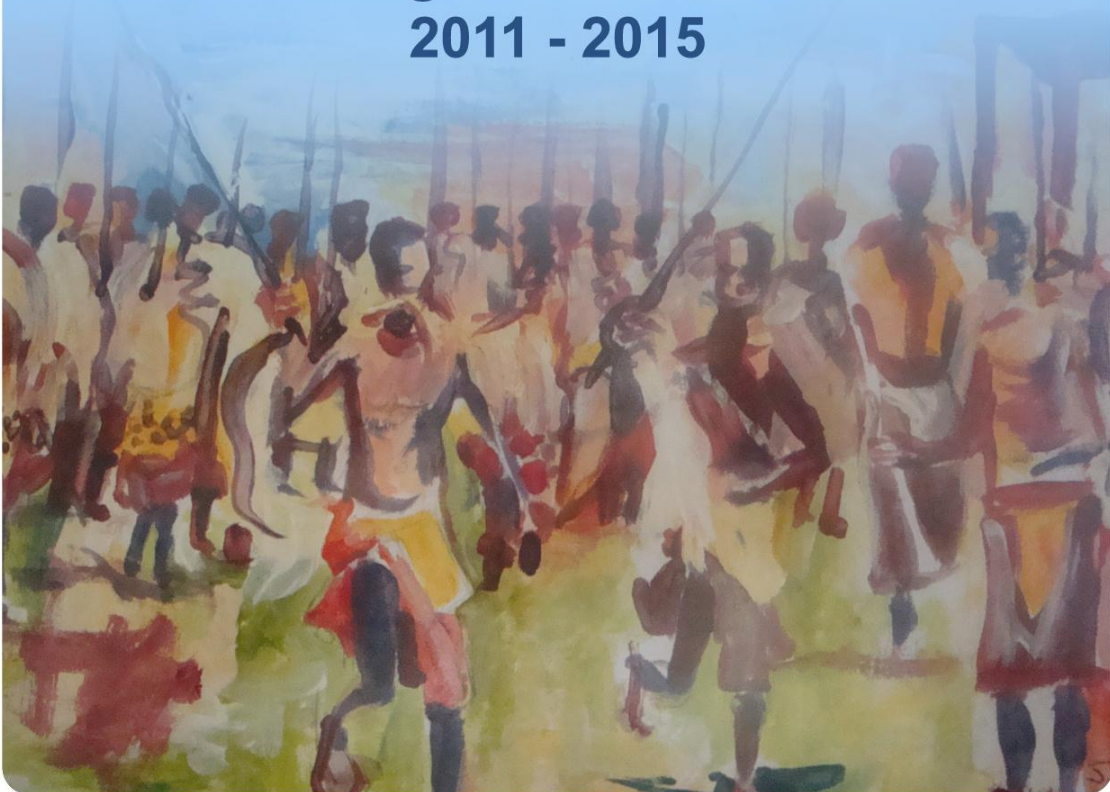




**The UNITED NATIONS
Development Assistance Framework
for
The Kingdom of Swaziland
2011 - 2015**



The United Nations Development Assistance Framework (UNDAF)-2011-2015
The Kingdom of Swaziland

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Foreword



The United Nations has been present in the Kingdom of Swaziland since independence in 1968. Since then, the UN has played a key role in providing Government with policy and technical advice as well as practical support to help us achieve our development objectives: economic growth, poverty reduction and the wellbeing of every citizen. UNDAF has been the framework giving strategic and programme context to our partnership. The preparation of the present UNDAF-2011-2015 was participatory and inclusive.

In preparing this UNDAF, the Government and the UN system have worked together to define the ways and specific areas in which the UN system is best placed, and best equipped, to contribute to our development objectives and means to measure progress. In this respect, the Millennium Development Goals provide the critical benchmark.

The four UNDAF pillars of HIV and AIDS; Poverty and Sustainable Livelihoods; Human Development and Basic Social Services; as well as Governance provide a framework for this support. I am glad to note that the UN is defining its role in terms of supporting Government fulfil its development objectives and that the UNDAF is fully aligned with the National Development Strategy (NDS) and Poverty Reduction Strategy and Action Plan (PRSAP). This provides a strong basis for strengthening the long and stronger partnership between the Government and the UN system.

The Government will make its full contribution towards the implementation of this UNDAF and fulfilling its objectives.

HRH Prince Hlangusemphi
Minister for Economic Planning and Development
Government of the Kingdom of Swaziland

Preface



The Government of the Kingdom of Swaziland, through its National Development Strategy (NDS) and the Poverty Reduction Strategy and Action Programme (PRSAP), has articulated its vision and programme for achieving the Millennium Development Goals. The elaboration of this United Nations Development Assistance Framework (UNDAF) covering the 2011-2015 period was informed and guided by the broader national priorities as articulated in that vision and programmes of Swaziland.

This UNDAF is the vehicle for strategic partnership and resource planning which will drive the programmes under which the UN System will support Swaziland in the realization of its development goals. This UNDAF is fully aligned with national priorities and the PRSAP, the NDS and the Government's Ten Point Action Programme-2009-2015.

The process of preparing this UNDAF 2011-2015 was participatory and inclusive. It involved extended consultations other stakeholders undertaken under the overall guidance of the UNDAF Joint Steering Committee co-chaired by the Government and the UN. The UNDAF is also the result of the consensus reached by the United Nations Country Team and validated by key stakeholders.

As we embark on the implementation of this UNDAF, the UN system will strive to forge greater internal coherence and enhance its efficiency and effectiveness and work towards "Delivering as One" as part of its comprehensive strategy for increasing development impact in support of the effort of the Kingdom of Swaziland towards achieving the MDGs

We will ensure that the United Nations' collective human, technical and financial resources are marshalled and deployed in the most effective and efficient manner to maximize our value as a partner in achieving measurable results. In addition, the UN Country Team is fully committed to strengthened partnerships and increased cooperation as it works in support of the development objectives of the country.

We, the United Nations Country Team in Swaziland, while respecting agency mandates and comparative advantages, pledge our commitment to joint programming in order to foster harmonization and coordination between all agencies.

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Acronyms

AIDS	Acquired Immuno-deficiency Syndrome
ART	Antiretroviral Therapy
AWP	Annual Work plan
CANGO	Coordinating Assembly of NGOs
CBCS	Community Based Care Services
CBO	Community Based Organization
CCA	Complementary Country Assessment
CEDAW	Convention for the Elimination of all forms of Discrimination Against Women
CPAP	Country Programme Action Plan
CSEnS	Children with Special Educational Needs
CSO	Civil Society Organisation
DaO	Delivering as One
DOTS	Directly Observed Treatment, Short-course
ERC	Economic Recovery Commission Report
FAO	Food and Agriculture Organization
FDI	Foreign Direct Investment
GBV	Gender Based Violence
GDP	Gross Domestic Product
HAART	Highly Active Antiretroviral Therapy
HACT	Harmonized Approach to Cash Transfers
HDI	Human Development Index
HIV	Human Immuno-deficiency Virus
HMIS	Health Management Information Systems
HTC	HIV Testing and Counselling
ILO	International Labour Organisation
JAPR	Joint Annual Programme Review
JPMCT	Joint Programmes Management and Coordination Team
JMT	JUTA Management Team
JUNPS	Joint UN Programme of Support
JUTA	Joint United Nations Team on HIV and AIDS
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MEPD	Ministry of Economic Planning and Development
MTR	Medium Term Review
NASA	National AIDS Spending Assessment
NDP	National Development Plan
NDS	National Development Strategy
NERCHA	National Emergency Response Committee on HIV and AIDS
NGOs	Non-Governmental Organizations
NSP	National Strategic Plan
PEPFAR	President's Emergency Plan for HIV/AIDS Relief
PLWHA	People Living With HIV and AIDS
PRSAP	Poverty Reduction Strategic and Action Plan
PSG	Policy Support Group
QSA	Quality Support Assurance
RC	Resident Coordinator
SDHS	Swaziland Demographic and Health Survey

SHIES	Swaziland Household Income and Expenditure Survey
SPAFA	Swaziland Partnership Forum on HIV and AIDS
SPEED	Smart Programme on Economic Empowerment and Development
STIs	Sexually Transmitted Infections
SNL	Swazi Nation Land
STWG	Senior Technical Working Group
TDL	Title Deed Land
TWGs	Thematic Working Groups
UMEC	UNDAF Monitoring and Evaluation Committee
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNTG	United Nations Theme Group
VAC	Vulnerability Assessment Committee
WFP	World Food Programme
WHO	World Health Organization

Executive Summary

Swaziland is a landlocked country with a population of around 1 million people of which about 70 percent lives in rural areas. As part of the preparation of this UNDAF, several important manifestations of the country's socio-economic condition were identified. They include the following:

- (a) *High HIV and AIDS prevalence*, which has contributed to the continued breakdown in social service delivery; reduction in household incomes; and a less than optimal national economic growth rate.
- (b) *High poverty levels* remain, in spite of the country having a relatively high GDP per capita income of US\$2,415. About 69 per cent of the country's 1.018 million people live below the national poverty line and income distribution is highly skewed. Swaziland's target under the MDGs is to reduce income inequality.
- (c) *Sluggish economic growth*, with the country's GDP growth rate declining in the last two decades, a state of affairs that has been worsened by recurrent droughts, declining export receipts, volatile exchange rates, and the erosion of trade preferences. The net result of the sluggish economic growth has translated into significant adverse effects on social sector expenditure which, in turn, has contributed to the worsening poverty levels.
- (d) *Weak human development* and fragile basic social services, a state of affairs that is exemplified by significant wealth redistribution challenges; decelerating population; weak education and training structures; frail health system; and weak human resource capacity for the provision of quality basic social services. The country also faces significant challenges with increased burden of communicable, non-communicable and epidemic diseases.
- (e) *On the issue of governance*, the Constitution passed in 2005 provides for fundamental rights and freedoms as well as greater decentralization in the provision of services. Other issues relate to human rights; the protection of social, cultural and economic rights; transparency and accountability in public sector management; strengthening justice delivery systems and fast tracking the domestication of international and regional conventions and treaties. There is still need to capacitate the newly established institutions such as the Human Rights and Public Administration Commission.
- (f) *Food security and nutrition challenges* largely due to successive years of drought attributed to climate change; multi-dimensional impacts of HIV and AIDS; dependence on production under rain-fed conditions; and declining use of improved agricultural technology.
- (g) *Gender inequality* with women being worse off in terms of poverty prevalence. Women's access to productive assets, including land, continues to perpetuate the problem of gender inequality.
- (h) *Environmental conditions that are non-sustainable*, with climate change posing adverse impacts on human health, food security, economic activity, and physical infrastructure.

Based on the findings catalogued above, the UNDAF preparatory process ensured that some of these challenges are captured in its core programme of activities over the period 2011-2015. Guided by Swaziland's policies and priorities and utilizing a consultative process at different levels both within the UN System and between the UN and its strategic partners, and under the overall leadership of the Joint Steering Committee (co-chaired by the Government and the UN), the UNDAF preparation was clearly inclusive. The following are the four UNDAF Pillars and the associated UNDAF Outcomes during its 2011-2015 lifespan:

UNDAF Pillar	UNDAF Outcomes
1. HIV and AIDS	To contribute to reduced new HIV infections and improved quality of life of persons infected and affected by HIV by 2015
2. Poverty and Sustainable Livelihoods	Increased and more equitable access of the poor to assets and other resources for sustainable livelihoods
3. Human Development and Basic Social Services	Increased access to and utilization of quality basic social services, especially for women, children, and disadvantaged groups
4. Governance	Strengthened national capacities for the promotion and protection of rights

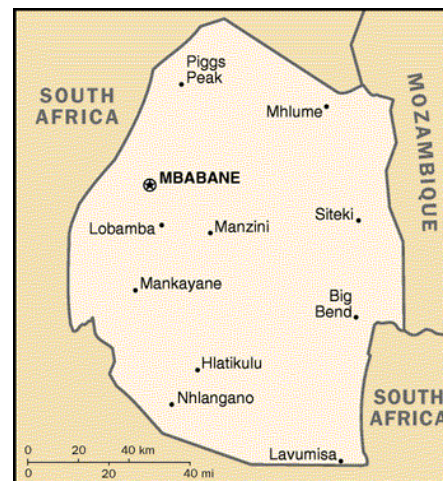
The UNDAF outcomes have been elaborated upon by clear joint country programme Outcomes as well as country programme Outputs in the Results Matrix (Annex 1). The Monitoring and Evaluation Framework (Annex 2) lays out the method of monitoring progress and offers for each Output the requisite indicators, means of verification, baselines, targets as well as assumptions and risks. Lastly, Annex 3 presents the M&E Calendar during the UNDAF implementation period.

Section 1

Introduction

1.1 Country Background

1. Covering an area of 17,364km² and situated between South Africa and Mozambique, Swaziland is a small landlocked country with a population of around 1 million people of which about 70 percent lives in rural areas. The political system in Swaziland is an evolving balance between modern institutions and a monarchy with constitutional powers entrusted in the King. The new Constitution that became effective in January 2006 provides for separation of powers between the executive, legislative and judicial arms of Government and stipulates various individual rights.



1.2 Existing Challenges

2. The Complementary Country Assessment (CCA) identified several major manifestations of Swaziland's socio-economic condition. These are summarised below.

1.2.1 The HIV and AIDS Challenge

3. The human toll of HIV and AIDS in Swaziland is a tragic reality being experienced by families, communities, and the nation at large. There is no aspect of life in Swaziland that has not directly or indirectly been adversely influenced by HIV and AIDS and the pandemic has become the major cause of illness and death among young and middle aged Swazis, depriving households and society of a critical human resource base and thereby reversing the social and economic gains the country has attained. Further, the feminisation of the disease means that young women are at greater risk of contracting HIV than young men. In addition, HIV and AIDS is altering the Swazi population structure and the functioning of the productive sectors by limiting productivity and the supply of services, while simultaneously increasing the demand for adequate and qualitative health and other social services. Consequently, the nation has continued to witness a breakdown in social service delivery; reduction in household incomes; and a less-than-optimal national economic growth rate that is necessary to leap-frog the Kingdom out of poverty. In the light of these challenges, HIV and AIDS have been identified as one of the four Pillars of the 2011-2015 UNDAF (see Chapter 2 for more details).

1.2.2 High Poverty Levels

4. Swaziland has a relatively high GDP per capita income of US\$2,415. Despite this, about 69 per cent of the country's 1.018 million people live below the national poverty line. Income distribution is skewed in Swaziland. According to the Swaziland Household Income and Expenditure Survey (SHIES) of 2001, 56 percent of wealth is held by the richest 20 percent while the poorest 20 percent own less than 4.3 percent. The country has recorded a Gini Coefficient of 51 percent, which is considered great inequality according to the international standard. Income inequality of this magnitude is one of the major contributory factors to the high poverty level in the country. Swaziland's target under the MDGs is to half the income inequality from 51 percent in 2001 to 25 percent in 2015.

1.2.3 Sluggish Economic Growth

5. Since the 1990s, Swaziland's economic growth has significantly weakened, reversing positive gains recorded prior to this period at a time when the country recorded significant Foreign Direct Investment (FDI) flows due, in part, to Southern Africa's military and political turmoil, particularly in Namibia, Mozambique and South Africa. The country's GDP growth rate has been declining in the last two decades, a state of affairs that has been worsened by recurrent droughts, declining export receipts, volatile exchange rates, the erosion of preferences, the country's loss of textile quotas on the EU market in 2005, etc. The net result of the sluggish economic growth over the years has translated into significant adverse effects on social sector expenditure which, in turn, has contributed to the worsening poverty levels. Unemployment has increased and the Human Development Index (HDI) reached a peak of 0.623 in 1990 before declining to 0.572 in 2007.¹

1.2.4 Weak Human Development and Fragile Basic Services Delivery

6. The country witnessed a reversal of its human development achievements in the last decade as evidenced by a decline in the Human Development Index (HDI) from 0.641 in 1995 to 0.572 in 2007. Decelerating population, weak educational and training systems, and frail health systems continue to hamper human development and access to quality basic social services, which are inequitably accessed by the population owing to weak human resource capacity for the provision of quality basic social services. The country also faces significant challenges with increased burden of communicable, non-communicable and epidemic diseases in the face of major systemic challenges. Consequently, the infant and maternal mortality ratios have increased by 26 percent and 160 percent, respectively, within the last decade. With an HIV prevalence of 26 percent and estimated TB incidence of 1,198/100,000 population, the country has the highest burden of both diseases in the world. About 40 percent of the population, especially in rural areas, have no access to potable water while 55 percent lacks proper sanitation. Similarly, the educational system remains generally weak despite improvements in enrolment, and is characterized by inadequate capacity of institutions, high drop-out and repetition rates and inadequate access, quality and oversight. In view of the challenges that it represents, human development and basic social services has been included as one of the four UNDAF pillars over the 2011 – 2015 period (see chapter 2 for details).

1.2.5 Governance

7. The Constitution passed in 2005 provides for fundamental rights and freedoms as well as greater decentralization in the provision of services. Partners still have to address other issues which relate to human rights; the protection of social, cultural and economic rights; transparency and accountability in public sector management; strengthening justice delivery systems and fast tracking the domestication of international and regional conventions and treaties. The recently established Human Rights and Public Administration Commission requires further strengthening and support in order to perform its functions effectively. Since governance is strategic to the work of the UN in Swaziland, this field has been included as one of the four UNDAF Pillars over the period 2011-2015 (see Chapter 2 for details).

