Swaziland United Nations Development Assistance Framework (UNDAF)

2016 - 2020

Strong UN. Better World.

Foreword

The United Nations has been a Development Partner of the Kingdom of Swaziland for over four decades. The UN has played a key role in providing the Government with financial and technical support in achieving the country's development objectives.

The United Nations Development Assistance Framework (UNDAF) is the main strategic document that will guide the UN and the Government of Swaziland's engagement in enhancing the economic and social development of the people of Swaziland between 2016 and 2020. Preparation of the UNDAF was participatory and inclusive.

The UNDAF has three broad priority areas that provide the framework for the support. These priority areas are: **poverty and inequality reduction, inclusive growth and sustainable development; equitable and efficient delivery and access to social services; and good governance and accountability**. The Government believes that UN's contribution through these strategic areas of support will assist the Kingdom of Swaziland to achieve its development objectives.

The Government wishes to reaffirm that the UNDAF is aligned to the country's National Development Strategy, The Government Action Programme for the years 2014-2018 and Vision 2022. This provides a strong basis for strengthening the partnership between the Government of Swaziland and the UN system through the Delivering as One (DaO) implementation modality.

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

Preamble and Statement of Commitment

We, the United Nations Country Team in Swaziland while representing each organization's mandates, competencies and decision-making processes, pledge our commitment to the UNDAF as a means of fostering cooperation, coordination and enhanced UN coherence in the spirit of "Delivery as One". The non-resident UN agencies/entities have been part of the consultation process and will be involved when necessary in the implementation of the UNDAF.

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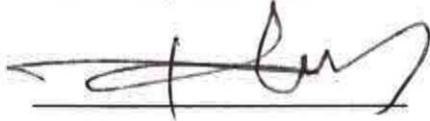
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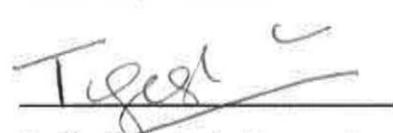
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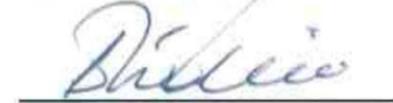
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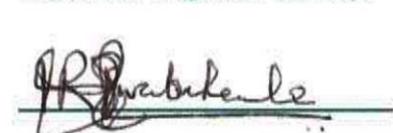
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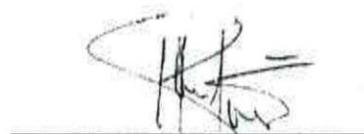
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Executive Summary

Introduction and Context

The United Nations Development Assistance Framework (UNDAF) is the main strategic document that will guide the United Nations and the Government of Swaziland's engagement in enhancing economic and social development for the people of Swaziland between 2016 and 2020. The development of the UNDAF was informed by a comprehensive analysis and by wide stakeholder consultations to identify gaps, opportunities and priority areas for intervention. The UNDAF has identified areas where significant progress has been made and the momentum of change will need to be maintained or accelerated; and areas where challenges still exist and where, strategic interventions are required to fast track development.

The UN system in Swaziland is focused on becoming a stronger and more strategic development partner whose interventions deliver greater impact and are more closely aligned to Government priorities. To achieve this, and in line with recommendations from the Mid-Term Review of the 2011—2015 UNDAF, the UN adopted the Delivering as One (DaO) approach. The main recommendations from the Mid-Term Review were that:

The UN system in Swaziland should focus on the few areas which together, can maximize impact and help shift the development trajectory onto a higher path. This requires the UN to work differently, focusing on assisting the Government to develop integrated approaches to policymaking, planning and programming while strengthening institutional capacities. There is also a need to shift emphasis to upstream advisory work that is informed by catalytic downstream projects so that it becomes a reputable source of technical advice, drawing extensively on the UN's global knowledge networks.

The second recommendation was that the UN system should articulate a vision and map a five-year path to shift towards Delivering as One to reduce fragmentation in its support, and in competition for funds. The DaO approach has the potential to enhance the UN's capacity for strategic approaches that are better aligned to Swaziland's needs as a middle-income country based on the UN's collective comparative advantage.

The final recommendation was on enhancing Government's ownership and leadership while strengthening the involvement of implementing partners in all stages of the UNDAF. During the development of this UNDAF, the UN ensured that there was adequate involvement by the Government and implementing partners in all critical stages of the process.

Development Challenges

Swaziland is making progress in ensuring human development and has made progress in several MDGs; it is on track to achieve MDG 2 (Universal primary education); MDG 3 (Promote gender equality and empower women); and MDG 6 (Combat HIV/AIDS, malaria and other diseases). However, other MDGs requiring acceleration include: MDG 1 (Eradicate extreme poverty); MDG 4 (Reduce child mortality); MDG 7 (Ensure environmental sustainability); and in particular MDG 5 (Improve maternal health), where performance is least good. Some of the key challenges facing the country include high levels of poverty at 63 per cent, with significant income inequality, high HIV prevalence, sluggish economic growth, high unemployment, challenges in education access and retention, high maternal and child mortality rates, food and nutrition insecurity, gender inequality and, low citizen participation. Implementation of programmes faces challenges due to lack of sufficient capacity to address the diverse development needs of the country. The challenges include limited technical skills in designing and implementing programmes once policies have been approved; insufficient capacities for collecting and analysing data for evidence-based decision-making and monitoring and evaluation of policies, strategies and programmes.

