indicator:</p> <p># of comprehensive multi-sectoral and</p>	<p>Ministry of Justice and Constitutional Affairs Reports</p>	<p>Risks:</p> <p>Delay in setting and</p>	<p>Ministry of Justice and Constitutional Affairs</p> <p>Judiciary of Swaziland</p>	<p>UNDP</p> <p>UNICEF</p>

⁶⁸ Source surveys: Census, SHIES, SDHS, MICS, VAC, Agriculture Census

⁶⁹ Source: MICS, 2010

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
sector's capacity to provide efficient, accessible and quality services for the most vulnerable groups improved.	<p>victim sensitive GBV response services⁷⁰ available Baseline 1; Target 4</p> <p>% of cases including GBV cleared within twelve months Baseline: <30%⁷¹ Target: 70%</p> <p># of vulnerable individuals⁷² accessing legal aid services. Baseline 2014: 0; Target: TBD</p> <p># of established operational case management systems within the justice</p>	<p>Judiciary of Swaziland Reports</p> <p>Royal Swazi Police Reports</p>	<p>procedures for accessing legal aid services.</p> <p>Assumptions:</p> <p>Judiciary has in place appropriate systems to enhance efficiency and effectiveness in monitoring of cases and provision of legal aid.</p> <p>Judiciary system collects data on vulnerable groups access to Justice system as per strategy of the Government</p>	<p>Royal Swazi Police</p> <p>Correctional Services</p> <p>Deputy Prime Minister Office – Gender and Family Issues Unit</p>	UNFPA

⁷⁰ One stop centre(s) or similar models

⁷¹ Judiciary of Swaziland annual reports 2013

⁷² Vulnerable groups include women, adolescents, OVCs, persons with disability and youth

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
	sector. Baseline (2014): 1 ⁷³ ; Target: 4 ⁷⁴				
Outcome 3.2 Citizen and Civil Society Organizations' participation in decision-making processes at all levels increased by 2020	Indicator: Proportion of people who think that government takes voice of citizens and CSO into account in planning and service delivery. Baseline: 2014:45/52 ⁷⁵ ; Target: 40/52 Proportion of seats held by women in Parliament and Local Authorities: <i>Women in Parliament</i> : Baseline (2013): 14% ⁷⁶ Target: 33% ⁷⁷	Ibrahim Index of African Governments (IIAG) and Transparency International	Risks: Low acceptance and openness by citizens to actively participate in decision making processes. Assumption: Citizens and civil society actively participate in decision making forums.	Ibrahim Index of African Governments (IIAG) and Transparency International release annual governance report. Electoral and Boundaries Commissions mandated to conduct national elections Ministry of Housing and Urban	UNDP UNICEF UNFPA

⁷³ Direct Public Prosecution (DPP)

⁷⁴ Police, Courts, DPP, Correctional

⁷⁵ Source: IIAG 2014

⁷⁶ Swaziland Government Programme of Action, 2013: House of Assembly

⁷⁷ African Union

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
	<p>Baseline (2012): 14.7% Local Authority Target: 50%</p> <p>Voter turnout in National Elections Baseline⁷⁸ (2013): Target: TBD</p>			<p>Development responsible for local government elections.</p> <p>Ministry of Economic Planning and Development and Finance responsible for overseeing formulation of National Budget</p>	
<p>Output 3.2.1 Civil Society capacity for evidence based advocacy for promotion of good governance strengthened</p>	<p>Indicator: Number of research publications produced and disseminated. Baseline (2014): 0 Target: 10 periodic publications on selected themes</p>	Publications	<p>Risks Generating evidence is costly.</p> <p>Assumptions Local academia has capacity to deliver good quality research</p> <p>Civil Society Organizations collaborate with academia to undertake research for evidence</p>	<p>Civil Society designs and implement research</p> <p>Development Partners and a government finance research Academia provides support in data collection and analysis.</p>	<p>UNDP UNICEF UNFPA UNESCO</p>

⁷⁸ EBC has not released results of the 2013 Elections

Outcomes/ Outputs	Indicator, Baseline, Target	Means of Verification	Risks and Assumptions	Role of Partners	UN Agencies
			based advocacy.		

Appendix 1: Monitoring and Evaluation Plan