1.2.6 Food Security and Nutrition Challenges

8. Swaziland has experienced declining food production over the last decade due to successive years of drought attributed to climate change; multi-dimensional impacts of HIV and AIDS; dependence on production under rain-fed conditions; and declining use of improved agricultural technology. The result is a widening food gap at the national level and increasing dependence on imports to fill the production gaps. However, the capacity to import food is threatened by reductions in export earnings due to the global financial downturn.

Hunger and malnutrition, which are prevalent in Swaziland, are a direct consequence of household food insecurity. It is estimated that a quarter of the population is food insecure and dependent on food

¹ UNDP, *Human Development Report 2008/2009*, New York, 2009

assistance and 39 percent of children under five are stunted and this is above the WHO thresholds. The factors contributing to food insecurity are low agricultural production and productivity; negative impact of HIV and AIDS; and poverty.

Although the majority of the households in Swaziland consider agriculture to be their main livelihood activity, with the staple maize being the dominant crop, in reality, most of the food consumed is derived from cash purchases. Since income is a major determinant of food security in Swaziland, many poor people cannot access adequate food and nutrition.

Other factors undermining nutrition include poor access to safe water and sanitation, poor care practices, inappropriate infant and young child feeding practices, poor maternal hygiene and disease burden. Poor access to safe drinking water poses a challenge to proper food preparation while poor sanitary conditions increase exposure to diseases which affects food utilization. There are rural-urban differences in nutritional status, with the former having much more prevalence than the latter. There is also a disparity between boys and girls with more boys malnourished than girls.

1.2.7 Gender Equality

9. The Constitution provides for gender equality and, according to the 2007 Progress Report on the MDGs for Swaziland; there are signs that positive progress is being registered. Notwithstanding the registered progress, several challenges remain and they include the following:

- (a) While the education policy enables both boys and girls to access education equally, there is evidence that the participation of boys outweighs that of girls. Though the difference is marginal, average female participation is 49.2 percent.
- (b) Women are worse-off in terms of poverty prevalence due to their low participation in formal sector employment. A significant proportion of women are employed in the informal sector.
- (c) There is still inequitable access to education. Although female enrolments are increasing in tertiary education, they tend to have higher enrolments in lower return tertiary programmes.
- (d) Women continue to be considered minors before some laws and in practice, and access to Swazi Nation Land (SNL) by women remains a challenge. Access to Title Deed Land (TDL) is equally a challenge for women.
- (e) Gender-based violence is a major problem affecting mainly women and children. In the lifetime of a woman, about a third experience some form of sexual violence.
- (f) Although the situation of representation of women in positions and structures of decision making is improving, the target to reach 50 percent is yet to be attained.
- (g) There is higher HIV and AIDS exposure for women than men with women carrying a disproportionate burden of care. Unsafe sexual practices combined with behavioural and socio-cultural and economic factors exacerbate women and girls' vulnerability to the pandemic.

1.2.8 Environmental Conditions that are not Sustainable

10. The emerging threat to Swaziland's sustainable development is climate change with adverse impacts already being observed on the environment itself, human health, food security, economic activity, and physical infrastructure. The country is currently threatened by a decrease in perennial surface drainage, which will have major impacts on river flow and soil-water content, with potentially serious socio-economic impacts, particularly in rural areas. While the national frameworks are in place, integration and mainstreaming of environment sustainability into core development processes has remained a challenge for the country. Currently, the country has no climate change policies and legislation and there are limited institutional capacities to cope with the looming environmental catastrophe. This state of affairs has resulted in the following:

- (a) The absence of environment sustainability policies particularly on how to address the depletion of natural resources at grassroots level has reduced opportunities for positive action.

- The mainstreaming of environmental issues in national development planning, monitoring and evaluation is almost non-existence and national and sectoral investments have not integrated climate change in their interventions.
- (b) There is increased water insecurity. Changes in flow regimes of shared water resources due to climate change are poised to adversely affect water availability for energy, agricultural production and domestic use in Swaziland.
 - (c) There is a threat of reduced agricultural productivity as a result of changing environmental conditions.
 - (d) There is increased health risk since the changing weather and local climatic conditions are creating an environment conducive to the breeding of vectors that transmit killer disease such as Malaria.

1.3 Government Development Frameworks

11. In response to the economic and social challenges catalogued in 1.2 above, the Government of Swaziland has put in place several measures and initiatives that are intended to provide a roadmap towards economic and social recovery. The Government has identified its developmental priorities in one of its major policy documents, namely, the *Smart Programme on Economic Empowerment and Development* (SPEED). This policy Document identifies poverty alleviation, the fight against HIV and AIDS, and the achievement of the Millennium Development Goals as some of the key areas of development requiring urgent attention. Earlier policy documents included the Economic Recovery Commission Report (ERC) of 1995; the first Economic and Social Reform Agenda (ESRA1) of 1997 and ESRA2 of 1999; and the National Development Strategy (NDS) adopted in 1999.

12. More recently, Swaziland's policies are presented in the Poverty Reduction Strategy and Action Programme (PRSAP), which was approved by Cabinet in September 2007 and runs over the period 2007-2015. The PRSAP is the Government's medium- to long-term development framework and action programme and aims at facilitating sustainable economic growth and poverty reduction. Government policies under the PRSAP lay stress on (a) macro-economic stability; (b) good governance; (c) equitable access to productive assets; (d) human capital development; (e) a policy and regulatory climate which stimulates the private sector in order to accelerate job creation, business development and income-generating opportunities; (f) rural development to stimulate agricultural and other non-agricultural activities; and (g) provision of infrastructure, extension services, technology, markets, social services, and financial services. The PRSAP is inspired by the Vision 2022 that was launched in 1999 whose aspiration is that "by the year 2022, the Kingdom of Swaziland will be in the top 10 percent of the medium human development group of countries founded on sustainable economic development, social justice and political stability."

13. There is also the Government Programme of Action 2008-2013 whose priorities could be clustered into five main areas, namely, (a) prudent management of the economy to ensure macro-economic stability and rapid, sustainable economic growth and development; (b) poverty reduction, job creation and food security; (c) efficient access to, and delivery of, basic social services (education, health, water, etc); (d) strengthening governance institutions for improved governance; and, (e) disaster risk reduction especially for vulnerable groups. Government policies have also been guided by global frameworks such as the MDGs and the six Dakar Education for All (EFA) goals.

14. Specifically with respect to the area of *HIV and AIDS*, Swaziland's national response is drawn from the National Multi-Sectoral HIV and AIDS Policy, introduced in 2006. The goal of the Policy is to "create an enabling environment for the national response to the HIV and AIDS epidemic." The policy aims to provide a comprehensive and multi-sectoral framework for the national HIV and AIDS response. It is based on the 'three ones' principle: one action framework, one national coordinating authority, and one Monitoring and Evaluation system (M&E). The new National Multi-sectoral Strategic Framework for HIV and AIDS (NSF) covering the 2009-2014 period builds on the achievements and lessons learned from the review of the National Strategic Plan II (NSP II). The

National Strategic Framework (NSF) comprises four main areas, namely prevention; treatment, care and support; impact mitigation and; response management.

15. Regarding *Human Development and Social Services Delivery*, a number of policies have been put in place to address the challenges. The revised National Health Policy of 2007 addresses the health sector response to the growing disease burden. At this level, Government, through the Ministry of Health, seeks to improve the health and social welfare of the people of Swaziland by providing preventive services that are of high quality, relevant, accessible, affordable, equitable and socially acceptable. Several other complementary policies that address the various facets of human development are in place. They include the National Multi-sectoral HIV and AIDS Policy (2006), National Social Welfare Policy (2008), the Sexual and Reproductive Health Policy (2002), National Youth Policy (2008) and the National Children's Policy 2009. The National Social Development Policy, in particular, provides a framework for improving the quality of life or human well-being through the provision of appropriate social welfare services that are developmental in nature. The National Policy on Children including Orphans and Vulnerable Children aims to provide policy guidelines to ensure that appropriate interventions are put in place to adequately care for and protect children. The Government has also ratified the United Nations Convention on the Rights of the Child in 1995. It has also provided for special protection to children in the Constitution. More recently, Government has dedicated 15 percent of the budget to the health sector while, effective January 2010, the State will roll out free primary education. The Government's Programme of Action (2008-2013) provides a roadmap which spells out 23 priorities that include a healthy nation, an educated and skilled nation, a food-secure nation, protection and empowerment of vulnerable and disadvantaged groups, a safe and secure nation, and poverty alleviation.

16. With respect to *Food Security and Nutrition*, Swaziland is a signatory to a number of international agreements on food security.² In addition, the country has taken several measures in the formulation of legislation, policies and strategies as part of the creation of an enabling environment for food security and nutrition. The PRSAP seeks, *inter alia*, to combat declining agricultural production; reduce poor yields in drought-prone areas; improve agricultural marketing information systems; empower and improve the skills of the poor; and ensure food security and proper nutrition especially for vulnerable groups. Food security and nutrition-related policies that have been formulated and adopted include the Livestock Development Policy; the Food Security Policy; the National Disaster Management Policy that aims to prevent or reduce the impact of disasters on vulnerable communities and groups; and the Swaziland Food and Nutrition Policy (in draft as of end of 2009).

17. At the level of *Gender Equality*, the Constitution guarantees equal rights between men and women. A number of key national and sectoral policies and strategies recognize the need to address gender inequalities in the country. With the support of the UN system, the country has developed a Gender Policy, which was submitted for Cabinet approval in 2009. Swaziland is also a signatory to a number of international conventions and agreements that have a bearing on gender equality and equity.³ Strategies for the implementation of the policies and programmes in the gender area include several pieces of legislation that include the Marriage Act, the Sexual Offences and Domestic Violence Bill, and the draft Land Policy and the Deeds and Registry Act. Gender equality issues have also been mainstreamed in the PRSAP, the Population Policy, the Children's Policy, and the National Strategic Framework on HIV and AIDS. In terms of institutional capacity strengthening, Government has established the Gender Coordination Unit under the Deputy Prime Minister's Office. Moreover,

² These include: the Rome Declaration on World Food Security (1996); Declaration of the World Food Summit (2002); International Conference on Nutrition (1992); the FAO Committee on World Food Security Right to Food Guidelines (2004); and the International Covenant on Economic, Social and Cultural Rights (1996).

³ These include the United Nations Covenant on Civil and Political Rights; United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; The Universal declaration of Human rights; The Covenant on Economic Social and Cultural Rights; the Convention on Elimination of all forms of Discrimination Against Women; the Convention on Child Rights and the International Conference on Population and Development Plan of Action.

the Sexual Offences Unit within the Swaziland Police Service has been decentralized to ensure access to high quality crime prevention and management services by more citizens.

18. Lastly, with respect to *Environment*, the Rio Declaration (1992) called for the integration of environmental protection in development, which in Swaziland led to the development of the National Environmental Action Plan. The Swaziland Environment Authority Act (2002) established the Swaziland Environmental Authority (SEA) a parastatal that has the responsibility to protect the environment. The Ozone Regulation (2003) addresses the control and licensing system on the import and export of ozone depleting substances. At the global level, Swaziland signed the UN Framework Convention on Climate Change (UNFCCC) in 1992 and ratified the Convention in 1996. While the policies create an enabling environment for sustained development, the main challenge is that sector policies are generally ‘silent’ on climate change, thus, making it difficult to mainstream environmental issues into Government actions/programmes.

1.4 UNDAF Preparation Approach

19. Overall, the UNDAF preparatory process has been inclusive and consultative at different levels both within the UN System and between the UN and its strategic partners, including Government, international partners, the private sector and civil society. Through the Joint Steering Committee, Government assumed leadership of the UNDAF development process. The Committee includes senior UN officials and a high profile team of Government Principal Secretaries from the Ministry of Economic Planning and Development; the Deputy Prime Minister’s Office; Ministry of Natural Resources and Energy; Ministry of Agriculture; and Ministry of Education. Government co-chairs the Joint Steering Committee and, though this, provides leadership for the series of meetings that involved Government, the UN, civil society stakeholders, and development partners. The Committee provided oversight for coordination, harmonization and analysis of a range of technical inputs into the UNDAF preparatory process.

20. To improve the quality of the inputs into the process of developing the UNDAF, specially-arranged training programmes for both UN staff and partners were conducted in the field of programming (e.g. in Results-based Management and Human Rights-based approach). The consultative process was also used during the development of important deliverables that preceded the UNDAF preparation. These included the Mid Term Review (MTR) of the UNDAF and Agency-specific Country Programme Action Plans (CPAPs). The box below summarizes the approach used to prepare this UNDAF. It reveals the inclusive and consultative character of this process.

UNDAF ROLL-OUT PROCESS

The UNDAF preparation Guidelines were used as a general guide during the preparation of the UNDAF. The following activities formed the UNDAF preparation process:

- *Country Program Action Plans* (CPAPs) that were prepared by Agencies provided important inputs to the UNDAF preparatory process to the extent that they provided valuable information related to Agency-level operational systems and actual interventions, which, in an important way, underscored the UN comparative advantage in Swaziland. The mid-term reviews of CPAPs also informed the formulation of the UNDAF.
- The *Mid-term Review* (MTR) of the 2006-2010 UNDAF brought to the surface the level and types of challenges that had to be taken into account during the preparation of the 2011-2015 UNDAF. The findings of the MTR were shared at every opportunity with stakeholders and, thus, provided valuable lessons during the preparation of this UNDAF.
- An *UNDAF Plan of Engagement* (PoE) was developed, which identified landmark events, processes and timelines in the development of the UNDAF. The PoE was shared and agreed on with government, partners, Quality Support Assurance (QSA) and UNDOCO who supported and facilitated training and workshops that were arranged as important inputs into the UNDAF preparation.
- An *UNDAF Joint Steering Committee* (JSC) was established. It was co-chaired by government and a Head of Agency and comprised of representatives of Civil Society Organizations (CSO) and international partners. The JSC provided strategic leadership to all the stages of developing UNDAF and ensured that the UNDAF outcomes reflected national priorities.
- Preparation of *Complementary Country Assessment*: This was prepared by the UNCT through the input of

the Policy Support Group (PSG). This was based on the realisation that the challenges raised in the CCA that informed the 2006-2010 UNDAF were still valid and the fact that the UNCT had just concluded a Mid Term Review of the current UNDAF and the government, UN agencies, and development partners, including the World Bank, the EC, the IMF had conducted comprehensive analyses of various aspects of the development challenges facing Swaziland. UNCT, thus, recognised that there already existed an adequate body of information on the development challenges facing Swaziland which only required organization and consolidation. The UNCT approved nine themes for inclusion in the *Complementary Country Analysis*, namely, Sustainable economic growth; Poverty reduction; Human development and basic service delivery; Governance; HIV and AIDS; Food security and nutrition; Gender equality; Environment, and M&E and knowledge management. As part of this process, internal training was conducted on Human Rights Based Approach for Policy Support Group, followed by training on the same for external partners. Both internal and external validation of CCA results was also conducted. UNDOCO, UN Staff College and the UNHCHR facilitated the HRBA training workshop. The draft CCA was approved by UNCT and JSC and, subsequently, submitted to QSA for review.

- **Orientation workshops for staff and stakeholders; Complementary Country Analysis; SWOT analysis:** These series of events involved stakeholder engagement on the UNDAF roll out process, analysis of national development challenges and of UN agency comparative advantage as well as the identification of critical partnerships. These processes were performed by the UN in collaboration with Government and all other stakeholders in the country
- **Strategic Planning Retreat (SPR):** The aim of the Retreat was two-fold, namely, (a) training of UN personnel and stakeholders on the strategic planning processes associated with UNDAF design and implementation; and (b) actual identification, deliberation and consensus reached on country priorities to be targeted under UNDAF. The SPR validated the national development challenges that are reflected in the Draft *Complementary Country Analysis* and participants agreed broadly on the comparative advantage of the UN. Four UNDAF Pillars were agreed through a voting process among all the participants. These were HIV and AIDS; Poverty and Sustainable Livelihoods; Human Development and Basic Social Services; and Governance. The SPR Retreat also agreed that three implementation/operational issues be considered as important cross-cutting focal areas in this UNDAF, namely, (a) Monitoring and Evaluation; (b) Capacity Development; and (c) ICT.
- **Thematic Working Groups and Finalisation of UNDAF Document:** After the SPR, the UNCT constituted four Thematic Working Groups (TWGs) that mirrored the four UNDAF Pillars. Again, in the spirit of inclusiveness, membership of TWGs included UN personnel, Government and selected stakeholders. The TWGs identified UNDAF Outputs and developed Results Matrices for each one of the four UNDAF Pillars. The matrices were later submitted to the UNCT for discussion and endorsement after which they were relayed to the UNDAF Consultant who put together drafts of the UNDAF Document, which benefited from JSC, UNCT, QSA and stakeholder validations. The UNDAF was finally signed by all UN Agency heads and the Government of Swaziland.