UNDAF Priority Areas

In response to the above challenges and national priorities, the UN and the Government have identified and jointly agreed on three priority areas for the UNDAF during the period 2016-2020. Each priority area has complementary outcomes which elaborate specific areas of UN comparative advantage. These priority areas and outcomes are closely linked to national priorities. These are summarised below;

The first priority area will address issues of **poverty and inequality reduction, inclusive growth and sustainable development.** The priority area has two outcomes focused on (i) increasing opportunities for employment and sustainable livelihoods particularly for youth, women and vulnerable groups and (ii) improving communities' and national institutions' capacities for management of natural resources.

The second priority area will focus on **strengthening the capacity of priority sectors towards more equitable and efficient access to, and delivery of social services for citizens**. To achieve these priorities, the UN has developed three outcomes focused on education, health, HIV and nutrition. The specific outcomes are centred around (i) increasing children's and adolescents' access to quality and inclusive education and enhancing retention in school; (ii) increasing families' and communities' access to, and uptake of quality health and nutrition services; and (iii) reducing risky sexual behaviour among youth and increasing citizens' uptake of HIV services.

The third priority area will focus on **enhancing good governance and accountability**. To achieve these priorities, the UN has identified two outcomes targeted at (i) increasing access to and the quality of public service delivery to citizens; and (ii) strengthening citizens' participation in decision-making processes at all levels.

Approximately US$ 80 million will be mobilized by the UN to support the Government in achieving these priorities with a focus on moving towards upstream advisory and technical support that will play a strategic role in meeting Swaziland's evolving priorities. The UN will, however, continue to play the role of mobilizing and catalysing funds from other partners to increase commitments and resources available for Swaziland's development priorities.

UNDAF Management Structures

In order to strengthen the Delivering as One modality in the implementation of the UNDAF, joint technical structures composed of UN and Government officials were developed. At the strategic and policy level, the UNDAF will be overseen by the National Steering Committee (NSC) which is co-chaired by the Principal Secretary in the Ministry of Economic Planning and Development and the UN Resident Coordinator.

1 Swaziland Development Context

1.1 Country Context

The Kingdom of Swaziland is a small land-locked country covering 17,364 km² bordering South Africa and Mozambique. The country is divided into four administrative regions namely, Hhohho, Manzini, Shiselweni and Lubombo. The King is the head of State and appoints the Prime Minister as Chairperson of the Cabinet and the head of the Government. The country is divided further into 55 Local Authorities (Tinkhundla) and 365 Chiefdoms. Swaziland has a population of 1.1 million of which 53 per cent are women. It has a young and growing population with slightly over half (52 per cent) the population under the age of 20 with a median age that has grown from 17.3 years in 1997 to 19.21 years in 2007.
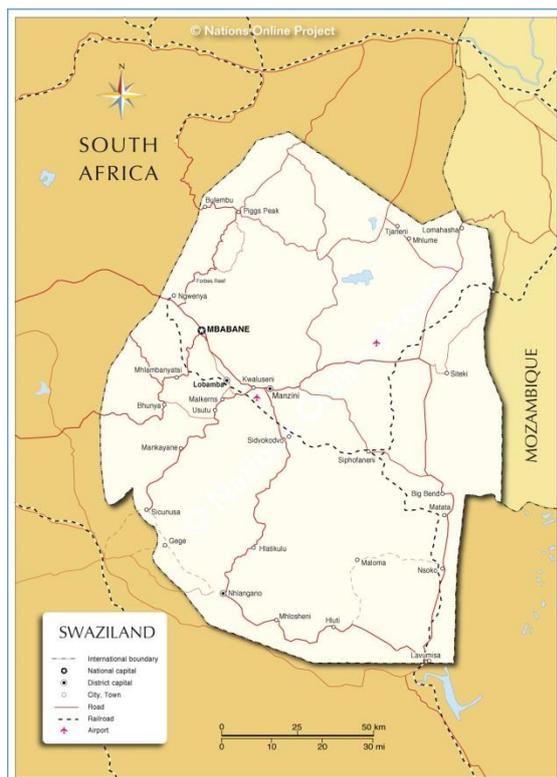
Swaziland is classified as a lower middle income country with a (GDP) per capita of about $3, 000 and GDP of $6.259 billion[1]. The economy is predominantly agriculture-based with 77 per cent

of the population residing in rural areas and deriving their livelihoods from subsistence agriculture. The Government's *National Development Strategy* (NDS) provides the overarching national development framework for Swaziland. It focuses on improved standards of living particularly, poverty eradication, employment creation, gender equality and environmental protection.

The Government developed and adopted the *Poverty Reduction Strategy and Action Programme* (PRSAP, 2006-2015) to serve as a means and guide to realize the national vision and attain the MDGs. To strengthen the implementation of the PRSAP, a Sector Wide Approach (SWAp) was adopted and piloted in the planning and budgeting process in four priority sectors; agriculture; education; health; and water & sanitation (WASH). The SWAp approach has added value in terms of improving coordination between development partners, reducing duplication of efforts, streamlining resources with good examples in Health, Education and WASH. In 2011, the country developed the *Economic Recovery Strategy,* aimed at addressing stagnant growth.

The Government Programme of Action 2013-2018 was also developed to guide the process of effectively responding to the adverse impacts of the global financial and economic crisis, to pursue poverty reduction and improve service delivery. The Programme of Action provided the overall policy direction on enhanced performance management for effective and efficient delivery of public services.

The Government of Swaziland has ratified and acceded to a wide range of international conventions and has created a legal and policy framework to realize its international commitments and to enable its citizens to fulfil their potential. Swaziland has made good progress on several of the Millennium Development Goals (MDGs) and is on track to achieve MDG 2 (Universal primary education),

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[1]http://www.worldbank.org/en/country/swaziland/overview#1

MDG 3 (Promote gender equality and empower women), and MDG 6 (Combat HIV/AIDS, malaria and other diseases). However, other MDGs require acceleration including: MDG 1 (Eradicate extreme poverty), MDG 4 (Reduce child mortality) MDG 7 (Ensure environmental sustainability) and in particular MDG 5 (Improve maternal health) which is the goal towards which Swaziland has made the least progress.