1.5 UN Comparative Advantage

21. There are six agencies represented in Swaziland, namely, UNICEF, UNDP, UNFPA, WFP, WHO, and UNAIDS. Non-resident agencies include FAO, UNESCO, UNODC, and ILO. Notwithstanding their non-resident status, they participated fully in the UNDAF process. The UN comparative advantage in Swaziland includes the following:

- (a) UN has the mandate to address human development and associated challenges.
- (b) UN possesses the know-how in the social and governance spheres.
- (c) UN has the capacity to mobilise and leverage resources from a diversity of sources.
- (d) UN has global reach with respect to expertise and knowledge brokering.
- (e) UN possesses convening powers.

1.6 Strategic Issues Underpinning the UNDAF

22. A number of strategic issues have been identified that underpin UNDAF. They are presented below.

(a) *Anchoring UNDAF in National Priorities:* This relates to the Paris Declaration on Aid Effectiveness principle of alignment with national priorities. The Government has stated its broad priority areas to which the UN system and any other development partners are expected to align their support. In this regard, all the four Pillars chosen for the UNDAF (HIV and AIDS, Poverty and

Sustainable Livelihoods, Human Development and Basic Social Services, and Governance), mirror Swaziland's expressed priority areas.

(b) Coherence: The UNDAF design has benefited from the notion of 'Delivering as One' (DaO) that was launched by the UN in 2006. The collaborating UN Agencies under UNDAF set themselves to offer 'good practices' in broad functional areas that include *joint programming* with a view to avoiding unjustified duplication of work; minimizing transaction costs; and simplifying and harmonising procedures, including at the level of M&E.

(c) Strengthened Partnership: This principle calls for the enhancement of true partnership through effective dialogue and information sharing with both the state and non-state actors. There is need by existing cooperating partners (both resident and non-resident) to leverage possible partnerships more creatively. The development and nurturing of more collaborative partnership between the UN and the few cooperating partners in place, such as the World Bank; the African Development Bank, US Government, Italian Cooperation and the EU, will be strengthened so as to capture competencies and specialisations that reside outside the UN System. Strong partnership between the UN System and Government is equally an important prerequisite to the successful implementation of UNDAF goals. The role of non-state actors is also recognised as being strategic in fostering the required strong partnership with all major stakeholders and in the delivery of results under UNDAF.

(d) Capacity Development: At the national level and in the light of the CCA findings, there is growing realisation that institutions matter. For a country like Swaziland with serious developmental challenges, an effective poverty reduction strategy, for example, is best built on a platform of strong national capacity to formulate policies; capacity to build consensus; capacity to implement reform; and capacity to monitor results, learn lessons, and adapt accordingly. In Swaziland, capacity enhancement effort promises maximum benefit if it is targeted at the improvement of the quality of civil servants; sophistication of organisational attributes; the diffusion of ICTs within the national system; the strengthening of intergovernmental relations, including opportunities for the implementation of the Decentralisation Policy; and the style of interaction between Government and its social and economic partners that include non-state actors. Accordingly, capacity development will be strengthened and mainstreamed across programmes as the strategic premise for, and driver of UNDAF. Capacity of institutions, personnel, and systems will be enhanced as part of the comprehensive strategy for UNDAF implementation.

(e) Strengthening Management Support Systems: Information is increasingly being recognised as one of the major drivers of the evolving global economy. Availability of information enables the public to participate meaningfully in governance issues and promotes transparency and accountability in the management of national affairs. Today, Information, Communication and Technology (ICT) form the backbone of industries and is increasingly becoming a value-adding component in the strengthening of management support systems in Governments. The extent to which Swaziland can benefit from this revolution largely depends on the strategies and actions for the development of its 'information infrastructure.'

(f) Human Rights-Based Approach: The human rights approach to programming is based on the understanding that all people are born equal and that these rights are inalienable and should be accessed by all. The activities that will be delivered under UNDAF will be founded on human rights and their benefits shall be equally accessed by all. The design of interventions will be informed and guided by human rights considerations and it will be ensured that such rights are mainstreamed across programmes.

(g) Results-Based Management: The programming of UNDAF used the approach of Results-Based Management as a planning and management tool that assisted the UN Agencies and their stakeholders to better focus on what the developmental needs are and how they can be realized. The focus is on *results* (i.e. the desired future state) and the identification of indicators against which to measure progress towards those results. Both the Results and M&E matrices used the principles of the results-based management. The process used during

the preparation of the UNDAF (see the box above under section 1.4) employed the results-based management as the core tool for programming. In an inclusive and consultative manner, the UNDAF preparatory process identified the UNDAF and country/agency level outcomes, outputs, indicators (and the means of their verification), baselines, targets, assumptions and risks. The results-based management planning tool, thus, offered a more logical programming and would make monitoring of UNDAF interventions more structured.

1.7 Lessons Learnt from UNDAF 2006-2010

23. Based on the findings of the UNDAF Mid-term Review, a number of lessons are noteworthy from the 2006-2010 UNDAF, which have helped during the preparation of this second UNDAF. The following lessons are important in this regard.

UNDAF Management and Implementation Mechanisms

1. For the UN notion of Delivering as One to work, Agency headquarters need to work more towards the simplification and harmonization agenda in ways that would eliminate the current diversity between them regarding the multiple layers of generally un-harmonised rules, procedures, programming arrangements, reporting, and accountability systems.
2. UNDAF Outcomes should not be too long-term in nature as this poses some difficulty in measuring their success record within UNDAF's short-term (five-year) time coverage. Too much expectation at the level of UNDAF outputs should, therefore, be avoided given the limited human and financial resource base at the disposal of the UN System. In this regard, there is merit in allowing UNDAFs to target substantial investment in fewer, well defined focal activities in a way that is aligned to existing capacities within both the UN and national systems.
3. While it is important to have an effective dialogue mechanism at the highest political level, a structured dialogue mechanism at the technical level is equally as important for this would give the UNDAF the opportunity to interface more directly with the implementers of government programmes.
4. Clarity regarding the acceptable level of harmonisation of systems and procedures is cardinal. In this regard, there is value in focusing joint effort by UN Agencies more on those thematic areas where the opportunities for collaborative work promise better results than trying to jointly programme everything even where diversity of mechanisms promises better results.

UNDAF Monitoring and Evaluation

24. The MTR of the 2006-2010 UNDAF also concluded that the Monitoring and Evaluation (M&E) system should be carefully framed for it to serve as an effective template for monitoring the performance of UNDAF programmes. Particular care, it was concluded, should be given to the identification of anticipated risks and assumptions as these are an important aspect in the determination of project/activity success. Careful identification of indicators in the M&E Framework is equally important to allow for more effective tracking of performance.

Section 2

UNDAF Results

2.1 Introduction

25. This Section presents the salient aspects of the four UNDAF Pillars, including the key priority areas for the period 2011-2015. Annex 1 gives the Results matrices. The selection of the UNDAF priority areas has been guided by both the national priorities and MDGs. Four Pillars have been selected for the 2011-2015 UNDAF, namely, HIV and AIDS; Poverty and Sustainable Livelihoods; Human Development and Basic Social Services; and Governance. The matrix below demonstrates the link between UNDAF, Swaziland national priorities, and the MDGs. This is followed by the presentation of each one of the four selected UNDAF Pillars.

UNDAF Pillar	UNDAF Outcomes	National Goals	MDGs/ UN Declarations
1. HIV and AIDS	To contribute to reduced new HIV infections and improved quality of life of persons infected and affected by HIV by 2015	<ol style="list-style-type: none"> Swaziland's Human Development Index (HDI) improved from 0.5 in 2008 to 0.55 in 2014 To infections, reverse the spread of HIV and reduce the vulnerability of affected individuals and families 	Goal 6: Combat HIV/AIDS, malaria and other diseases
2. Poverty and Sustainable Livelihoods	Increased and more equitable access of the poor to assets and other resources for sustainable livelihoods	<ol style="list-style-type: none"> To reduce poverty by more than 50 percent by 2015 and then ultimately eradicate it by 2022 To create an environment that will empower the poor to participate actively in uplifting their standards of living 	Goal 1: Eradicate extreme poverty and hunger Goal 7: Ensure Environmental Sustainability
3. Human Development and Basic Social Services	Increased access to and utilization of quality basic social services, especially for women, children, and disadvantaged groups by 2015	Universal access to quality basic social services achieved by 2022	Goal 2: Achieve universal primary education Goal 3: Promote gender equality and empower women Goal 4: Reduce child mortality Goal 5: Improve maternal health Goal 6: Combat HIV/AIDS, malaria and other diseases
4. Governance	Strengthened national capacities for the promotion and protection of rights	Improving governance and strengthening institutions	United Nations Millennium Declaration

2.2 UNDAF Pillar 1: HIV and AIDS

2.2.1 Background

26. HIV and AIDS continue to be an overwhelming crisis, rapidly spreading and impacting deeply on the social, cultural and economic aspects of the Swazi nation. The rising prevalence of the HIV and AIDS infection rates and its consequences are putting enormous pressure on an already stretched social services systems, particularly in healthcare. Over half of all hospital beds are occupied by patients with HIV and AIDS-related illnesses, leading to congestion in the hospital wards. The crude death rate had increased as a result of AIDS mortality, from 10 in 1990 to 24 deaths per 1,000 populations- in 2007, a level usually seen in conflicts or natural emergencies. The WHO estimated that, in 2006, two thirds of all deaths in the country were due to AIDS.

27. According to the first Swaziland Demographic and Health Survey (SDHS) for 2006/07, the overall adult prevalence of HIV and AIDS is 26 percent, which makes Swaziland the country with the highest disease prevalence in the world. Regional HIV prevalence in Swaziland shows that the epidemic has spread fairly uniformly across the four regions and the level of prevalence depicts insignificant variations between urban and rural areas. While the hyper-epidemic is generalised to all population groups, women and young adults are the hardest hit with more women (31 percent) than men (21 percent) are infected. The HIV and AIDS epidemic has also placed children under an increased state of vulnerability. As much as 31 percent of all children in Swaziland are orphaned or made vulnerable by HIV and AIDS.

28. In the light of the above, developmental challenges in the area of HIV and AIDS include the following:

- (a) Adverse impact of HIV and AIDS on productivity and human resources, particularly in terms of lost productivity as measured by staff absenteeism and attrition.
- (b) Increasing number of orphans and vulnerable children.
- (c) Deepening poverty levels due to HIV and AIDS through the threat on economic and agricultural livelihoods as a result of loss of breadwinners and knowledge and skills necessary to sustain livelihoods.
- (d) Challenges of fighting stigma due to HIV and AIDS.

29. The facts presented above give the rationale for the inclusion of HIV and AIDS as one of the Pillars in the UNDAF over the period 2011-2015. The UNDAF Outcome for this Pillar is: *To contribute to reduction of new HIV infections and improved quality of life of persons infected and affected by HIV by 2015.*

2.2.2 Role of the UN

30. The national response to the challenges brought about by HIV and AIDS is perhaps the most organised one. It is done through the Joint UN Programme of Support on HIV and AIDS 2009-2015 (JUNPS). The JUNPS will remain the operational plan for the UNDAF pillar on HIV and AIDS. Taking into account the current situation with respect to HIV and AIDS, the following offer opportunities for cooperation in this area during the UNDAF period:

UNDAF Pillar 1: HIV and AIDS

UNDAF outcome

To contribute to reduced new HIV infections and improved quality of life of persons infected and affected by HIV by 2015

Joint Country Programme Outcomes

1. Risky behaviour for prevention of HIV reduced
2. Access to comprehensive HIV treatment, care and support increased
3. Impact mitigation services for vulnerable children, PLHIV and the elderly scaled-up
4. HIV and AIDS response effectively managed at all levels

Related MDG:

Goal 6: *Combat HIV/AIDS, malaria and other diseases*

- Target 7: Halt and begin to reverse the spread of HIV/AIDS
- Target 8: Halt and begin to reverse the incidence of malaria and other major diseases

- (a) Support to improved coordination according to the Three Ones Principle.
- (b) Addressing the number of orphans and vulnerable children and the elderly as a result of HIV and AIDS.
- (c) Support to the fight against stigma due to HIV and AIDS.
- (d) Support behavioural change in the face of the HIV and AIDS pandemic.
- (e) Strengthening research and national M&E System in the area of HIV and AIDS.
- (f) Assistance towards Treatment, Care and Support of PLHIV.
- (g) Support impact mitigation.
- (h) Support to voluntary counselling and testing and prevention of mother to child transmission.

2.3 UNDAF Pillar 2: Poverty and Sustainable Livelihoods

2.3.1 Background

31. Although Swaziland has a GDP per capita of US\$2,415, about 69 per cent of its 1.018 million people live below the national poverty line. The majority of households in the country depend on subsistence agriculture, which has been under-performing for many years due to a host of factors that include drought; inability to procure the necessary inputs, and to effectively utilise Swazi Nation Land. Consequently, a large proportion of the vulnerable households is food-insecure and relies on food assistance. Heavy reliance on maize production and dependency on rain-fed agriculture on one hand and limited off-farm employment opportunities on the other hand have continued to impact adversely on livelihoods. The prevailing dry spells; high cost of agricultural production; reduced arable land; and the impact of the high HIV and AIDS prevalence have combined to exacerbate the already poor agricultural performance, thus, pushing the population of Swaziland deeper into poverty and hunger. The FAO/WFP Crop and Food Supply Assessment Mission to Swaziland (2007) observed that 21 percent of the nation's households are food insecure.

32. Most of the vulnerable people are children. Malnutrition of children under 5 years has remained one of the major indicators for people who suffer hunger. Present statistics indicate that 39 percent of under-fives are stunted and this does threaten the attainment of the MDG goal on infant mortality. Poverty in Swaziland has, indeed, taken a 'child face' as more and more children confront the reality of losing parents and the subsequent increases in the various types of vulnerabilities that they are exposed to.

33. Swaziland aims to reduce absolute poverty by half by 2015 and its eradication by 2022 as per the MDGs and National Development Strategy (NDS) targets, respectively. The NDS target is, however, a daunting one considering the reality that, as the 2007 MDG Progress Report showed, unless the development tempo is expedited and the HIV and AIDS pandemic tackled, Swaziland is likely to attain only three MDGs by 2015 (i.e. universal primary education, gender equity and women empowerment, and environmental sustainability). Swaziland will certainly not attain MDG1 on the eradication of extreme poverty and hunger. Nor will it be able to 'halt and reverse' the

Pillar 2: Poverty and Sustainable Livelihoods

UNDAF Outcomes:

Increased and more equitable access of the poor to assets and other resources for sustainable livelihoods

Joint Country Programme Outcomes:

1. The poor's access to productive resources increased
2. Effective social protection systems that secure the livelihoods of vulnerable communities in place
3. Capacity of government and partners to address hunger and food insecurity among vulnerable groups is strengthened

Related MDG:

Goal 1: Eradicate extreme poverty and hunger

- Target 1: Reduce by half the proportion of people living on less than a dollar a day
- Target 2: Reduce by half the proportion of people who suffer from hunger

Goal 7 Ensure Environmental Sustainability

- Target 7a: Integrate the principles of sustainable development into country policies and programmes; reverse loss of *environmental resources*
- Target 7b: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss
- Target 7c: Reduce by half the proportion of people without sustainable access to safe drinking water and basic sanitation
- Target 7d: Achieve significant improvement in lives of at least 100 million slum dwellers, by 2020

spread of HIV and AIDS (MDG 6), which is central to addressing poverty and hunger and, indeed, many of the other goals.

34. Income inequality in Swaziland is among the worst in the world.⁴ Partly because of low incomes and other structural constraints, the poor have limited access to quality services. The current weak planning capacity for social services provisioning significantly explain this problem and the UN's comparative advantage at this level should help. The absence of effectively decentralised systems of delivery has also complicated the challenges associated with services delivery. Lack of access to, and control of, productive assets on the part of the majority and absence of power and capacity to participate in policy-choices and in decisions affecting their lives are central to the disempowerment that explains low human development in Swaziland.

35. Against the above background, the UNDAF choice of *Poverty and Sustainable Livelihoods* as Pillar No. 2 is fully in line with the national priorities. The UNDAF Outcome for this Pillar is: *Increased and more equitable access of the poor to assets and other resources for sustainable livelihoods.*

2.3.2 Role of the UN

36. Taking into account the current situation in the areas of Poverty and Sustainable Livelihoods, the UN in Swaziland will support the country, through UNDAF, in a number of areas, including the following:

- (a) Strengthen the integration of the poor in the national economy through the creation of opportunities for production value chain in a way that allows the poor to benefit from their economic activities
- (b) Support national efforts to address structural economic inequalities through economic diversification that assist smallholder producers improve their productivity and incomes.
- (c) Support towards the enhancement of social protection systems through the design of effective social protection systems targeting different levels and categories of the poor and vulnerable.
- (d) Support the Government to explore more sustainable ways of addressing hunger and malnutrition for the vulnerable groups.
- (e) Promotion of internal trade for poverty reduction targeting SMEs and those in the informal sector.
- (f) Commission studies on the effects on the poor and livelihoods of environmental degradation and climate change.
- (g) Building strong partnerships with local communities and grassroots organisations in the areas of the design, implementation and monitoring of poverty reduction programmes.
- (h) Building planning capacity that improves the targeting of poverty-reducing interventions.

⁴ According to the 2001 Swaziland Household Income and Expenditure Survey (SHIES), nationally, 56 percent of wealth is held by the richest 20 percent while the poorest 20 percent own less than 4.3 percent. Swaziland has recorded a Gini Coefficient of 51 percent (SHIES 2001), which is considered great inequality according to the international standard.

2.4 UNDAF Pillar 3: Human Development and Basic Social Services

2.4.1 Background

37. Swaziland achieved steady progress in its development indices since independence, increasing its HDI from 0.52 in 1975 to 0.641 in 1995. However, the country witnessed a reversal in the last decade.

38. It is becoming clear that, at the projected average growth of 2 percent in the medium-term, Swaziland's prospects for registering positive progress in the area of human development remains under threat. The country is performing poorly on virtually all indicators that the Government, through its NDS, has operationally defined as constituting quality of life: poverty eradication, employment creation, social equity, gender parity, social integration and environmental protection. Swaziland had witnessed a reversal of some recent achievements in its Human Development Index (HDI). It deteriorated significantly from the 0.641 estimate of 1995 to 0.572 in 2007, placing the country at 142 of 177 countries,⁵ a reality that suggests that the country is still far from achieving its 2022 vision of being in the top 10 percent of the medium human development group of countries.

39. Infant mortality rate has been worsening from 67/1000 in 1996 to 85/1000 in 2006 and indicators of maternal health status continue to be unacceptable. The SDHS estimates that maternal mortality is currently 589 per 100,000 live births, suggesting that it has increased from an earlier estimate of 229 per 100,000 live births. Other indicators point to similar trends. For example, as much as 26 percent of pregnant women deliver at home unassisted, which significantly explains the abnormally high maternal mortality rate of 589/100,000 live births. Furthermore, statistics show that 3 percent of children are wasted and 1 percent severely wasted. Swaziland has also witnessed a drop in its population growth rate from 2.9 percent in 1997 to below 1 percent in 2007. The high HIV prevalence partially explains this state of affairs. Currently available data suggests that the country still has the highest HIV prevalence and TB incidence in the world (see above). The country has also experienced a general increase in disease burden due to the rising trend of other communicable and non-communicable diseases.

40. The population's access to safe drinking water and proper sanitation, which is also a major determinant of health and human development, is skewed in favour of the urban areas. Regional disparities in access to safe water and sanitation remain with Lubombo and Shiselweni regions being worst affected. According to the 2007 MDG Report, Swaziland is likely to achieve MDG 7 on environmental sustainability and access to clean water. Nevertheless, there are emerging concerns around air pollution and climate change, which need to be addressed. In this regard, the strengthening of the country's capacity for Environmental Impact assessment (EIA) becomes cardinal both to ensure that environmental

UNDAF Pillar 3: Human Development and Basic Social Services

UNDAF Outcome:

Increased access to and utilization of quality basic social services, especially for women, children, and disadvantaged groups by 2015

Joint Country Programme Outcomes:

1. Effective and efficient social services delivery (particularly in health, education, water, and sanitation) in place
2. Basic social services to vulnerable groups, including women and children, equitably accessed

Related MDGs:

Goal 2: Achieve universal primary education

- Target 3: Ensure that all boys and girls complete a full course of primary schooling

Goal 3: Promote gender equality and empower women

- Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015

Goal 4: Reduce child mortality

- Target 5: Reduce by two-thirds the mortality rate among children under five

Goal 5: Improve maternal health

- Target 6: Reduce by three-quarters the maternal mortality ratio before 2015

Goal 6: Combat HIV/AIDS, malaria and other diseases.

- Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS
- Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

⁵ UNDP, *Human Development Report*, New York, 2009.

regulations are adhered to and to avoid delays in the initiation of development projects as a result of lack of an acceptable EIA.

41. On the education front, due to the recently introduced state funded lower primary education, school enrolment is expected to have increased significantly compared to the statistics that show 23 percent of eligible children could not access education in 2006. There is however need to address the high dropout and repetition rates both in primary and secondary school levels. Other challenges to education include the lack of qualified teachers; inadequate school infrastructure; and weak policy and legislative framework.

2.4.2 Role of the UN

42. In the light of the above, it is clear that the choice of *Human Development and Basic Social Services* as Pillar No. 3 in this UNDAF truly addresses some of the major developmental challenges faced by Swaziland that are well articulated in the PRSAP and NDS. This Pillar's UNDAF Outcome is aptly given as: *Increased access to and utilization of quality basic social services, especially for women, children, and disadvantaged groups by 2015*. In the context of this, the UN in Swaziland shall strive to extend support under UNDAF in the following areas:

- (a) Support increased access to education for the poor and vulnerable groups.
- (b) Support qualitative improvements in education, focusing attention on class sizes (teacher-pupil ratios) and educational materials supply, particularly in disadvantaged regions.
- (c) Strengthening the national health system.
- (d) Support for improved human resource planning for sustainable development.
- (e) Support improved access to safe water and sanitation.
- (f) Support towards the strengthening of the social protection system.
- (g) Increase access to quality preventive and curative health care.

2.5 UNDAF Pillar 4: Governance

2.5.1 Background

43. The Constitution of the Kingdom of Swaziland is the overall guiding legislation for the country and recognises the value of protecting fundamental rights and freedoms. The Constitution also emphasizes greater decentralization and devolution as a means to improve accountability and service delivery. Swaziland is also a signatory to global and regional conventions and treaties on human rights. The promotion of good governance is also highlighted in some of the major policy documents, including the NDS, Vision 2022, and the PRSAP. Good governance, as recognised in the PRSAP, calls for the strengthening of the institutional capacities to action; prudent fiscal management; strengthening of the judicial system; enforcement of the rule of law; protection of the rights and freedoms of citizens; ensuring participation by all in the decision-making process; implementation of decentralization; and development of the capacity of modern and traditional institutions to better respond to the needs of the poor. In the light of the above, the identification of Governance as one of the four Pillars of the UNDAF reflects the priorities of the Government of Swaziland. Notwithstanding the provisions of the Constitution, the implementation of the provisions thereof requires strengthening and support.

44. *Firstly*, there are challenges associated with the protection of social, cultural and economic rights. The country also lacks an integrated framework that can effectively monitor national and local progress towards the MDGs. *Secondly*, there are challenges related to transparency and accountability in public sector management. Optimization of the use of available resources through the strengthening of public finance management is yet to take hold as a component of good governance. *Thirdly*, the absence of clear coordination mechanism of the institutions involved in the fight against corruption continues to compromise the effectiveness of the newly established Anti-Corruption Commission.

45. *Lastly*, while democratic governance has expanded there are still outstanding challenges that limit people's rights and freedoms to participation. In addition, the Swazi system of representation is based on the Tinkundla system under which members of Parliament are directly elected on a non party individual basis. There is none the less, a healthy debate on the efficacy of the system and recognition that civic education should be strengthened.

2.5.2 Role of the UN

46. Taking into account the current situation in Swaziland, the decision during the UNDAF design stage to include Governance as one of its Pillars is a demonstration of the UN System's readiness to assist Government in addressing the vexing challenges that are still outstanding in this field. Considering that the chosen UNDAF Outcome in the field of Governance is '*Strengthened national capacities for the promotion and protection of rights*,' the following offer opportunities for cooperation between the Government of Swaziland and the UN System during the 2011-2015 UNDAF implementation period:

UNDAF Pillar 4: Governance

UNDAF outcome:

Strengthened national capacities for the promotion and protection of rights

Joint Country programme Outcomes:

1. Supportive policy and legal framework for improved governance in place
2. Knowledge of rights by the people increased
3. Gender equality enhanced
4. Access to Justice for all improved

Related UN Declaration:

- United Nations Millennium Declaration
- Part V Human Rights, democracy and good governance
- Part VI Protecting the Vulnerable

- (a) Support capacity improvements in the implementation of the Constitution and in the facilitation of legal provisions, including assistance towards the ratification and domestication of instruments and follow-through with comprehensive policy changes and the establishment of operational plans.
- (b) Addressing Gender and Human rights, including the rights of women and children.
- (c) Capacity enhancement for securing transparency and accountability in public sector management, including national efforts to reduce corruption in public offices through assistance to oversight institutions that include Parliament, Civil Society and the media.
- (d) Strengthening national partnerships between the government and non-state actors in the national quest to collectively face developmental challenges.
- (e) Strengthening mechanisms for enhanced civil society participation in governance.

2.6 Cross-cutting Issues

47. In addition to the four UNDAF Pillars, the SPR Retreat agreed that three implementation/operational areas merit being recognised as important cross-cutting focal areas during UNDAF implementation. These are (a) Monitoring and Evaluation; (b) capacity development; and (c) ICT. Firstly, effective M&E at the national level as well as during UNDAF implementation within the UN System itself remain critical in managing for results. There is a growing drive globally to move decisively towards results-based monitoring that focuses on agreed targets and results. In the same vein, while monitoring immediate outputs is important particularly in so far as this allows for easier determination of the efficiency in resource use, it is becoming evident that the real test of effectiveness of interventions depends on the monitoring of longer-term outcomes and impacts.

48. Secondly, with respect to capacity development, there is recognition of the reality that no amount of planning would yield desirable results if the requisite capacity for implementing agreed interventions is weak. The building of these capacities both within the Government system and the UN structures within Swaziland remains pivotal. The enhancement of capacities of other partners such as civil society bodies is equally important for their fuller engagement in UNDAF implementation.

Lastly, ICT brings with it opportunities that promise to unravel human and organisational potential in efficiently and effectively executing their mandates under UNDAF. ICT also holds promise for the strengthening of the required data for effective monitoring of interventions. In this regard, there is recognition that all the UNDAF Outcomes stand to benefit from improved application of ICT.



Section
UNDAF Resources

3.1 Resource Requirements

49. The United Nations estimates that approximately US\$ 93,098,141 will be required to undertake the UNDAF interventions over the 2011-2015 period as presented in the UNDAF Results Matrix. The results matrix provides a detailed breakdown of these costs per theme and per UNDAF outcome. The Indicative Budget is distributed according to the UNDAF Outcomes as follows:

UNDAF Pillar	US\$
I HIV and AIDS	
1. Risky behaviour for prevention of HIV reduced	14,141,000
2. Access to comprehensive HIV treatment, care and support increased	17,195,000
3. Impact mitigation services for vulnerable children, PLHIV and the elderly scaled-up	35,600,000
4. HIV and AIDS response effectively managed at all levels	3,056,000
<i>Sub-total</i>	<i>69,992,000</i>
II Poverty and Sustainable Livelihoods	
1. The poor's access to productive resources increased	6,007,922
2. Effective social protection systems that secure the livelihoods of vulnerable communities in place	12,843,747
3. Capacity of government and partners to address hunger and food insecurity among vulnerable groups is strengthened	16,701,819
<i>Sub-total</i>	<i>35,553,488</i>
III Human Development and Basic Social Services	
1. Effective and efficient social services delivery (particularly in health, education, water, and sanitation) in place	12,797,000
2. Basic social services to vulnerable groups, including women and children, equitably accessed	31,707,000
<i>Sub-total</i>	<i>44,504,000</i>
IV Governance	
1. Supportive policy and legal framework for improved governance in place	2,310,750
2. Knowledge of rights by the people increased	3,550,000
3. Gender equality enhanced	2,400,000
4. Access to Justice for all improved	1,500,000
<i>Sub-total</i>	<i>9,760,750</i>
Grand Total	159,810,238

3.2 Resource Mobilization

50. The UNCT shall be in charge of mobilising and allocating resources for the UNDAF. If there is a gap between the UNDAF indicative budget and the actual resources available to implement UNDAF commitments, then the Resident Coordinator, jointly with other members of the UNCT, will supplement agency efforts in fundraising for the UNDAF. In short, all the UN Agencies will work together to mobilise resources based upon requirements identified in the UNDAF. Part of the UNDAF resource requirements will be mobilised as core funds through the different UN agencies. Some resource requirements may be met from special Trust Funds (such as the Global Environment Facility) or bilateral donor agreements. The UNCT will explore with partners the added value and possible modalities of a UNDAF resource mobilisation strategy.

Section 4

UNDAF Management and Implementation

4.1 Overview

51. The UNDAF shall be the UN's strategic planning and resource programming tool over the 2011-2015 period. It is noteworthy that the UNDAF is not independent of other Agency-specific planning/programming instruments and processes such as the Country Programme Action Plans (CPAPs), Biennial and Annual Work Plans and Budgets (AWPs). In this respect, the biennial and annual budgets will be the primary instrument for implementing the UNDAF and shall clearly specify the respective roles of the different UN Agencies as either lead or supportive for each activity. The joint programming processes that will be an annual event (around November of each year) shall further define the lead agencies for specific deliverables. In this regard, there is no attempt in this UNDAF under the Results Matrix to specifically assign a particular output to an Agency although an indicative list of Agencies that have potential interest under each output are suggested. While the UNDAF provides the overall framework and specific programmes within the context of the projected resource envelope, it is important that the Annual Work Plans for respective UN Agencies actually guide specific interventions. The AWPs shall be developed based on the provisions of the UNDAF. They shall guide actual implementation while the UNDAF only presents strategic goals, outcomes and outputs as well as indicative resource requirements. All the activities that shall be implemented annually shall focus on the realisation of one or more of the UNDAF's outcomes during the period 2011-2015.

52. In the context of the above, the UNDAF has identified only broad outputs for each Outcome while the preparation of detailed activities under those programmes is left to the competence of each UN Agency as guided annually by the Annual Work Plans.

53. All the UN Agencies in-country and outside that are part of the UNDAF shall constitute the main implementation organs and the current committees under different thematic areas shall be realigned to the targeted Outcomes and Outputs. In this respect, by internalising UNDAF implementation into the existing UN Agencies systems and structures, only very few committees/forums would be established. It is, nevertheless, conceivable that UNCT, as it reorients its *modus operandi* in the light of the lessons learnt from the first UNDAF, may consider the establishment of new systems that could alter the implementation structure of the UNDAF. Below are the main structures that will be at the centre of the UNDAF Implementation.

4.2 UNDAF Management Arrangements

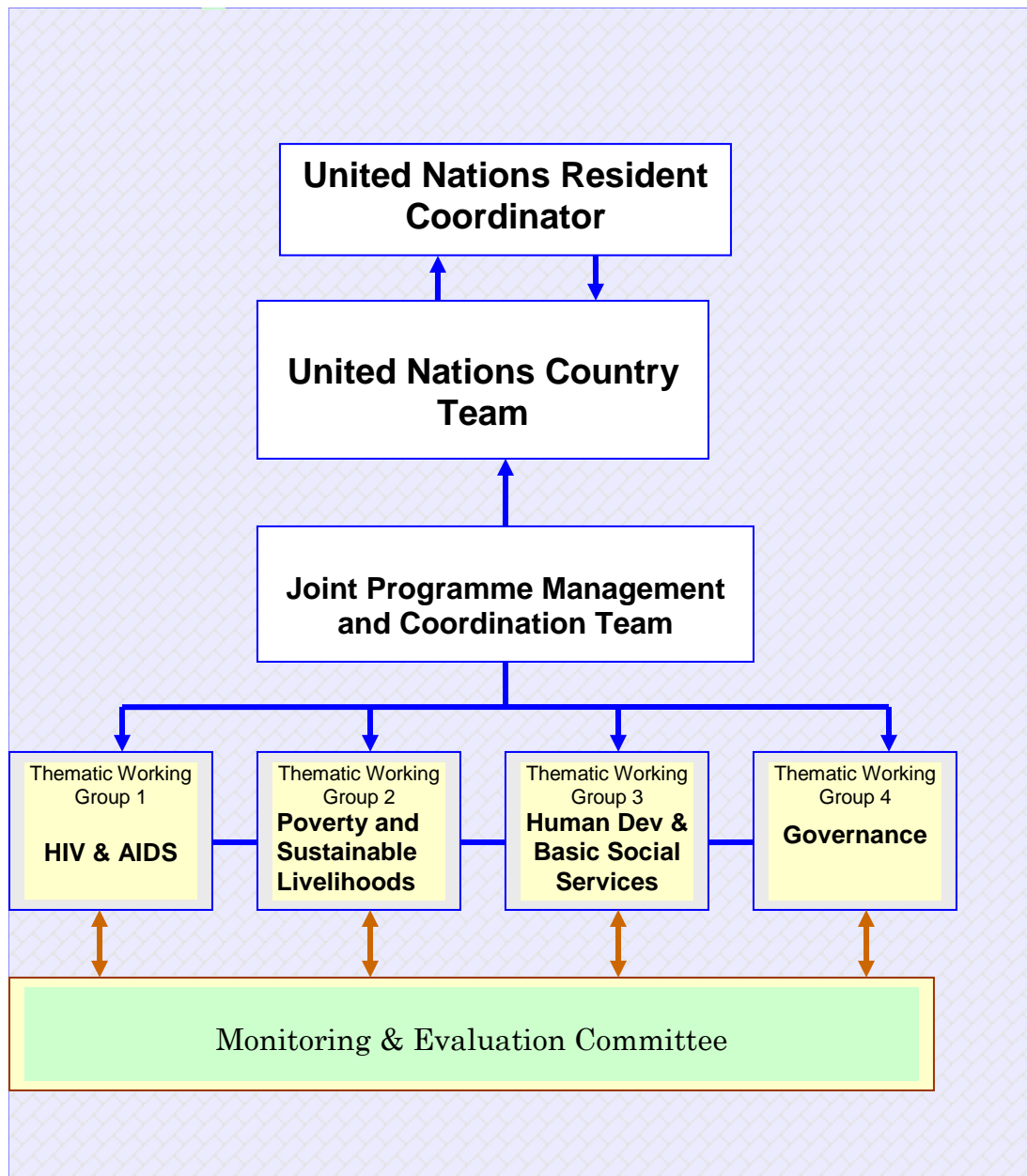
54. Oversight, operational as well as M&E arrangements will draw from already existing internal arrangements, including those established by UNCT to coordinate and manage joint programmes. The core structures are described below. The figure below shows the UNDAF management and implementation structure.