Swaziland also participated in the dialogue on "*The World We Want*", to shape the global post-2015 agenda through an inclusive national participation process. In the process of formulating "*The Swaziland We Want,*" it was agreed that the MDGs were still very critical to the long-term socio-economic development of Swaziland and had to be taken forward in the post-2015 era. After the global consultation, the Open Working Group established by the UN General Assembly proposed 17 Sustainable Development Goals (SDGs) and targets, which are to be further elaborated with measurable outcomes and indicators. These SDGs build on the foundation laid by the MDGs and seek to complete the unfinished agenda, as well as respond to new challenges.

1.2   Development Challenges

Although there has been progress, Swaziland continues to face development challenges. These include: slow economic growth; high levels of inequality and poverty; high unemployment rates especially among youth; high incidence and prevalence of communicable (HIV and TB) and non-communicable diseases in the face of health system constraints; high maternal mortality; high levels of chronic malnutrition. Other challenges include increasing numbers of vulnerable households; low participation of women in decision-making; high incidence of violence, particularly gender based violence against children and women; high rates of teenage pregnancy. Limited research and technical capacity to generate timely and quality data to inform the integration of risks and climate change adaptation; capacity constraints on implementing

pro-poor policies and strategies effectively, especially in education, health and agriculture; and corruption are other challenges that call for urgent attention.

A theme that cuts across the development challenges in Swaziland is capacity in both the demand and supply chain. On the supply side, Swaziland does not have sufficient capacity to address the challenges it faces in service delivery while, on the demand side service, delivery is affected by limited awareness, uptake and utilization of services by citizens. Although the country has produced legislation and numerous policies, implementation of these policies is hampered by the lack of adequate capacity.

Capacity constraints on the part of Government to provide services and citizens to demand services are a recurring theme in Swaziland's development challenges

Slow economic growth, poverty, inequality and unemployment

Swaziland attained impressive economic growth rates of not less than 6.5 per cent a year in the 1980s and the early part of the 1990s. However, in the second half of the 1990s and particularly since 2000, growth decelerated. It was around 1.9 per cent in 2010 and the economy shrank by 0.6 per cent in 2011, compared with a targeted average growth rate of 5 per cent a year. Swaziland has also experienced a fiscal crisis owing to the decline in revenue, in particular in SACU revenues.

The poverty level is estimated at 63 per cent[2]. Income inequality, measured by the Gini coefficient at nearly 0.52[3] (in 2009), is high. The persistence of poverty in Swaziland is exacerbated by, among others, the impact of HIV/AIDS, the global economic financial crisis, and over-reliance on SACU revenues. The sluggish economic growth observed in recent years also continues to hamper the implementation of social policies as well as to

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[2]http://www.worldbank.org/en/country/swaziland/overview#1.

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

affect the labour market. Unemployment stood at 41.7 per cent for the overall population in 2013[4] with youth and women more adversely affected by unemployment.

Rural households involved in non-commercial farming activities are the poorest, followed by self-employed headed households. Poverty is closely correlated to the extent of food security mainly due to unsustainable farming techniques, low rainfall and limited arable land. The effects of climate change manifested in chronic droughts have signficantly constrained the rural population, which is largely dependent on agriculture. In 2014, the number of people requiring food assistance was estimated at 67,592. In addition, an estimated 223,249 people required livelihood support such as inputs, cash transfers and institutional support[5]. In order to mitigate the impact of these trends on vulnerable groups, the Government is implementing various social protection schemes, using resources estimated at 2.2 per cent of GDP.

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

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

Swaziland has a high HIV prevalence at 26 per cent among 15-49 year olds[6]. Women bear the brunt of the epidemic with 31 per cent prevalence compared to 20 per cent for men. HIV prevalence amongst female adolescents (15-19) and youths (20-24) attending ANC increased from 17.8 per cent and 18.8 per cent in 1994 to 20.4 per cent and 40.8 per cent respectively in 2010. HIV prevalence among women aged 15-24 years was 14.4 per cent % in 2011, significantly higher than the 5.9 per cent reported among men of the same age. HIV incidence is 2.38 per cent in the age group 18-49 year olds; 1.7 per cent for men and 3.1 per cent for women. Incidence peaks amongst men aged 30-34 (3.12 per cent) and there are three peaks for women, 3.8 per cent in 18-19 year olds, 4.2 per cent in 20-24 year olds and 4.1 per cent in 30-35 year olds. Gender inequality presents complex challenges for the country. The burden of caring for the sick and orphaned also falls primarily on women, further entrenching gender stereotypes and economic reliance by women on men. The HIV epidemic has also given rise to a severe Tuberculosis (TB) co-epidemic, with an estimated TB incidence of 1,287/100,000 people.[7] Maternal mortality remains high at 580 deaths per 100,000 live births, also exacerbated by HIV.

The education system still faces challenges as only 29 per cent of children aged 36–59 months[8] attend early childhood care and education while 15 per cent of primary school children repeated their class and 4 per cent dropped out of school[9] in 2012. Less than 50% of those who enter grade

[4] Swaziland Government: National Labour Force Survey, 2013.

[5]Swaziland Vulnerability Assessment Committee, Swaziland *Annual Vulnerability Assessement&Analysis Report 2014*. (Swaziland VAC 2014)

[6]Central Statistical Office and Macro International Inc. (CSO and MI) (2008), *Swaziland Demographic and Health Survey 2006-07.*

[7] http://www.tradingeconomics.com/swaziland/incidence-of-tuberculosis-per-100-000-people-wb-data.html.