4.2.1 United Nations Country Team (UNCT)

55. Under the chairmanship of the Resident Coordinator, the UNCT will bear primary responsibility for the implementation of UNDAF. It shall provide overall strategic and operational guidance to the implementation and monitoring of UNDAF. It shall also guide the strengthening of strategic

partnerships with key stakeholders and mobilize additional resources for joint programmes where required. The Resident Coordinator Office (RCO) will provide the Secretariat for the UNDAF work and shall assume the overall coordination function for UNDAF implementation.

2011-2015 UNDAF Management and Implementation Structure



4.2.2 Joint Programme Management and Coordination Team (JPMCT)

56. JPMCT will coordinate and manage the various programmatic interventions under UNDAF, including Joint Programmes. The JPMCT shall be the interface between the UNCT and the various working groups that will implement UNDAF. It shall be responsible for the preparation of the

UNDAF Joint Annual Work Plans as well as of the Joint Annual Reviews with government. This will be done within the spirit of *Delivering as One*.

4.2.3 Thematic Working Groups (TWGs)

57. The four TWGs will be responsible for the day to day implementation of their respective UNDAF pillars and shall report to the UNCT through the JPMCT. Moreover, TWGs will prepare Joint Annual Work Plans and Budgets for UNDAF interventions.

4.2.4 Monitoring and Evaluation Committee (MEC)

58. The Monitoring and Evaluation Committee will support the UNCT in enhancing system-wide coherence as well as in implementing the M&E framework of the UNDAF. M&E Sub-committees for each one of the four UNDAF Pillars shall be established and will report to the M&E Committee.

5

Section

Monitoring and Evaluation

5.1 Principles

59. Effective monitoring and evaluation of the activities of the UNDAF are critical functions of delivery. Firstly, these processes will provide essential data and insights for drawing lessons, priority setting and informed review of UNDAF implementation processes. Secondly, they will offer the assurance that resources are used for agreed purposes.

5.2 Indicators for UNDAF Monitoring

60. To enable regular and quality reporting, key performance indicators with baselines and targets have been identified for each UNDAF Outcome (see Annex 2 on UNDAF M&E Framework). These indicators will help to focus efforts and resources during the monitoring of UNDAF activity implementation. The monitoring reports will form a major input into the annual, mid-term, and end-of-UNDAF progress reports. The following assumptions were used in selecting the key performance indicators:

- (a) There exists readily available quality data on the indicator and that the data source for the indicator can be clearly identified.
- (b) There is capacity to collect and analyse data on a regularly basis.
- (c) The indicator is related to realistic performance criteria;
- (d) The data is relevant to users in terms of its timeliness, adequacy, relevance, and accessibility.
- (e) Data collection processes are affordable and cost-effective.
- (f) It must be possible to disaggregate data on the indicator in desirable classifications.

61. UNDAF Annual Work Plans shall strive to include all the existing data and, based on the availability of reliable baseline, will use these to benchmark performance. The M&E Calendar is given in Annex 3. Sufficient resources shall be allocated for the monitoring function to ensure that this important task that shall track performance, including the efficacy of resource use, shall be adequately performed.

5.3 UNDAF Evaluation

62. There will be *Joint Annual Reviews* of the UNDAF, which will include the consolidation of all the quarterly and semi-annual progress reports. These reports will analyse in detail the reasons for achieving or not achieving specific UNDAF annual targets based on the key performance indicators. The Annual Progress Reports will explain, where possible, the impact of the interventions and identify areas for further investigation. They will also incorporate lessons learnt from the implementation of UNDAF intervention.

63. The other report is the *Mid-Term Evaluation*, which will be produced after two and half years of UNDAF implementation. It will assess the progress made towards achieving the five year outcomes and will analyse the impact of the UNDAF based on the identified performance indicators. It will consider questions of efficiency, relevance, effectiveness, and sustainability of the various UNDAF interventions. There will also be the *end-of-UNDAF Evaluation* that shall assess the overall performance of the Framework and identify lessons learnt that shall be expected to inform future

strategic planning and implementation processes. Overall, the three evaluations shall be important elements of the UNDAF and shall strive to measure the level of performance towards UNDAF targets. Ultimately, it will be these evaluations that will inform the next UNDAF programming in Swaziland at both the substance and process levels. Sufficient resources shall be dedicated to UNDAF evaluations.



Annexes

1. UNDAF Results matrix
2. UNDAF Monitoring and Evaluation Framework
3. Monitoring and Evaluation Calendar

Annex 1: UNDAF Results matrix

1. HIV and AIDS				
National priority or goals:				
<ul style="list-style-type: none"> ○ Swaziland's Human Development Index (HDI) improved from 0.5 in 2008 to 0.55 in 2014 ○ To completely stop any new infections, reverse the spread of HIV and reduce the vulnerability of affected individuals and families 				
UNDAF outcome				
To contribute to reduced new HIV infections and improved quality of life of persons infected and affected by HIV by 2015				
Joint Country Programme Outcome	Country programme Outputs	Roles of partners	Resource mobilization targets (US\$)	
			Agency	Commitment
<i>Prevention</i> 1.1 Risky behaviour for prevention of HIV reduced	1.1.1 Capacity of institutions and traditional structures to equip individuals with comprehensive knowledge and skills for positive social and behavioural change improved	<i>Government of Swaziland:</i> <ul style="list-style-type: none"> ○ Take leadership in HIV prevention ○ Resource mobilisation for HIV prevention interventions <i>Non State Actors:</i> <ul style="list-style-type: none"> ○ Support Government in resource mobilisation and implementation of the HIV prevention interventions 	UNDP UNFPA WHO ILO UNICEF UNAIDS	1,000,000 900,000 1,100,000 3,000,000 1,500,000 600,000
	1.1.2 Capacity of government and non-governmental institutions to increase access to and utilization of comprehensive and integrated HIV prevention services strengthened	<i>Bilateral and multilateral development partners</i> <ul style="list-style-type: none"> ○ Provide financial support and technical assistance 	UNFPA WHO UNESCO UNODC ILO UNICEF	526,000 335,000 180,000 500,000 3,000,000 1,500,000
<i>Treatment, Care and Support</i> 1.2 Access to comprehensive HIV treatment, care and support increased	1.2.1 Capacity of the health sector for Comprehensive HIV treatment, care and support services strengthened	<i>Government of Swaziland:</i> <ul style="list-style-type: none"> ○ Assume leadership in health service delivery ○ Liaise with partners in planning and coordinating the HIV treatment, care and support interventions <i>Non State Actors:</i> <ul style="list-style-type: none"> ○ Support govt in resource mobilisation and implementation of the HIV treatment, care and support interventions 	WHO WFP ILO UNICEF	763,000 11,500,000 3,000,000 1,500,000
	1.2.2 Capacity for the reduction of stigma and discrimination in social services facilities and communities enhanced	<i>Bilateral and multi-lateral development partners</i> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	WHO UNICEF	282,000 150,000

<p><i>Impact Mitigation</i> 1.3 Impact mitigation services for vulnerable children, PLHIV and the elderly scaled-up</p>	<p>1.3.1 Institutional capacity for increased enrolment, progression and retention of vulnerable children strengthened</p>	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Plan, lead, implement and monitor interventions ○ Coordinate and monitor impact mitigation interventions <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Support Government in resource mobilisation and implementation of the impact mitigation response <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	<p>ILO UNICEF</p>	<p>3,000,000 5,000,000</p>
	<p>1.3.2 Social protection systems at national, regional and community levels to reduce impact of HIV/AIDS on households strengthened</p>		<p>ILO FAO UNICEF WFP</p>	<p>300,000 500,000 7,000,000 16,500,000</p>
	<p>1.3.3 Capacity of key institutions at all levels to create an enabling environment to promote and protect the rights of vulnerable groups (PLHIV, women, children and elderly) strengthened</p>		<p>ILO UNICEF</p>	<p>3,000,000 300,000</p>
<p><i>Response Management</i> 1.4 HIV and AIDS response effectively managed at all levels</p>	<p>1.4.1 Planning and coordination of the multi-sectoral response to HIV and AIDS improved to include gender sensitive and human rights approaches</p>	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Plan, lead, and monitor the national response ○ Coordinate the national, multi-sectoral response <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Support Government in resource mobilisation and advise on the response management <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance ○ 	<p>UNDP WHO ILO UNICEF</p>	<p>500,000 382,000 200,000 200,000</p>
	<p>1.4.2 HIV and AIDS M&E system strengthened</p>		<p>UNDP UNFPA WHO UNESCO UNICEF UNAIDS</p>	<p>200,000 132,000 150,000 60,000 200,000 400,000</p>
	<p>1.4.3 Strengthened national, regional and community capacities to mobilise and utilisation financial resources for HIV and AIDS interventions</p>		<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Plan, lead, coordinate and monitor resource mobilisation and utilisation <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Support Government in resource mobilisation and advise on the response management <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	<p>UNDP UNFPA UNICEF</p>

Coordination Mechanisms and Programme Modalities:

The management of the HIV and AIDS Pillar of UNDAF will have its own structure. The management of the Joint UN Programme on HIV and AIDS in Swaziland (JUNPS) shall, nevertheless, be linked to the overall coordination structures of the UNDAF (see Chapter 4 for details)



2. Poverty and Sustainable Livelihoods

National priority or goals:

- To reduce poverty by more than 50 percent by 2015 and then ultimately eradicate it by 2022
- To create an environment that will empower the poor to participate actively in uplifting their standards of living

UNDAF outcome:

Increased and more equitable access of the poor to assets and other resources for sustainable livelihoods

Joint Country Programme Outcome	Country programme Outputs	Role of partners	Resource mobilization targets (US\$)	
			Agency	Commitment
2.1 The poor's access to productive resources increased	2.1.1 Mechanisms for the formulation, implementation and coordination of policies that ensure the poor's access to and effective use of productive resources developed	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Policy formulation and monitoring ○ <i>Improve pro-poor budgeting</i> <p><i>Non State Actors:</i> Mobilize communities for maximum participation</p> <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	UNDP FAO UNESCO	1,000,000 798,192 19,250
	2.1.2 Government capacity to establish decentralised structures for disaster management improved	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Implement fully the Disaster management Act ○ Enhance coordination of disaster-related issues <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Contribute to the implementation of plans ○ Strengthen local community structures and people's ability to sustain livelihoods ○ Mobilize communities for maximum participation, advocacy and awareness of rights <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	UNDP WFP UNFPA UNICEF	200,000 500,000 200,000 200,000
	2.1.3 Capacity of key stakeholders for the mainstreaming of gender and environment issues into poverty reduction improved	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Partner with non-state actors to mainstream environment and gender issues in national development interventions <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Participate in the implementation of environment and 	UNDP FAO UNFPA ILO	200,000 120,480 120,000 250,000

		<p>gender issues</p> <ul style="list-style-type: none"> ○ Mobilize communities for maximum participation, advocacy and awareness of rights <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 		
	<p>2.1.4 Evidence-based policy formulation enhanced through effective and timely collection, processing, analysis and dissemination of disaggregated poverty and gender-related data</p>	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Review national statistics policies and strategies ○ Data collection and dissemination ○ Control the quality of data <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ● Simplify data for local community structures and individuals. <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	<p>UNFPA ILO UNICEF</p>	<p>1,900,000 250,000 250,000</p>
<p>2.2 Effective social protection systems that secure the livelihoods of vulnerable communities in place</p>	<p>2.2.1 Increased capacity of the Government to establish mechanisms that support income generation at household and/or community level supported</p>	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Coordinate the implementation of plans ○ Provide effective management of <i>credit and micro-financing</i>. <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Raising awareness and facilitating community participation in activities ○ Capacity building for rights holders <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	<p>FAO ILO</p>	<p>1,500,000 500,000</p>
	<p>2.2.2 Capacity of Government departments and non state actors to deliver quality services enhanced</p>	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Undertake a skills audit to determine the human resource needs in the agriculture sector <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Community mobilisation towards enhanced agriculture production <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	<p>FAO UNICEF</p>	<p>1,129,518 300,000</p>
	<p>2.2.3 Knowledge on the impact of environmental degradation on livelihoods of the poor improved</p>	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Mount advocacy campaigns on the impact of environmental degradation and climate change on livelihoods <p><i>Non State Actors:</i></p>	<p>UNDP FAO</p>	<p>200,000 1,807,229</p>

		<ul style="list-style-type: none"> ○ Work with Government on advocacy campaign regarding environmental degradation and climate change. 		
	<p>2.2.4 Climate change and adaptation strategy developed and operationalized</p>	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Review policies and plans to integrate climate change variability. <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Raise awareness and facilitating communities' resilience and adaptation to climate shocks <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	<p>UNDP UNFPA FAO WFP</p>	<p>2,000,000 257,000 1,800,000 250,000</p>
	<p>2.2.5 Capacity of Government to design a comprehensive national social protection framework supported</p>	<p><i>Government of Swaziland:</i></p> <p>Facilitate the development of the national social protection framework</p>	<p>UNFPA UNDP ILO UNICEF WFP</p>	<p>100,000 1,500,000 500,000 500,000 500,000</p>



Outcome 2.3 Capacity of government and partners to address hunger and food insecurity among vulnerable groups is strengthened	2.3.1 Capacities of government to formulate coordinates, align, and implement food and nutrition programmes enhanced.	<p><i>Government of Swaziland:</i> Formulate national programmes and strategies, resource allocation and coordinating implementation, monitoring and evaluation.</p> <p><i>Non State Actors:</i> Community mobilization for participation, advocacy for the hungry people and implementation of food security and nutrition initiatives to realize the right to food.</p>	FAO WFP	150,000 300,000
	2.3.2 Smallholder farmers' access to appropriate technology and skills enhanced for improved food security and nutrition	<p><i>Government of Swaziland:</i> Resource allocation and monitoring and setting up key institutions for coordination of food and nutrition security.</p> <p><i>Non State Actors:</i> Support delivery of services with focus on vulnerable groups.</p>	FAO WFP UNESCO	1,204,819 2,017,000 30,000
	2.3.3 Access to food and livelihood options for vulnerable groups enhanced	<p><i>Government of Swaziland:</i> Coordinate programmes and provide technical guidance and funding.</p> <p><i>Non State Actors:</i> In collaboration with government and local communities, identify activities and vulnerable persons, supervise implementation and provide technical support</p>	WFP FAO	12,100,000 200,000
	2.3.4 Capacity of NDMA for emergency preparedness and response to acute food and nutrition insecurity is strengthened	<p><i>Government of Swaziland:</i> Making budgetary provisions, providing human resource and coordination and supervision</p> <p><i>Non State Actors:</i> Support delivery of services</p>	WFP UNDP	500,000 200,000
Coordination Mechanisms and Programme Modalities: See Chapter 4 above on Implementation				

3. Human Development and Basic Social Services

National priority or goals:

Universal access to quality basic social services achieved by 2022

UNDAF outcome:

Increased access to and utilization of quality basic social services, especially for women, children, and disadvantaged groups by 2015

Joint Country Programme Outcome	Country programme Outputs	Role of partners	Resource mobilization targets	
			Agency	Commitment
3.1 Effective and efficient social services delivery (particularly in health, education, water, and sanitation) in place	3.1.1 Capacity of Government departments to formulate and implement evidence based policies for health, education and water and sanitation enhanced	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Convene policy evaluation forum ○ Strengthen the Policy Coordination Unit <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Participate in policy evaluation ○ Raise awareness ○ Monitor policy implementation <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	WHO UNDP UNFPA UNESCO UNICEF	1,370,000 400,000 300,000 140,000 250,000
	3.1.2 Capacity of marginalized populations strengthened to contribute policy formulation, implementation and evaluation	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Support policy engagement with persons with disability. ○ enhancing participation of persons with disabilities <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Take part in policy discussions and advocacy <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	WHO UNFPA UNICEF	82,000 500,000 100,000
	3.1.3 Management and Information Systems capacity of health, education and water service institutions strengthened	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Implementation of the decentralisation policy. ○ Support human resource development and infrastructure provision <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Participate in the national planning and influence policy formulation <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	WHO UNDP UNFPA UNESCO	1,400,000 100,000 250,000 20,000
	3.1.4	<p><i>Government of Swaziland:</i></p>	UNFPA	250,000

	Quality assurance and compliance framework in health education, water and sanitation sectors developed	<ul style="list-style-type: none"> ○ Provide policy environment and legal frameworks for the establishment of Quality Assurance ○ Define minimum standards for services <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Raise awareness on quality standards for service delivery <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	UNESCO UNICEF	50,000 300,000
	3.1.5 Capacity of the health sector to respond to increasing burden of communicable and epidemic diseases strengthened	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Provide policy environment and legal frameworks for addressing the increasing disease burden ○ Define minimum standards for services <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Raise awareness on increasing burden of communicable and epidemic diseases strengthened <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	UNFPA UNICEF WHO	400,000 250,000 3,850,000
	3.1.6 Epidemic preparedness and response capacity of the Health sector strengthened	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Commit to increased budgetary allocation to strengthen surveillance, preparedness and response for effective management of emergencies. ○ Set aside contingency resource allocation for new emerging issues; ○ Strengthen the capacity of the Ministry of Health to manage emergencies. <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ To be engaged in development of response plans for emergencies to provide inputs on vulnerable and marginalized populations. <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	UNICEF WHO	100,000 2,685,000
3.2 Basic social services to vulnerable groups, including women and children,	3.2.1 Access to quality maternal and child health and nutrition services to vulnerable populations increased	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Policy support and sufficient resource commitment <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Raise awareness on improvement of quality maternal and child health and nutrition services <p><i>Bilateral and multi-lateral development partners:</i></p>	WHO UNICEF	3,920,000 2,500,000

equitably accessed		<ul style="list-style-type: none"> ○ Provide financial and technical assistance 		
	3.2.2 Access to quality basic education to vulnerable populations increased.	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Insure equity and human rights-based approach in the planning of service delivery ○ Allocate adequate resources to responsible ministries <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Raise awareness on availability of services ○ Advocate for adequate service coverage <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	<p>UNFPA 250,000</p> <p>WHO 100,000</p> <p>FAO 40,000</p> <p>UNICEF 5,000,000</p> <p>WFP 19,300,000</p>	
	3.2.3 Access to potable water and basic sanitation by vulnerable populations increased.	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Insure equitable access to basic sanitation through policy guidance and resource commitment <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Advocate for improvements of access to basic sanitation by vulnerable populations <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	<p>UNESCO 30,000</p> <p>WHO 100,000</p> <p>UNICEF 1,000,000</p>	
	3.2.4 Relevant stakeholders supported to mobilise vulnerable groups to access basic social services	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Strive to attain equitable and qualitative improvements in educational health, nutrition and water and sanitation services delivery <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Advocate for improvements of access to education by the poor and vulnerable, particularly OVC and the disabled <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	<p>UNFPA 2,500,000</p> <p>UNESCO 45,000</p> <p>WHO 200,000</p> <p>UNICEF 250,000</p>	
<p>Coordination Mechanisms and Programme Modalities: See Chapter 4 above on Implementation</p>				

4. Governance

National priority or goals:
Improving governance and strengthening institutions

UNDAF outcome:
Strengthened national capacities for the promotion and protection of rights

Joint Country Programme Outcome	Country programme Outputs	Role of Partners	Resource mobilization targets (US\$)	
			Agency	Commitment
4.1 Supportive policy and legal framework for improved governance in place	4.1.1 Implementation of Constitutional provisions and enactment of laws that promote Rights enhanced	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Strengthening of the judicial system ○ Develop an Implementation Plan for addressing all legal provisions relating to Governance. <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Advocate for speedy review of laws and implementation on Constitutional provisions. ○ Dialogue with government on strengthening civil society engagement with government in the field of Governance ○ Support government in providing decentralized services ○ Facilitate access to justice by vulnerable groups <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	UNDP UNFPA UNESCO ILO UNICEF	500,000 200,000 10,750 500,000 200,000
	4.1.3 Capacity for public sector management enhanced	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Development of a Capacity Building Programme, with an Action Plan, that focus on the Governance challenges faced by the country ○ Promote prudent fiscal management ○ Invest in improving human resource development in the field of Governance ○ Review conditions of service to enhance staff retention <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Advocate for public sector management services ○ Support government in providing decentralized services 	UNDP UNODC	300,000 50,000

		<p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 		
	<p>4.1.4 Parliament supported to perform its oversight function</p>	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Strengthen the capacities of oversight bodies for improved governance <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Advocate for autonomy of oversight bodies <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	<p>UNFPA UNODC ILO</p>	<p>150,000 150,000 250,000</p>
<p>4.2 Knowledge of rights by the people increased</p>	<p>4.2.1 Civil society advocacy on Human Rights issues, particularly those related to women and children’s rights strengthened</p>	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Establish a conducive policy and legal environment supportive of human rights protection <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Strengthen Civil Society capacity on civic education pertaining to human rights and liberties ○ Participate in monitoring the implementation of human rights commitments <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	<p>UNDP UNFPA ILO UNICEF</p>	<p>3,000,000 200,000 250,000 100,000</p>
<p>4.3 Gender equality enhanced</p>	<p>4.3.1 Support towards the enactment and implementation of gender equality laws and policies provided</p>	<p><i>Government of Swaziland:</i></p> <ul style="list-style-type: none"> ○ Ensure that policies and laws mainstream gender equality, including the protection of vulnerable groups, particularly women and children 	<p>UNDP UNFPA ILO</p>	<p>1,000,000 300,000 250,000</p>
	<p>4.3.2 Capacity strengthening for government departments and non state actors to increase the national response against Gender-based and other forms of violence supported.</p>	<ul style="list-style-type: none"> ○ Systematically report on the implementation of the commitments to gender equality. <p><i>Non State Actors:</i></p> <ul style="list-style-type: none"> ○ Facilitate the implementation of comprehensive response and access to care for survivors of GBV. <p><i>Bilateral and multi-lateral development partners:</i></p> <ul style="list-style-type: none"> ○ Provide financial and technical assistance 	<p>UNFPA ILO UNICEF</p>	<p>300,000 250,000 300,000</p>

4.4: Access to Justice for all improved	4.4.1 Capacities for the administration of justice delivery systems for all enhanced	<i>Government of Swaziland:</i> ○ Provide budgetary resources for improvement of the Justice System <i>Non State Actors:</i> ○ Advocate for 'Justice for All' <i>Bilateral and multi-lateral development partners:</i> ○ Provide financial and technical assistance	UNDP	500,000
	4.4.2 Procedures for case management, judicial training and legal aid services for the poor improved		UNFPA	200,000
			ILO	250,000
			ILO	250,000
			UNDP	300,000
Coordination Mechanisms and Programme Modalities:				
See Chapter 4 above on Implementation				

Annex 2: UNDAF Monitoring and Evaluation Framework

UNDAF Outcomes & Outputs	Indicator(s)	Means of verification	Baselines	Targets	Assumptions & Risks
Pillar 1: HIV and AIDS					
<i>Prevention</i>					
Outcome 1.1 Risky behaviour for prevention of HIV reduced					
1.1.1 Capacity of institutions and traditional structures to equip individuals with comprehensive knowledge and skills for positive social and behavioural change improved	<ol style="list-style-type: none"> 1. National age-specific comprehensive HIV prevention information package (toolkit) developed 2. # of institutions reached with the tool kit 3. # of institutions with personnel trained in the use of the toolkit 	<ol style="list-style-type: none"> (a) National HIV and AIDS Response Annual reports (b) Joint Annual Programme Review (JAPR) (c) JUNPS Progress Reports (d) Behavioural Change Survey 	There is no tool kit in place	<ol style="list-style-type: none"> (a) Availability of toolkit by 2011 (b) At least 90 percent of relevant institutions equipped with the toolkit by 2015 (c) At least 90 percent of the relevant institutions have one person trained in the use of the toolkit 	<p><i>Assumptions:</i></p> <ul style="list-style-type: none"> ○ Sufficient cooperation from institutions ○ Adequate resource to support interventions <p><i>Risks:</i></p> <ul style="list-style-type: none"> ○ Lack of political will to give support to the behavioural change initiatives. ○ Failure to develop a good tool kit ○ Insufficient financial and human resources
1.1.2 Capacity of government and non-governmental institutions to increase access to and utilization of comprehensive and integrated HIV prevention services	<ol style="list-style-type: none"> 1. # of schools, youth centres and communities supported to provide life skills activities on HIV prevention 2. Proportion of health facilities with personnel trained to deliver comprehensive HIV prevention services 	<ol style="list-style-type: none"> (a) MOH service reports, (b) National and sectoral M&E systems, (c) special survey, (d) JAPR (e) SDHS (f) Multi Indicator Cluster Survey (MICS) 	<ol style="list-style-type: none"> (a) 50.5 percent of all schools currently providing life skill education (2008) (b) 15 percent of all youth centres currently provide life skill education (c) Most health institutions are poorly equipped and supplied 	<ol style="list-style-type: none"> (a) 90 percent of schools provide life skills by 2015 (b) 50 percent of youth centres provide life skill education by 2015 (c) At least 90% of health facilities have personnel trained to deliver comprehensive HIV prevention 	

<p>strengthened</p>	<p>3. # of institutions supported with equipment and supplies</p> <p>4. # of HIV prevention policies, strategies, and guidelines developed, reviewed and disseminated</p>		<p>with the requirements for effective HIV prevention</p> <p>(d) There are weak HIV and AIDS prevention policies and guidelines</p>	<p>services</p> <p>(d) At least 50% of health institutions are supported with equipments and supplies for HIV prevention</p> <p>(e) All due HIV prevention related policies, strategies and guidelines developed/reviewed and disseminated by 2015</p>	
<p><i>Treatment, Care and Support</i></p>					
<p>Outcome 1.2 Access to comprehensive HIV treatment, care and support increased</p>					
<p>1.2.1 Capacity of the health sector for Comprehensive HIV treatment, care and support services strengthened</p>	<p>1. # of health facilities with trained health workers on provision of a comprehensive care package</p> <p>2. Proportion of health facilities with comprehensive care package guidelines</p> <p>3. # of facilities with capacity to provide nutritional support to HIV and/or TB patients</p>	<p>(a) Service Availability Mapping (SAM), Anti-retroviral Treatment (ART) programme reports</p> <p>(b) SAM, Mentoring and Supervision Reports</p> <p>(c) SAM, HIV Testing and Counselling (HTC) programme report</p> <p>(d) TB/HIV progress reports</p> <p>(e) WFP M&E report,</p> <p>(f) Health facility monthly reports</p> <p>(g) SAM /Routine</p> <p>(h) Laboratory reports</p>	<p>(a) 31 percent of health facilities with trained personnel on ART (2008)</p> <p>(b) No comprehensive care guidelines (2009)</p> <p>(c) 30 percent of patients benefiting from nutrition support in health facilities(2009)</p> <p>(d) No guidelines available for HIV integration into health services.</p> <p>(e) Limited facilities with capacity to provide nutritional support to TB and HIV patients baseline available</p>	<p>(a) 80 percent of health facilities have personnel trained in comprehensive care package by 2015</p> <p>(b) 100 percent of facilities with comprehensive care guidelines by 2015</p> <p>(c) 70 percent of facilities with capacity to provide nutritional support to TB and HIV patients by 2015</p>	<p><i>Assumptions:</i></p> <ul style="list-style-type: none"> ○ Availability of funds ○ Implementation capacity, funds and motivation in place at the Ministry of health ○ Availability of adequate and well motivated human resources in the health sector <p><i>Risks:</i></p> <p>Insufficient financial and human resources</p>

<p>1.2.2 Capacity for the reduction of stigma and discrimination in social services facilities and communities enhanced</p>	<p>1. Existence of the stigma and discrimination strategy and guidelines 2. # of health workers and chiefdoms trained on HIV related stigma and discrimination issues</p>	<p>(a) SDHS and other surveys</p>	<p>(a) No tools are in place for providing skills on management and reduction of stigma and discrimination (b) Limited competencies at health facility and chiefdom levels on addressing stigma issues</p>	<p>(a) Availability of stigma and discrimination strategy and guidelines by 2015 (b) All community leaders in 180 chiefdoms trained on management and reduction HIV related stigma and discrimination by 2015 (c) At least 90% of health facilities have workers trained on management and reduction HIV related stigma and discrimination by 2015 (c)</p>	<p><i>Assumptions:</i></p> <ul style="list-style-type: none"> ○ Sufficient resources allocated to impact mitigation <p><i>Risks:</i></p> <ul style="list-style-type: none"> ○ Insufficient financial and human resources
<p><i>Impact Mitigation</i> 1.3 Impact mitigation services for vulnerable children, PLHIV and the elderly scaled-up</p>					
<p>1.3.1 Institutional capacity for increased enrolment, progression and retention of vulnerable children strengthened</p>	<p>1. Proportion of schools implementing Schools as Centres of Care and Support</p>	<p>(a) UN Agencies annual reports (b) EMIS Annual Reports</p>	<p>(a) 51 percent primary and secondary schools are currently implementing Schools as Centres of Care and Support</p>	<p>(a) At least 90 percent of schools implementing Schools as Centres of Care and Support by 2015</p>	<p><i>Assumptions:</i></p> <ul style="list-style-type: none"> ○ Sufficient resources allocated to impact mitigation <p><i>Risks:</i></p> <ul style="list-style-type: none"> ○ Insufficient financial and human resources
<p>1.3.2 Social protection systems at national, regional and community levels to reduce impact of HIV/AIDS</p>	<p>1. # of institutions capacitated to provide social protection services to vulnerable groups, including children and PLHIV 2. # of community</p>	<p>(a) Surveys/ Evaluations (b) Health facility monthly reports</p>	<p>(a) Very weak social protection systems at all levels (b) 19,170 community caregivers trained in addressing the needs of PLHIV and vulnerable</p>	<p>(a) 40 institutions capacitated to provide social protection services (b) 40,000 (20,830 new and 19,170 refresher) ratio of NCPs and others capacitated with skills to</p>	<p><i>Assumptions:</i></p> <ul style="list-style-type: none"> ○ Sufficient resources allocated to impact mitigation <p><i>Risks:</i></p> <ul style="list-style-type: none"> ○ Insufficient financial and human resources

<p>on households strengthened</p>	<p>caregivers trained to provide quality support to PLHIV and other vulnerable groups</p>		<p>children</p>	<p>provide quality support to PLHIV and other vulnerable groups</p>	
<p>1.3.3 Capacity of key institutions at all levels to create an enabling environment to promote and protect the rights of vulnerable groups (PLHIV, women, children and elderly) strengthened</p>	<ol style="list-style-type: none"> 1. # of institutions capacitated to provide legal aid services 2. Status of adoption and implementation of key policies and laws affecting PLHIV and other vulnerable groups 	<ol style="list-style-type: none"> (a) Hansard (b) Stakeholders Annual Reports (c) UN Agencies Annual Reports 	<ol style="list-style-type: none"> (a) six institutions (2 very active and 4 less active) (b) Slow processes towards reviewing, adoption and implementation of policies and laws affecting PLHIV and other vulnerable groups 	<ol style="list-style-type: none"> (a) all six institutions (b) At least 50% of due policies and laws affecting PLHIV and other vulnerable groups advocated for review, adoption and implementation by 2015 	
<p>1.4 HIV and AIDS response effectively managed at all levels</p>					
<p>1.4.1 Planning and coordination of the multi-sectoral response to HIV and AIDS improved to include gender sensitive and human rights approaches</p>	<ol style="list-style-type: none"> 1. Existence of guidelines on coordination of the response 2. Level of functioning of national coordination and technical structures 3. Gender sensitive civil society and MOH plans which are aligned to the NSF and based on the human rights approach 	<ol style="list-style-type: none"> (a) JPR reports (b) NERCHA annual report (c) CANGO annual report (d) Sector reports 	<ol style="list-style-type: none"> (a) Weak capacity at national and regional levels to coordinate the national response (b) No directory of Civil Society organisations in the HIV and AIDS field (c) No clear alignment of civil society and MOH plans 	<ol style="list-style-type: none"> (a) All the required guidelines on coordination of the HIV and AIDS national response developed by 2015 (b) All HIV coordination structures in the four region fully functional by 2015 (d) Civil society and MOH plans are gender sensitive, aligned to the NSF and based on the human rights approach by 2015 	<p><i>Assumptions:</i> Resources and efforts from development partners available and NERCHA able to provide leadership in this area</p> <p><i>Risks:</i> Insufficient political will</p>



<p>1.4.2 HIV and AIDS M&E system strengthened</p>	<p>1. Functionality of the National HIV M&E database 2. # of trained M & E officers 3. Availability and dissemination of Information products (Behavioural Surveillance Survey (BSS), Quality of Impact Mitigation Services (QIMS), SDHS, (National AIDS Spending Assessment (NASA), Multiple Indicator Cluster Survey (MICS), (United Nations General Assembly Special Session (UNGASS), MDG, sero surveillance, (Vulnerability Assessment Committee (VAC) Report, Modes of Transmission (MOT)</p>	<p>(a) JPR (b) NERCHA reports (c) M& E report (d) UNGASS and MDG report (e) JPR (f) Health sector programme reports</p>	<p>(a) Fragmented HIV and AIDS M&E System at the national level (b) Weak National HIV M&E database (c) Weak capacity for dissemination of Information on HIV and AIDS (d) 176 trained officers (NERCHA)</p>	<p>(a) One integrated M&E system by 2015 (b) Strengthened national HIV M&E database in place by 2015 (c) 300 trained M & E officers (176 refresher and 124 new) in the area of HIV and AIDS by 2015</p>	<p><i>Assumptions:</i> (a) Strengthened Central Statistics Office (b) Enhanced SwaziInfo <i>Risks:</i> Insufficient financial and human resources</p>
<p>1.4.3 Strengthened national, regional and community capacities to mobilise and utilisation financial resources for HIV and AIDS interventions</p>	<p>1. # of the people trained in resource mobilisation and management</p>	<p>(a) NASA (b) UN Agencies reports (c) Partner reports</p>	<p>(a) Weak capacity in resource mobilisation and management</p>	<p>(a) 50 NGOs trained in resource mobilization and management by 2015</p>	<p><i>Assumptions:</i> Capacity to mobilise resource <i>Risks:</i> Insufficient capacity to mobilise, plan and utilise resources</p>