[8] Central Statistical Office. 2015 Swaziland *Multiple Indicator Cluster Survey 2014, Key Findings*. Mbabane, Swaziland: Central Statistical Office (MICS2014).

[9] Central Statistical Office and UNICEF (CSO and UNICEF) (2011). (MICS 2010) *Swaziland Multiple Indicator Cluster Survey 2010. Final Report.* Mbabane. Available from http://mics.unicef.org/surveys.

one do not reach grade seven. Net enrolment at secondary school level is extremely low at 27 per cent, coupled with a low retention rate, especially for boys.[10] Contributing factors to low enrolment and retention rates include the cost of lower secondary education, the need to support the family in household chores and high teenage pregnancies.

Whilst education has been more accessible to all, women's representation in the field of science and technology remains low, thus affecting their employment opportunities in high earning and influential positions.

Swaziland is faced with chronic child malnutrition. At a national level, 26 per cent of children under the age of five are stunted, while 2 per cent are wasted and 6 per cent are underweight. The causes of childhood stunting are complex and relate to maternal and child health, low consumption of vitamin A, infant and young child feeding, water sanitation and hygiene, access to nutritious foods, caregivers' practices and poverty[11].

Micronutrient malnutrition also exists particularly among pregnant and lactating mothers and children below five years of age. Thirty percent of women aged 15-49 have some degree of anaemia, with pregnant women more likely to be anaemic at 40 per cent. Approximately 42 per cent of children aged 6-59 months suffer from some degree of iron deficiency anaemia and only 68 per cent of children aged 6-59 months received Vitamin A[12]. Forty eight percent of children are breastfed within the first hour of birth and 64 per cent of

children less than six months old are exclusively breastfed[13].

Vulnerability and Resilience

Twenty per cent of children under the age of 18 are orphaned with one or both parents deceased[14]. The prevalence of orphan-hood increases with age, with 7 per cent of children under the age of 5 orphaned, compared with 37 per cent of 15-17 year olds[15]. The Government has created programmes for Orphans and Vulnerable Children (OVCs), through the OVC grants, supporting free primary education and school feeding programmes to reach 229,000 OVCs in the country[16]. However, the OVC programme faces operational challenges, including difficulty in keeping track of individual students and inadequate monitoring of the programme[17].

Household food insecurity continues to be a problem in Swaziland. In 2014, the number of people requiring food assistance was estimated to be 67,592, while an estimated 223,249 required livelihood support such as inputs, cash transfers and institutional support[18]. About 11 per cent of the population is estimated to be below the minimum level of dietary energy requirements[19]. However, food availability for rural households greatly improved between 2011 and 2014[20] with households increasingly able to provide for their daily food needs.

The Cost of Hunger Report for Swaziland 2013[21] highlights the impact of under nutrition on children, the family and society at large. A child affected by stunting is more likely to be ill, perform poorly at school due to lower cognitive

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[10] Australian Council for Educational Research
[11] C. P, Stewart and others, "Contextualising complementary feeding in a broader framework for stunting prevention", *Maternal and Child Nutrition* 2013; 9 (Suppl 2):27-45.
[12] MICS 2010.
[13] MICS 2014.
[14] MICS 2014.
[15] Lorraine Blank, Emma Mistiaen and Jeanine Braithwaite, Swaziland Using Public Transfers to Reduce Extreme Poverty, (World Bank, 2012) p.20.
[16] The Extended National Multi Sectorial HIV and AIDS Framework (eNSF) 2014 – 2018. Available from

http://www.nercha.org.sz/document/extended-national-multisectoral-hiv-and-aids-framework-ensf-2014-2018.
[17] Lorraine Blank, Emma Mistiaen and Jeanine Braithwaite, Swaziland Using Public Transfers to Reduce Extreme Poverty, (World Bank, 2012).
[18] Swaziland VAC, 2014.
[19] The Swaziland Millennium Development Goals progress report 2010, quoting the National Nutrition Survey (NNS) 2008.
[20] Swaziland VAC, 2014.
[21] Government of Kingdom of Swaziland, The Cost of Hunger in Swaziland: The Social and Economic Impact of Child Under-nutrition.

capacity and later in life be less productive at work. Under-nutrition has a long term effect on societies and results in health, education and economic productivity costs. It was estimated that Swaziland loses about 3.1 per cent of its GDP as a result of malnutrition.

Governance

The Mo Ibrahim African Governance Index ranked Swaziland 26th out of 52 countries in 2013 in participation, human rights and sustainable economic opportunity attributable to weak institutional capacity[22]. The Bill of Rights is enshrined in the country's Constitution. However, there is need to strengthen relevant national institutions to fast-track the implementation of the Constitution.

In Swaziland, awareness of citizen rights and understanding of the procedures to access justice is a Constitutional right. Women continue to be disadvantaged by a range of economic, social and cultural factors that hinder them from accessing justice. High legal costs remain unregulated and largely unaffordable to the majority of the population.

The judiciary consists of 17 judges and 18 magistrates for the population of 1.1 million. The country has 22 courts, of which four are higher courts and 18 are subordinate courts. The country also has a national traditional court system led by national court presidents (30) who are all male with the responsibility of adjudicating on customary and some civil issues. The Correctional Services report of January 2013 shows that of the 3,229 individuals charged with criminal offences and tried in a court of law, fifty per cent had no legal representation. The traditional courts are spread out across the country in all regions. In the same year, the traditional courts registered 4,576 cases of which 4,435 were criminal cases and 148 were civil cases. There is a need to review the allocation of cases to traditional courts based on capacity to handle cases, especially criminal cases. Swaziland has a comprehensive structure for delivering judicial services; however, the

capacity of judicial institutions and supporting law enforcement agencies needs to be strengthened in terms of process, procedure and service delivery in general. Limited infrastructure, insufficient human resources and a lack of tools required to execute justice effectively have contributed to a huge case backlog.