Pillar 2: Poverty and Sustainable Livelihoods

Outcome 2.1 The poor's access to productive resources increased

<p>2.1.1 Mechanisms for the formulation, implementation and coordination of policies that ensure the poor's access to and effective use of productive resources developed</p>	<ol style="list-style-type: none"> 1. # of pro-poor policies designed in a participatory and inclusive manner 2. Number of sectors that have adopted a SWAPs approach 3. Existence of coordinating and monitoring frameworks and tools 4. Existence of National of an operational M&E System 	<ol style="list-style-type: none"> (a) National Surveys and Evaluations (b) UN Agency reports 	<ol style="list-style-type: none"> (a) Pro-poor policies are not designed in a participatory manner (b) SWAPs approach not operational (c) Absence of effective coordinating and monitoring frameworks and tools (d) No national M&E system in place 	<ol style="list-style-type: none"> (a) Proportion of all pro-poor policies formulated through a participatory and inclusive manner (b) SWAPs operational by end of 2015 in 10 sectors (c) Effective coordinating and monitoring frameworks and tools in place by 2014 (d) National M&E system in place and functional by 2013 	<p><i>Assumptions:</i> Sufficient political commitment to decentralisation <i>Risks:</i> Insufficient political will to decentralise; to effectively coordinate policies; and to mainstream environmental issues in poverty reduction interventions</p>
<p>2.1.2 Government capacity to establish decentralised structures for disaster management improved</p>	<ol style="list-style-type: none"> 1. National disaster management structures devolved to all four regions 2. # of National Disaster Management Agency (NDMA) staff with skills in disaster risk reduction 3. # of policies and plans formulated and operational for effective disaster risk reduction 4. Availability of management tools and procedures for disaster risk management 	<ol style="list-style-type: none"> (a) NDMA Annual Reports (b) UN Agency reports (c) Deputy Prime Minister's Annual Reports 	<ol style="list-style-type: none"> (a) Disaster Management Agency in place but centralised and under-resourced, (b) NDMA has only one staff member (c) Disaster Management Act is in place but not fully implemented (d) Absence of effective management tools and procedures for disaster risk management 	<ol style="list-style-type: none"> (a) 100% of regions with Disaster Management representatives by 2015 (b) At least fifteen (identified departments) key NDMA staff recruited and trained in disaster risk reduction by 2015 (c) Disaster Management Act, Policy and National Action Plan operationalised by 2015 (d) Management tools and procedures for 	

				disaster management in place by 2013	
<p>2.1.3 Capacity of key stakeholders for the mainstreaming of gender and environment issues into poverty reduction improved</p>	<ol style="list-style-type: none"> 1. Status of Gender Policy 2. # of stakeholders equipped with skills and tools on gender auditing and gender-based budgeting) 3. Gender mainstreaming(tools developed and disseminated 4. # of stakeholders equipped with skills and tools to mainstream gender and environment into poverty reduction 	<ol style="list-style-type: none"> (a) National Survey and Evaluations (b) UN Agency reports (c) Swaziland Environment Authority reports (d) International reports on gender and the environment 	<ol style="list-style-type: none"> (a) Gender policy not in place (b) No gender audit/No gender-based budgeting (c) All senior Government officials trained in environment impact assessment;sixty development committee members trained at inkundla level equipped on gender and environment mainstreaming 	<ol style="list-style-type: none"> (a) The Gender Policy approved by 2012 (b) Gender audit undertaken by 2013/gender based budgeting in place (c) Gender mainstreaming tools developed by 2010 (d) All relevant stakeholders equipped with skills and tools by 2015 to better mainstream gender and environment into poverty reduction 	
<p>2.1.4 Evidence-based policy formulation enhanced through effective and timely collection, processing, analysis and dissemination of disaggregated poverty and gender-related data</p>	<ol style="list-style-type: none"> 1. Availability of up-to-date poverty and gender disaggregated data to inform policy formulation by 2012 2. Existence of up to date Statistics Act and Strategy by 2012 3. # of policies formulated on the basis of current and relevant data 	<ol style="list-style-type: none"> (a) National M&E system (b) SwaziInfo (c) Central statistics Office poverty and gender related database (d) DHS (e) SHIES 	<ol style="list-style-type: none"> (a) Weak Central Statistics Office (CSO) as data is scanty, outdated and fragmented - SHIES (2001) in place (b) Outdated Statistics Act (1967)and strategy under development (c) Limited evidence of current data use in formulation of policies e.g. poverty references are based on SHIES (2001) 	<ol style="list-style-type: none"> (a) Strengthen CSO poverty and gender-related data collection, processing, analysis and dissemination and feedback into policy formulation by 2015 (b) Review of Statistics Act and implementation of strategy by 2015 (c) Research initiatives that enhance evidence-based policy formulation increased significantly by 2015 	<p><i>Assumptions:</i> Sufficient commitment by Government to strengthening central statistics office</p> <p>Evidence based policies will result in better programming</p> <p><i>Risks:</i> Insufficient financial and human resources</p>
<p>Outcome 2.2 Effective social protection systems that secure the livelihoods of vulnerable communities in place</p>					



<p>2.2.1 Increased capacity of the Government to establish mechanisms that support income generation at household and/or community level supported</p>	<ol style="list-style-type: none"> 1. Income generation policies developed 2. # of formal mechanisms that target beneficiaries of credit and micro-finance facilities (particularly women and vulnerable households) 3. # of informal income generating schemes at community level sensitised on income generating mechanisms 	<ol style="list-style-type: none"> (a) Surveys/ Evaluations (b) Ministry of Agriculture reports (c) UN Agencies reports (d) Central Bank Annual reports (e) Micro financing institutions reports (f) Ministry of Finance annual reports 	<ol style="list-style-type: none"> (a) Absence of income generation policies (b) Limited micro financing services (c) Very few informal income generating schemes at community level (d) Women not empowered to borrow (e) Limited skills among extension workers regarding marketing and agric business message transmission (f) Weak regulatory and legislative regime for micro financing 	<ol style="list-style-type: none"> (a) Provide at least two technical assistance to support the development of micro finance mechanisms by 2012 (b) At least one micro finance at each region by 2015 (c) At least one informal income generating scheme at inkundla level 	<p><i>Assumptions:</i></p> <ol style="list-style-type: none"> (d) Availability of adequate financial and human resources (e) Adequate market linkages for farmers <p><i>Risks:</i></p> <ul style="list-style-type: none"> ○ Adverse weather conditions may disadvantage small scale farmers
<p>2.2.2 Capacity of Government departments to deliver quality services enhanced</p>	<ol style="list-style-type: none"> 1. # of training facilities rehabilitated 2. # of extension workers with skills to deliver improved agriculture services 	<ol style="list-style-type: none"> (a) Ministry of Agriculture performance reports (b) Parliamentary reports 	<ol style="list-style-type: none"> (a) There are six training facilities which are dilapidated (b) Weak extension department 	<ol style="list-style-type: none"> (a) Six training facilities rehabilitated by 2015 (b) Training of 250 extension workers trained by 2015 	<p><i>Assumptions:</i></p> <p>Political will to improve government services delivery systems</p> <p><i>Risks:</i></p> <p>Limited resources</p>
<p>2.2.3 Knowledge on the impact of environmental degradation on livelihoods of the poor improved</p>	<ol style="list-style-type: none"> 1. Swaziland Environment Authority and other key institutions with capacity to facilitate inclusive and participatory environment assessments 2. Simplified messages on the impact of environmental degradation and climate 	<ol style="list-style-type: none"> (a) Surveys/ Evaluations (b) Swaziland Environmental Authority annual reports 	<ol style="list-style-type: none"> (a) Limited knowledge dissemination with SEA and other institutions and participation of vulnerable groups in impact assessments (b) Messages on the impact of environmental degradation and climate change 	<ol style="list-style-type: none"> (a) Swaziland Environmental Authority able to use inclusive and participatory environmental assessment by 2015 (b) Technical Assistance provided to develop capacity of SEA and key institutions for the design and 	<p><i>Assumptions:</i></p> <ul style="list-style-type: none"> ○ Willingness on the part of the community to learn about environmental degradation and climate change <p><i>Risks:</i></p> <ul style="list-style-type: none"> ○ Insufficient financial and human resources

	<p>change on the poor's livelihoods developed and disseminated at all levels.</p> <p>3. Proportion of the population with adequate knowledge on the link between environmental degradation and their livelihood</p>		<p>complex and centralised</p> <p>(c) Knowledge of environment impact does not translate into sustainable livelihood practices</p>	<p>dissemination of simplified messages</p> <p>(c) 50 percent of population has knowledge on environmental impact on their livelihoods by 2015</p>	<p>○ Insufficient cooperation from communities</p>
<p>2.2.4 Climate change and adaptation strategy developed and operationalized</p>	<p>1. Existence of National Climate Change Adaptation policies, strategies and action plans</p> <p>2. Number of advocacy initiatives on climate change issues to facilitate adoption of adaptation strategies</p>	<p>(a) Ministry of Tourism and Environment Performance reports (MET department)</p>	<p>(a) No climate change related policies, strategies and action plans</p> <p>(b) No advocacy campaigns held so far.</p>	<p>(a) Technical assistance to develop and support the operationalisation of the National Adaptation Strategy provided by 2012</p> <p>(b) At least four advocacy initiatives in all regions provided by 2013</p>	<p><i>Assumptions:</i> Willingness of Government and key stakeholders to endorse and implement policies and strategies.</p> <p><i>Risks:</i> Lack of appreciation of the impact of climate change on livelihoods</p>
<p>2.2.5 Capacity of Government to design a comprehensive national social protection framework supported</p>	<p>1. Existence of National social protection framework</p> <p>2. # of Staff of relevant Government agencies and key stakeholders trained on social protection issues</p>	<p>(a) Performance reports of Deputy Prime Minister's Office</p> <p>(b) UN Agency reports</p>	<p>(a) No social protection framework</p> <p>(b) 10 social welfare officers have been recruited</p>	<p>(a) Technical Assistance provided for the development of social protection framework by 2015</p> <p>(b) 90% officials from relevant Government agencies and key stakeholders trained on social protection issues by 2015</p>	<p><i>Assumptions:</i></p> <p>○ Adequate financial and human resources</p> <p><i>Risks:</i></p> <p>○ Integration of all social protection initiatives might take time</p>

Outcome 2.3 Capacity of government and partners to address hunger and food insecurity among vulnerable groups is strengthened

<p>2.3.1 Capacities of government to formulate, coordinate, align, and implement food and nutrition programmes enhanced.</p>	<p>1. # of food and nutrition programmes formulated and integrated into national development plans</p>	<p>a. National Sector budgets and Rolling Plans</p>	<p>a. Lack of national programmes that address food and nutrition security</p>	<p>a. By 2015 food and nutrition programmes integrated into national development plans</p>	<p><i>Risks</i> Inadequate staffing or staff turnover</p> <p><i>Assumptions:</i> National commitment to prioritizing food and nutrition security</p>
<p>2.3.2 Smallholder farmers' access to appropriate technology and skills enhanced for improved food security and nutrition</p>	<p>3. %/ # smallholder farmers participating in technology/ skills transfer schemes 4. % change in production of crops both by hectare and tonnage by type of crop 5. % Households with one or more off-farm income generating activities</p>	<p>a. MoAC b. Surveys c. Malkerns Research station d. UNISWA/ Dept of Agriculture</p>	<p>a. 70 percent of the rural households practice agriculture with maize being predominant crop</p>	<p>a. By 2015, at least 50 percent of smallholder farmers are practicing diversified cropping b. By 2015, Proportion of rural households with poor food consumption score reduced from.13 to 3%</p>	<p><i>Assumptions:</i> o Willingness by farmers to take up new ideas and adapt to climate change</p> <p><i>Risks:</i> Rapid climate change may affect performance of farmers</p>

<p>2.3.3 Access to food and livelihood options for vulnerable groups are enhanced through food/ cash for work schemes</p>	<p>– 1. %/# of vulnerable households assisted through food/ cash for work schemes</p>	<p>a. National Surveys/ Evaluations b. Swazi VAC c. Community and Household Surveillance Reports</p>	<p>a. 20 percent households are food insecure and rely on free food assistance b. Lack of sustainable means for households to access food e.g. households continuously relying on free food aid</p>	<p>a. By 2015 all vulnerable households with able-bodied members assessed to be in need of food assistance participate in food/ cash for work schemes that contribute to enhanced food security</p>	<p><i>Assumptions:</i> Vulnerable households are willing to participate in livelihood activities Partners are supportive of food/ cash for work schemes <i>Risks:</i> Not enough donor resources available for food/ cash for work schemes</p>
<p>2.3.4 Capacity of NDMA for emergency preparedness and response to acute food and nutrition insecurity is strengthened</p>	<p>6. Swazi VAC has the capacity to provide timely information for rapid response 7. A national emergency package is available for appropriate and rapid response</p>	<p>a. Annual VAC b. Rapid Assessment Reports</p>	<p>a. Swazi VAC secretariat not yet established b. Food and Nutrition Security Monitoring systems not yet fully incorporated into govt monitoring systems</p>	<p>a. By 2015 Swazi VAC is fully established in NDMA with requisite staffing and govt. budgetary support b. By 2015 food and nutrition security monitoring incorporated into govt monitoring systems</p>	<p><i>Assumptions:</i> Political commitment exists <i>Risks:</i> Inadequate financial and human resources</p>
<p>Pillar 3: Human Development and Basic Social Services</p>					
<p>Outcome 3.1 1 Effective and efficient social services delivery (particularly in health, education, water, and sanitation) in place</p>					
<p>3.1.1 Capacity of Government departments to</p>	<p>1. Percentage of key Government policy-making personnel trained in evidence-based policy</p>	<p>(a) UN Agency reports (b) Annual Joint Reviews</p>	<p>(a) Limited personnel trained in evidence-based approaches</p>	<p>(a) At least 80 percent of relevant staff trained by 2015</p>	



<p>formulate and implement evidence based policies for health, education and water and sanitation enhanced</p>	<p>formulation</p>				<p><i>Assumptions:</i></p> <ul style="list-style-type: none"> ○ Availability of adequate financial support <p><i>Risks:</i></p> <ul style="list-style-type: none"> ○ Lack of political will to interact with non-state actors
<p>3.1.2 Capacity of marginalized populations strengthened to contribute policy formulation, implementation and evaluation</p>	<p>1.# of policies that have received significant input from marginalised populations during their development</p>	<p>(a) Surveys (b) Reports from relevant ministries</p>	<p>(a)Limited involvement of marginalised populations</p>	<p>(a)100 percent of policies have inputs from marginalised groups by 2015</p>	
<p>3.1.3 Management and Information Systems capacity of health, education and water service institutions strengthened</p>	<p>1. # of service delivery institutions meeting minimum management and MIS requirements 2. Percentage of service delivery institutions that received capacity strengthening for provision of quality basic social services</p>	<p>(a) Government reports (b) UN Agencies reports (c) Joint Annual Reviews</p>	<p>(a) Limited number of service delivery institutions that have achieved the minimum standards (b) At least 50 percent of schools offer SCCS package and 60 percent of health care facilities</p>	<p>(a) At least 50 percent of basic social service delivery institutions meet the required minimum standards (b) At least 90 percent of schools and health facilities supported</p>	<p><i>Assumptions:</i></p> <ul style="list-style-type: none"> ○ Adequate financial resources ○ Political will ○ Availability of effective non-state actors advocating for equity in services provision <p><i>Risks:</i></p>
<p>3.1.4 Quality assurance and compliance framework in health, education, water and sanitation sectors developed</p>	<p>1. Existence of a framework for the the National Drugs Regulatory Authority; 2. Existence of a framework for the establishment of a National Qualifications Authority; 3. Number of national</p>	<p>(a) Reports of relevant government ministries (b) UN Agencies reports</p>	<p>(a) Quality assurance for vocational training is being developed (b) No Drug Regulatory Authority (c) Assessments currently done (d) Four institutions supported in establishment of</p>	<p>(a) Technical assistance provided for the development of the National Drugs Regulatory framework (b) Technical assistance provided for the development of the National Qualifications Authority</p>	<ul style="list-style-type: none"> ○ Lack of adequate resources ○ Lack of political will



	<p>quality assurance assessments supported;</p> <p>4. % of targeted health and educational facilities supported in the establishment of quality improvement systems;</p>		<p>Quality Improvement systems</p>	<p>(c) Technical assistance provided for at least 6 national Quality Assessments in Health and Education by 2015;</p> <p>(d) At least 50% of health and educational institutions supported in establishment of QI systems by 2015</p>	
<p>3.1.5 Capacity of the health sector to respond to increasing burden of communicable and non-communicable diseases strengthened</p>	<p>1. Number of policy, strategy or guidelines for Communicable Diseases developed or reviewed;</p> <p>2. Number of policy, strategy or guidelines for NCD developed or reviewed;</p> <p>3. # key programme staff trained in disease control programme management and supervision;</p> <p>4. Number of National Disease Control Programmes external Review or evaluation supported;</p> <p>5. # service delivery delivery sites provided with equipment etc</p>	<p>(a) Ministry of Health reports</p> <p>(b) HMIS reports</p> <p>(c) UN Agencies reports</p> <p>(d) Annual Joint Review report</p> <p>(e) Disease Control Programme Reports</p>	<p>(a) Guidelines for HIV, TB and Malaria developed</p> <p>(b) No National TB Infection Control Policy</p> <p>(c) No national guidelines form management of Non-Communicable diseases</p> <p>(d) Only a limited number of TB and Malaria Programmes staff trained in Programme Management and Supervision</p> <p>(e) No Comprehensive External Programme Review Conducted.</p>	<p>(a) Guidelines for HIV/TB collaborative activities and MDR-TB reviewed by 2013;</p> <p>(b) National TB and Infection Control Policy developed by 2013;</p> <p>(c) National Guidelines for Management of Non-Communicable Diseases developed by 2012;</p> <p>(d) At least 90% of all relevant Disease Control Programme Staff trained on Programme Management and Supervision by 2015;</p> <p>(e) At least 3 Comprehensive External Programme Evaluations Supported by 2015</p>	
<p>3.1.6 Epidemic</p>	<p>(a) Availability of emergency preparedness</p>	<p>(a) Ministry of Health</p> <p>(b) HMIS reports</p>	<p>(a) No emergency preparedness and</p>	<p>(a) Emergency preparedness and</p>	

<p>preparedness and response capacity of the Health sector strengthened</p>	<p>and response guidelines (b) Proportion of health professionals trained in epidemic preparedness and response (c) Proportion of epidemic episodes that receives timely technical assistance and logistical support from the UN.</p>	<p>(c) UN Agencies reports</p>	<p>response guidelines (b) Plans and guidelines for implementation of the International Health Regulations (IHR) not established; (c) Inadequate health professionals trained in epidemic preparedness and response (d) 100 percent of epidemic episodes receiving currently being supported</p>	<p>response guidelines prepared by 2011 (b) Technical assistance provided for establishment of structures and plans for implementation of IHR by 2013 (c) 80 percent of relevant health personnel trained in epidemic preparedness and response by 2015 (d) TA supported in 100 percent of epidemic episodes throughout the UNDAF period.</p>	
<p>Outcome 3.2 Basic social services to vulnerable groups, including women and children, equitably accessed</p>					
<p>3.2.1 Access to quality maternal and child health and nutrition services to vulnerable populations increased</p>	<p>1. % deliveries among vulnerable populations conducted by skilled attendants; 2. Proportion of infants in rural areas that have received full course of immunization. 3. # or % of MCH service delivery sites supported with essential health and nutrition equipment, commodities and supplies; 4. # or % of relevant health professionals trained in maternal and child health and nutrition services;</p>	<p>(a) Ministry of Health reports (b) HMIS Reports (c) UN Agencies reports (d) Annual Joint Review report; (e) Swaziland DHS (f) MICS (g) Service Availability Mapping (SAM)</p>	<p>(a) MCH service delivery sites supported with essential health and nutrition equipment and supplies (b) MCH community-based service delivery structure supported in 15 constituencies (c) Relevant Health professionals trained in maternal and child health and nutrition services</p>	<p>(a) 43 MCH service delivery sites supported with essential health and nutrition equipment and supplies (b) MCH community-based service delivery structure supported in 55 constituencies (c) 215 (5 per facility) relevant Health professionals trained in maternal and child health and nutrition services;</p>	



	5. # of guidelines and strategy documents developed or reviewed;				
3.2.2 Access to quality basic education to vulnerable populations increased	1. Number or % of schools supported with essential tools to provide quality basic education to vulnerable populations; 2. Number or % of schools that received capacity building for teaching staff on lifeskills training	(a) Ministry of Education Progress reports (b) U.N agencies Annual Reports	(a) 100 schools have Schools as Centres of Care and Support (b) 583 schools have received training on lifeskills	(a) At least 80 percent of relevant service delivery institutions supported by 2015 (b) At least 80% of schools capacitated by 2015;	<i>Assumptions:</i> ○ Adequate financial resources ○ Political will <i>Risks:</i> ○ Lack of political will
3.2.3 Access to potable water and basic sanitation by vulnerable populations increased	1. % of targeted rural populations provided with potable water. 2. % of targeted rural populations supported with basic sanitation interventions schemes;	(a) Ministry of Natural resources and Energy reports (b) MOH reports (c) UN Agencies reports (d) Annual Joint Review report	(a) 56% of rural population using an improved source of water (b) 10% schools in rural areas supported with sanitation scheme	(a) 65% of targeted rural population using an improved source of water (b) 50% schools in rural areas supported with sanitation	
3.2.4 Relevant stakeholders supported to mobilise vulnerable groups to access basic social services	1. # of stakeholders supported to conduct social mobilization campaigns 2.# of communication and social mobilisation campaign conducted	(a) UN Agencies reports (b) Joint annual reviews Stakeholder reports	(a) 8 of stakeholders currently supported (b) 6 campaigns currently undertaken annually	(a) 15 stakeholders supported by 2012 (b) 10 social mobilisation and communication campaigns undertaken annually	

Pillar 4: Governance

Outcome 4.1 Supportive policy and legal framework for improved governance in place

4.1.1	1. # of pieces of legislation	(a) Parliament reports	(a) 3 Bills were gazetted	(a) At least two new Bills	<i>Assumptions:</i>
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<p>Implementation of Constitutional provisions and enactment of laws that promote Rights enhanced</p>	<p>operationalising key provisions of the Constitution supported by the UN System</p> <p>2. # of capacity building initiatives conducted for the Attorney General's Office in lawmaking.</p>	<p>(b) National reports</p> <p>(c) UNHCHR reports</p> <p>(d) Ministry of Justice reports</p>	<p>and 4 Acts reviewed in 2008</p> <p>(b) Weak capacity of the Attorney General's Office - 2009</p> <p>(c) Limited stakeholder engagement in the processes leading to the domestication of global and regional instruments - 2009</p>	<p>supported by 2012</p> <p>(b) Support capacity building initiatives under the Attorney General's Office throughout the UNDAF period</p>	<ul style="list-style-type: none"> ○ Strong political will to implement all the provisions of the new Constitutions, particularly those pertaining to fundamental rights <p><i>Risks:</i></p> <ul style="list-style-type: none"> ○ Lack of political will ○ Lack of capacity
<p>4.1.2 Capacity of Government to adhere to global and regional reporting requirements on Conventions and Treaties enhanced</p>	<p>1. # Of stakeholder engagement in support of domestication of global and regional instruments. (CRC,CEDAW and UNFCC)</p> <p>2. # of Government Ministries and Civil Society organizations trained on state party reporting</p> <p>3. # of signed international Human Rights # of State Party reports on implementation of human rights instruments supported</p>	<p>(a) Parliament reports</p> <p>(b) National reports</p> <p>(c) UNHCHR reports</p> <p>(d) Ministry of Justice and Deputy Prime Minister's Office reports</p>	<p>(a) Seven key human rights instruments are currently awaiting ratification - 2009</p> <p>(b) One domesticating Act has been enacted and four are pending - 2009</p> <p>(c) Last CRC report submitted in 2006</p>	<p>(a) At least 2 human rights instruments ratified by 2015</p> <p>(b) At least Two State Party reports to treaty bodies submitted by 2015</p> <p>(c) Implementation of two Conventions /treaties per year supported throughout the UNDAF period.</p>	
<p>4.1.3 Capacity for public sector management enhanced</p>	<p>1. # of Government officers trained in integrity and public accountability systems</p> <p>2. # of technical staff of the Anti Corruption Commission (ACC) trained and/or equipped</p>	<p>(a) ACC Annual reports</p> <p>(b) Programme reports</p> <p>(c) Training reports</p> <p>(d) CSO reports</p> <p>(e) Periodic Country reports</p> <p>(f) Technical assessments on</p>	<p>(a) no corruption cases prosecuted thus far- 2009</p> <p>(b) There are no civil servants with integrity training – 2009</p> <p>(c) No Anti Corruption awareness campaign</p>	<p>(a) At least two cases successfully prosecuted annually by 2015</p> <p>(b) 100 civil servants trained annually in integrity issues during the UNDAF period</p> <p>(c) Two anti-corruption</p>	<p><i>Assumptions:</i></p> <ul style="list-style-type: none"> ○ Political will to improve Public Service performance ○ Existence of a pro-change Parliament ○ Existence of strong



	<p>in investigations, preventive measures and prosecution of corruption cases</p> <p>3. # of public education and awareness-raising campaigns on anti-corruption</p>	<p>integrity and capacity</p> <p>(g) ACC Annual reports (h) Programme reports (i) Training reports (j) CSO reports (k) Periodic Country reports (l) Technical assessments on integrity and capacity</p>	<p>conducted - 2009</p> <p>(d) Public Finance Management Act that defines economic crime enacted- 2009</p>	<p>campaigns undertaken annually between 2011 -2015</p>	<p>lobby from Civil Society calling for accountable and transparent public service</p> <p><i>Risks:</i></p> <ul style="list-style-type: none"> ○ Lack of political will
<p>4.1.4 Parliament supported to perform its oversight function</p>	<p>1. Existence of a Strategic Framework to guide the work of Parliament in place# of MPs and staff trained in drafting and piloting of Bills</p> <p>2. Internship Research Assistants Programme for Parliament in place</p> <p>3. # Of Members of Parliament understanding the Parliament Committee systems their role in each Committee.</p>	<p>(a) Annual Reports of Parliament (b) UN Agencies reports (c) Monitoring reports (d) Training Reports</p>	<p>(a) No Strategic Framework in existence - - 2009 (b) No MPs have legislative training (c) No staff or reliable ICT support for research for Parliament - 2009 (d) Limited understanding by MPs on their role in Parliament Committee</p>	<p>(a) Strategic Plan of Parliament in place by 2012 (b) All 95- MPs and Senators and staff trained in legislative matters by end of 2013 (c) Internship Research Assistants Programme operational and Twenty interns recruited each year between 2011-2015 (d) ICT support centre in place by end 2011</p>	
<p>Outcome 4.2 Knowledge of rights by the people increased</p>					
<p>4.2.1 Civil society advocacy on Human Rights issues, particularly those related to women and children's rights strengthened</p>	<p>1. # of Civil Societies with technical capacity to advocate, monitor and report on human rights</p> <p>2. # Of HRPAC staff with skills and tools to monitor and report on implementation of human rights.</p>	<p>(a) CSO reports (b) Programme reports (c) Media reports (d) Annual report of the HRPAC (e) UN agency annual reports</p>	<p>(a) Weak advocacy, monitoring and reporting on human rights by non-state actors - 2009 (b) HRPAC not operational and no staff recruited - 2009 (c) Advisory committee</p>	<p>(a) At least five NGOs supported by 2015 (b) HRPAC fully operational by end 2011 (c) All members trained in human rights and advocacy skills</p>	<p><i>Assumptions:</i></p> <ul style="list-style-type: none"> ○ Improved capacity of Civil Society organisations to advocate effectively on human rights issues <p><i>Risks:</i></p>



	<p>3. Civil Society Advisory committee equipped with skills and knowledge to address issues of human rights</p>		<p>established in 2009</p>		<ul style="list-style-type: none"> ○ Weak capacity of human rights groups in civil society
<p>Outcome 4.3 Gender equality enhanced</p>					
<p>4.3.1 Support towards the enactment and implementation of gender equality laws and policies provided</p>	<ol style="list-style-type: none"> 1. # of new and revised laws that promote and protect women's and children's rights 2. # of Civil Society groups with capacity to advocate for and monitor the implementation of gender policies 3. # of civic education and sensitization campaigns on elections conducted for women to attain the 30% threshold mandated by Constitution. 4. # of women standing for elections at Tinkundla and <i>Bucopho</i> levels 5. # of institutions supported to provide comprehensive support to survivors of gender based violence 	<ol style="list-style-type: none"> (a) Gender unit reports (b) CSO reports (c) Media reports (d) Election monitoring reports (e) Programme reports (f) UNIFEM reports (g) CEDAW (h) Court reports 	<ol style="list-style-type: none"> (a) Gender policy not approved (b) Draft CEDAW Report in place - 2008 (c) Human Trafficking and People Smuggling Act has been enacted - 2009 (d) Sexual Offences and Domestic Violence Bill has been gazetted - 2009 (e) Children's Protection and Welfare Bill is already in Cabinet - 2009 (f) Three gender-related Acts are currently under review - 2009 (g) Only seven women elected to Parliament out of 55 members in 2008 elections – 2008 (h) Only 57 women out of 334 <i>Bucophos</i> elected in 2008 	<ol style="list-style-type: none"> (a) Comprehensive Report on the State of Women in Swaziland produced annually between 2011-2015 (b) Amendment of Administration of Estates Act, Marriage Act, Deeds Registry Act and Banking Law reviewed done by 2014 (c) Enactment of the pending Bills by 2015 (d) At least five Civil Society groups empowered to advocate for and monitor implementation of gender-sensitive and child-friendly policies (e) At least a 100% increase in women elected to Parliament in 2013 	<p><i>Assumptions:</i></p> <ul style="list-style-type: none"> ○ Receptive political environment for gender advocacy ○ Presence of capacity ○ Willingness of civil society to participate fully in elections <p><i>Risks:</i></p> <ul style="list-style-type: none"> ○ Risks inherent in the No-Party <i>Tinkundla</i> system of elections ○ Voter apathy ○ Willingness of civil society to participate fully in elections ○ Weak civil society advocacy in gender issues ○ Unsupportive cultural belief system

Outcome 4.4: Access to Justice for all improved					
<p>4.4.1 Capacities for the administration of justice delivery systems for all enhanced</p>	<p>1.# of law enforcement and judicial officers trained in human rights and administration of justice. 3. # of vulnerable groups accessing legal services 4. # of non state actors supporting vulnerable groups to access justice</p>	<p>(a) Law reports (b) Ministry of Justice reports (c) High court reports (d) UN Agencies reports (e) Capacity assessment reports</p>	<p>(a).Limited capacity of law enforcement and judicial officials to deliver justice - 2009</p>	<p>(a) Three Training modules for law enforcement officers developed and implemented by 2012 (b) At least 80 percent of law enforcement and judicial officers trained in human rights and justice administration by 2012 (c)</p>	<p><i>Assumptions:</i> ○ Receptive political environment for gender advocacy <i>Risks:</i> None</p>
<p>4.4.2 Procedures for case management, judicial training and legal aid services for the poor improved</p>	<p>1. Existence of database system to support case flow management 2. # of National Court Presidents and Judiciary staff trained 3. Draft framework policy on legal aid services for the poor 4. Law to enable non-practicing attorneys to represent poor and vulnerable clients in court.</p>	<p>(a) Law reports (b) Ministry of Justice reports (c) High court reports (d) UN Agencies reports (e) Capacity assessment reports</p>	<p>(a) No ICT system in place to support case flow management (b) Few law enforcement and judicial officers trained in human rights and justice administration (c) No Training modules for management of cases and courts data bases (d) No legal aid services</p>	<p>(a) Data base system to support case flow in place by 2013. (b) All national court presidents and judiciary staff trained in case management by 2015 (c) Draft framework policy on legal aid services finalised for adoption by end 2011 (d)</p>	



Annex 3: Monitoring and Evaluation (M&E) Calendar

	Year																								
	2010				2011				2012				2013				2014				2015				
Quarter	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
I. Monitoring Activities																									
1. Continuous activities monitoring (with quarterly Progress Reports to UNCT)																									
2. Meeting of Thematic Working Groups (Monthly)																									
3. Meetings of the M&E Sub-Committees for each UNDAF Pillar (Quarterly: March, June, September, December)																									
4. Meetings of the Monitoring and Evaluation Committee (Quarterly: March, June, September, December)																									
II. Evaluations																									
5. Joint Annual Progress Reports of UNDAF Pillars – November																									
6. Mid-Term Evaluation of the Swazi UNDAF (external)																									
7. End-of-Cycle Evaluation of UNDAF (external)																									
III. Reviews																									
8. Joint Annual Reviews of UNDAF (all UN Agencies and main stakeholders) – November																									
9. Meetings of Joint Programme Management and Coordination Team to review progress (Quarterly: March, June, September, December)																									
10. Review meeting of Thematic Working Groups (Annually: September year)																									
IV. Planning Processes																									
11. Annual Work Plans and Budgets (AWPBs) - approved at end of year for the following year																									
12. Formation of Thematic Working Groups (for each UNDAF Pillar)																									
13. Formation of UNDAF Monitoring and Evaluation Committee (UMEC)																									
14. Formation of M&E Sub-Committees for each UNDAF Pillar (answerable to UMEC)																									
15. Preparation and approval of ToR for Mid-term Evaluation (MTR) of UNDAF																									
16. Appointment of external consultant(s) for the MTR																									
17. Preparation and approval of ToR for End-of-Cycle Evaluation of UNDAF																									
18. Appointment of external consultant(s) for End-of-Cycle Evaluation of UNDAF																									