A related challenge is inadequate domestication of international and regional human rights instruments[23].

Gender Equality and Equity

The Government of Swaziland has promulgated and amended a number of important policies, statutes and strategies to protect and promote the rights of women. The Bill of Rights in the Constitution provides for equality before the law and equal opportunities for women and men in political, economic and social spheres. In 2004, the Government ratified the UN Convention on the Elimination of All forms of Discrimination Against Women (CEDAW) and it passed the National Gender Policy and Action Plan in 2010. However, the progress of implementation remains slow.

Gender inequality in Swaziland is exacerbated by strong patriarchal traditions, values and norms. Other factors contributing to gender inequality include weak legislation and poor access to means of production, education and health. Evidence shows that a number of socio-cultural and economic factors contributing to increased women and girl's vulnerability include: gender-based violence; intergenerational sex; early sexual debut and limited employment and economic opportunities. Violence against children continues to be a challenge, particularly within the family environment, and is prevalent in all forms: physical, sexual and emotional abuse. All these factors have the effect of compromising women and girls' ability to make autonomous decisions in matters affecting their lives and those of their families.

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[22] Mo Ibrahim African Governance Index, 2013
[23] Conclusions of CRC and CEDAW recommendations.

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

Violence and abuse are a major development concern in Swaziland, profoundly affecting women and children. Approximately one in three females experienced some form of sexual violence as a child and one in four females experienced physical violence as a child[24]. According to the 2014 MICS, one in five females believes that a husband is justified in beating his wife in certain circumstances.

The legislative framework has been largely aligned with international human rights standards; however, the requisite adjustments in the allocation of resources, standards for services delivery and accountability mechanisms, are lagging behind.

Table 1: Swaziland at a Glance

Location	Southern Africa.
Area Size	17, 364 km$^{2.}$
Natural Mineral Resources	Gold, Iron Ore, Diamonds, Coal and Quarry
Bordering Countries	South Africa and Mozambique.
Regions	Hhohho, Manzini, Lubombo and Shiselweni.
Capital City	Mbabane.
Local Authorities	12 purely urban local authorities and 55 Rural local authorities but some among these overlap between urban and rural areas.
Population	1,106,189 (Housing and Population Census, 2007, 2014 estimate).
Life Expectancy	60 years in 1997; 33.7 years in 2007; 48.7 years in 2010.
Constitution	The first Constitution of the Kingdom of Swaziland was passed in 1968 when the country gained independence from Britain. In April 1973, the 1968 Constitution was repealed. In 2006 a new constitution came into force which ushered in a new political dispensation.
Political System	Tinkhundla System.
Official Languages	SiSwati and English.
Labour Force Participation rate	57 per cent (Swaziland Labour Force Survey, 2010).
GNI	$2,860 (World Bank Atlas, 2014)

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[24] Swaziland Vulnerability Assessment Committee, Swaziland *Annual Vulnerability Assessement&Analysis Report 2008*. (Swaziland VAC 2008)

GDP	$6.259 billion, at purchasing Power Parity.
GDP Growth Rate	2.8 per cent % in 2013, (Budget Speech, 2014).
GINI Coefficient	0.52
Total Public External Debt	E3, 460.1 million in 2014, 19 per cent of GDP (Ministry of Finance, 2014).
Total Public Debt	E6, 271.0 million.
Total public debt as % of GDP	17.1 per cent
Unemployment Rate	41.7 per cent in 2013 (National Labour Force Survey 2014).
HDI Value	0.531 (Swaziland National Human Development Report, 2015).
Interest Rate	5.5 per cent (Central Bank of Swaziland Monetary Statement, 2014).
Current Account Balance	E2, 305.8 Million which is 6.6 per cent of GDP (Central Bank of Swaziland Annual Report, 2013/14).
Annual Inflation Rate	5.6% (Central Bank of Swaziland Annual Report 2013/14).
Budget Balance	1.05 Billion, 3 per cent of GDP (Central Bank of Swaziland Annual Report, 2013/14).

2 Results and Lessons Learnt from UNDAF 2011-2015

2.1 Highlights of Results achieved

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

Good progress was made in areas of HIV and AIDS, and there were several achievements in areas poverty reduction and human development. UNDAF 2011-2015 contributed to capacity development in Swaziland public institutions

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

The UN system complemented the Government's efforts in the national HIV response through supporting the development of the Extended National Strategic Plan (2014—2018). To contribute to a reduction in new HIV infections, the UN supported Social and Behaviour Change Communication (SBCC)

interventions and condom programming targeting young people.

The UN complemented the treatment, care and support initiatives, for example; providing food assistance to HIV and TB patients and providing follow-up of children on ART. The UN contributed to impact mitigation through capacitating schools as centres of care and support, and strengthening social protection measures for orphans and vulnerable children through neighbourhood care points. Furthermore, the UN contributed to strengthening institutional capacities for the effective management of the HIV and AIDS response through financial support from the Global Fund for AIDS, TB and Malaria (GFATM).

The health sector addressed a number of existing and emerging diseases and conditions including HIV and AIDS. The Swaziland HIV Incidence Measurement Survey (SHIMS) Estimates and Projection models supports the evidence of declining HIV infections and projects that the annual incidence rate among 15-49 years will reduce to 1.5 per cent in 2018[25].

Although the integrated health service was strengthened in its delivery of HIV services, more still needs to be done. ART coverage was increased to over 90 per cent, with PMTCT coverage through Ante-Natal Care (ANC) facilities increasing to 89 per cent (162 out of 183 facilities) providing services to 91 per cent of HIV positive pregnant women.

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

The UN system supported the government to develop its capacity to improve its policies and strategies for enhancing poor people's access to resources for sustainable livelihoods. The appointment of technical advisory capacity to the Ministry of Economic Planning & Development (MEPD) Poverty Unit and the

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[25] Preliminary Swaziland HIV Estimates and Projections, 2012.

National Population Unit assisted with the advancement of important policy analysis and strengthening of the National Monitoring & Evaluation system. Other contributions by the UN included: food assistance for care givers; youth income-generation projects; and training of small scale farmers. The UN engaged the Government and other partners in dialogue on social protection as a step towards developing the National Social Protection Strategy and supported capacity development of Government and partners to address hunger and food insecurity. Specifically, technical and financial support were provided to the Vulnerability Assessment Committee to conduct annual vulnerability assessments that informed programming; supported the Swaziland Household Income and Expenditure Survey to inform poverty analysis and evidence; supported rapid assessment to understand the impacts of the 2011 fiscal crisis and how the UN and Government can respond; supported development of the National Climate Change Strategy and National Adaptation Management Policy; and supported Cost of Hunger study.

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

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

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

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

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

Gender-based violence is a significant problem in Swaziland and the UN supported several initiatives working with government as well as NGOs. The UN provided technical and human capacity to the Gender and Family Issues Unit in the Deputy Prime Minister's Office; supported the development of a gender policy action plan and Monitoring & Evaluation Framework; and trained planners in gender-responsive budgeting. The UN also supported the roll-out of the pilot

One Stop Centre for comprehensive services, providing protection and counselling for victims of sexual and gender-based violence as well as health services.

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

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

2.2 Constraints and Lessons Learnt

The mid-term review identified several constraints:

*Limited resources for implementation***:** The availability of financial resources to implement the UNDAF was a major assumption that did not hold true for all the pillars of the UNDAF, and consequently, activities were scaled back. Financial resources from the Government's side were also constrained. The shortfall in resources also meant that the UN had to spread small amounts of funding across a wide spectrum of activities, diluting the

> *Limited resources for implementation, the presence of few development partners, and weak coordination capacity pose serious constraints and affect the sustainability of development results*

potential impact. The limited resources also limited the duration of the technical support that the UN system could provide. In a number of cases the short-term technical support was not sufficient to achieve the desired results.

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

Weak coordination capacity: The Resident Coordinator's Office, as the key coordinating unit for the UNDAF, lacked the information systems necessary for overall monitoring of the UNDAF and for disseminating information to implementing partners, including the Aid Coordination Unit in the MEPD.

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

Limited knowledge sharing and learning from evaluations: Individual agencies commissioned evaluations of aspects of their country programmes. Although there was a Monitoring & Evaluation Group in place, there was no systematic process of jointly conducting or analysing the evaluation reports in such a way

that the results could form part of the knowledge base of the UN system and inform UNDAF programming.

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

Two key recommendations from the mid-term review were:

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

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

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

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

3 UNDAF Priority Areas and Outcomes

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

Table 2: UNDAF Priorities and Outcomes

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

Approach

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

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

The UN system in Swaziland is relatively small; it will draw on the extensive repository of knowledge, information and expertise that resides within the wider UN. It will seek to expand the available learning opportunities for Swaziland, through a structured programme of South-South cooperation, with countries in the African region and beyond.

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

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

Lack of employment is a key contributor to poverty in Swaziland. Using a definition of unemployment to include those who may be considered economically active and available for work as well as those who have given up looking for jobs, 41.7 per cent of the total labour force was unemployed in 2013. Unemployment, especially among youth aged 15-24 years, is a critical development challenge standing at 64 per cent, which is twice as high as any other age group. The number of unemployed in Swaziland is expected to rise considerably in the next decade as 47 per cent of the population is under the age of 15[26]. If not addressed, the uncertain employment prospects for youth will have negative implications for the country's human capital and inclusive growth. There is an urgent need to create employment opportunities for this large and growing number of young people, most of whom are children of poor households.

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

The quality of service delivery, monitoring and evaluation of social protection and OVC programmes varies. Some programmes face significant operational challenges, including the difficulty of keeping track of individual students in the education system, leading to inadequate monitoring of school programmes[27]. The prevailing poverty situation, high levels of unemployment, food insecurity, and a high HIV/AIDS and disease burden oblige the Government of Swaziland to make tremendous efforts to address the plight of vulnerable groups in society.

How the UN system will contribute to the Outcome

Economic growth is essential to provide employment opportunities that will allow the poor to benefit from their economic activities through higher disposable income. Economic growth is critical for the absorption of the many young people who wish to enter the labour market each year. Small and Medium Enterprises (SMEs) and smallholder farmers offer the potential for increasing economic growth and providing employment opportunities, particularly for youth and women while providing sustainable livelihoods in rural areas.

The UN system will support the Ministry of Agriculture and related parastatals to enhance the business practices of smallholder farmers, many of whom are women. It will support the Government's efforts to link smallholder farmers to markets, agro-processors and dealers, building on the support that has been provided through the Swaziland Agricultural Development Programme (SADP). Additionally, the UN will support the development of young people, entrepreneurial skills and good business practices in rural and urban areas.

The UN will support the Government in harnessing the effective voice and engagement of adolescents in their communities and the country as a resource for positive change through the use of innovative approaches and new technologies. The support will complement

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[26] Swaziland Government: National Labour Force Survey, 2013

[27] Lorraine Blank, Emma Mistiaen and Jeanine Braithwaite, Swaziland Using Public Transfers to Reduce Extreme Poverty, (World Bank, 2012) p.35.

Government efforts to design and implement effective social protection systems, targeting a variety of poor and vulnerable groups, including people living with HIV and AIDS, orphans and vulnerable children, the elderly and people with disabilities. With the increasing share of productive persons, Swaziland stands a good chance of reaping the demographic dividend provided the right investments in young people are put in place.

The UN will support key research in agriculture by supporting the Government in undertaking an agriculture census to inform evidence-based decision-making and also spearhead research concerning young people to determine the types and nature of investments in education that will guide policy for youth development and entrepreneurship.

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

Swaziland is vulnerable to natural disasters, particularly drought in the eastern regions, and occasionally severe flooding in the north while hail storms destroy property and crops on an annual basis. Its contribution to global warming was established to be 19.8 Megatonnes of carbon dioxide in 2000. While this is an insignificant figure, the anticipated impact is negative, pointing to an increase of 2.5°Celsius and a decrease in precipitation by as much as 100 ml by 2050[28]. Climate change manifests itself in increased frequency and/or intensity of adverse weather conditions and may exacerbate existing vulnerabilities to hazards across sectors. The convergence of these vulnerabilities usually results in a complex risk profile, to which many poor households are exposed. This exposure to risk may be in economic, health and environmental terms. Noted manifestations include high variability and precipitation, which affect the availability of water for domestic consumption, hydro-power and agriculture. There is also a noted change in the epidemiology

of malaria prevalence in previously unaffected areas such as Northern Hhohho.

How the UN system will contribute to the Outcome

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

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

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

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

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[28] Swaziland National Communications State of Environment Report, 2012

management systems for better quality service delivery.

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

Swaziland has a high overall literacy rate, with 95 per cent of young women and 92 per cent of young men able to read and write[29]. Given that almost 50 per cent of the population is under 20 years, the country has potential to reap the demographic dividend of a young and productive workforce[30]. The primary school net enrolment rate was 95.6 per cent in 2012[31] and is in line with government initiatives to enhance access to basic education in the country. However, the education system still faces challenges in access and retention in basic education that begin from Early Childhood Care and Development (ECCD), through to primary and lower secondary levels posing problems related to the quality of learning and the efficiency of the education system. There is also a significant challenge in retention, especially for boys, in primary education while girls have less opportunity to attain upper secondary education. Gender parity decreases with increasing school grade for girls while boys are lost throughout the system. Challenges include inadequate management, lack of trained teachers, weak governance systems, a lack of basic resources in poor schools, and for children with disabilities to access schooling.

Understanding and prioritization of early childhood development as a critical contributor to building the country's social capital is only beginning to emerge. There are still no integrated Early Childhood Development (ECD) services. Parenting has been largely ignored by system interventions, and as a result parents have poor awareness of the importance of the early years and limited knowledge of how to support the development of young children. Even after completing primary school, there are still major challenges with lower secondary education

enrolment which has stagnated at an extremely low rate of around 27 per cent.[32] Low enrolment of adolescents in secondary school is often caused by having over- aged learners in primary school as a result of high repetition and drop-out rates coupled with the limited number of secondary schools (260) compared with that of primary schools (613) and the cost of secondary school education.

How the UN system will contribute to the Outcome

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

The support to the Government will also include strengthening approaches that redress gaps in public provision for adolescents and the promotion of adolescent development, participation and citizenship. The focus will be on strengthening life skills education in primary and secondary schools. This will involve developing manuals and guidelines for mainstreaming life skills including comprehensive sex education in the school system. Efforts will promote educational attainment and prevention of school dropout through the creation of school and community environments that are more inclusive and participatory. The UN will promote the

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[29] MICS 2014.
[30] AfDB Annual Report 2011

[31] Ministry of Education and Training, Annual Education Census 2012.
[32] MICS 2010.

expansion of opportunities for positive adolescent development by aiming to increase adolescents' inclusion, participation and completion of quality education. Emphasis will be given to fostering the resilience of adolescent girls and boys in the context of HIV mitigation, social exclusion, violence and exploitation. Strategies in these areas will consider the importance of preparing adolescents to prevent early pregnancy and the promotion of life skills.

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

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

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

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

Swaziland's under-5 years mortality has been improving, estimated at 67/1000 live births in 2014[33]. Three quarters of under-5 year's deaths occur during the first year of life[34]. The under-5 mortality rate is higher in urban than rural areas, seemingly due to a growing peri-urban population. Infants whose mothers have no education are more likely to die than those whose mothers have tertiary education. Swaziland has a high prevalence of stunting, estimated at 26 per cent[35]. The Cost of Hunger Report for Swaziland 2013[36] highlights the impact of under-nutrition on children, the family and society at large. A child affected by stunting is more likely to be ill, to perform poorly at school due to lower cognitive capacity and later in life to be less productive at work. Under-nutrition has long term effects on societies and results in health, education and economic productivity costs. It was estimated that Swaziland loses about 3.1 per cent of GDP as a result of malnutrition.

The number of households with poor food consumption levels have decreased between 2011 and 2014, with about 11 per cent of the population estimated to be below the minimum level of dietary energy requirements[37]. The effects of climate change manifested in chronic droughts have signficantly affected the rural population, who are largely dependent on

[33] MICS 2014.
[34] MICS 2014.
[35] MICS 2014.

[36] Government of Kingdom of Swaziland, The Cost of Hunger in Swaziland: The Social and Economic Impact of Child Under-nutrition, (Government of Swaziland)
[37] Swaziland VAC, 2014.

agriculture. In 2014, the number of people requiring emergency food assistance was estimated at 67,592 while an estimated 223,249 required livelihood support such as inputs, cash transfers and institutional support.[38]

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

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

How the UN system will contribute to the Outcome

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

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

To strengthen the health system, the UN will support mechanisms to address challenges in the broader health sector and in delivery of more effective responses, including a human resource for health strategic plan (2012–2015) developed with emphasis on improving planning, management and development of the health sector workforce. Capacity will be provided to support the review and amendment of the existing legislation and the completion of relevant policies to promote improved nutrition. This will include supporting the MOH in its role coordinating partners in the sector.

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

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

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[38] Swaziland VAC, 2014.

UN will support the implementation of these plans.

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

The impact of HIV in Swaziland has reversed social and economic gains, including reducing life expectancy from 60 years in 1997 to 33.7 years in 2007[39]. This improved to 49 years in 2010[40]. HIV prevalence has stabilized as a result of increased survival rates among the infected population because of high uptake of ART.

There are wide age, gender and population group disparities in HIV. Prevalence by age differs between women and men with peaks of 54 per cent for 30-34 year old women and 47 per cent for 35-39 year old men[41]. Young women and adolescent girls account for a disproportionate number of the new infections in Swaziland with HIV incidence among 20-24 year olds at 4.17 per cent compared to 1.6 per cent among men of the same age[42]. For ANC attendees, data show a steady increase in prevalence from 18.9 per cent in 1994 to a peak of 39.4per cent in 2002 for the 15-24 years age group, which then started to decline reaching 34.7 per cent in 2010. There are also disparities in regard to age; in 2004 prevalence among 15-19 year age group ANC attendees was 32.5 per cent while it was 45.4 per cent among the 20-24 years age group.

Sexual debut is early at 17 years, particularly amongst adolescent girls and often happens without protection, exposing them to HIV/STI, teenage pregnancy and early childbirth. A national study on violence documented that 5 per cent of girls were forced to have sex before the age of 18 years and that less than half of such incidents are reported[43]. Despite various interventions, only 49 per cent and 51per cent of young women and men aged 15-24 years correctly identified ways of preventing sexual transmission of HIV and 66 per cent of sexually active women aged 15 to 49 years who had more than one sexual partner in the past 12 months reported use of a condom during their last intercourse. Intergenerational sex among young women 15-24 years of age doubled from 7 per cent in 2007 to 15 per cent in 2014.[44]

Secondary analysis of the Swaziland HIV Incidence Measurement Survey data showed that 85 per cent of People Living with HIV (PLHIV)aged 18 to 49 years who reported to be on ART were virally suppressed (i.e. 1, 000 copies/ml and thus less infectious). However, it also revealed that that people who know their status but are not taking ART have high viral load and are potentially as infectious as people who are positive but not aware of their status. The high viral load among the two groups of PLHIV, coupled with inconsistent and incorrect use of condoms further contributes to the spread of HIV infection. This underscores the need for enhanced continuum of care by intensifying ongoing efforts to scale-up HIV Testing and Counselling (HTC), enrolment and retention in treatment and care programmes.

How the UN system will contribute to the Outcome

Building on the momentum and the good results achieved globally and particularly in Swaziland in the HIV response, ending the AIDS epidemic by 2030 is not just an serious obligation but also offers a momentous opportunity to lay the foundation for a healthier, more just and equitable world for future generations. The UN strongly believes that ending the AIDS epidemic in Swaziland will inspire broader health and development efforts, demonstrating what can be achieved through global solidarity, evidence-based action and multi-sectoral partnerships. To this end, the UN will provide technical support, advocate for and support resources mobilization for the implementation of the Fast Track Approach and the realization of the 90-90-90 targets by 2020. These targets are that; 90 per

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[39]Swaziland, Human Development Index 2007.
[40] Swaziland, Human Development index 2010 Available from
[41] SHMIS, 2011

[42] Swaziland HIV Measurement Survey (SHIMS, 2012)
[43] UNICEF Annual Report 2007.
[44] SDHS 2007, MICS 2014, BSS MARPS 2010

cent of all people living with HIV know their status, 90 per cent of all people diagnosed with HIV infection receive sustained antiretroviral therapy and 90 per cent of all people receiving antiretroviral therapy have viral suppression. It also includes ambitious targets for HIV prevention and zero discrimination.

The UN will offer targeted support aligned to the Extended National Strategic Framework in HIV and AIDS (2014-2018) i.e. prevention of new infections; delivery of treatment and care services; and the coordination of the HIV response in Swaziland. In the area of prevention, the UN system will focus on children and young people in and out of school (between 10-24 years), through the adaptation of new HIV prevention innovations and building capacity among national partners. The UN will further support the acceleration of the global adolescent agenda which calls for attention to enhanced collective action to reduce new infections among adolescents by 75per cent by 2020 as well as reduce AIDS related deaths by 65per cent by 2020.

Treatment, care and support services remain a critical element in the HIV response and the UN will support the health sector's capacity to deliver quality HIV treatment and care services.

The role of the UN is also evolving with greater emphasis on catalysing change by providing best global expertise and facilitating South-South learning in building Government capacity to deliver services, strengthen innovation and leverage resources. The UN system will assist Government and civil society capacity to deliver an effective, coordinated and integrated multi-sectoral response to HIV. The UN will continue to work with national and decentralized structures to enhance coordination and service delivery. In addition, support will be provided to generate, disseminate and use strategic information for effective HIV responses.

Priority Area 3: Good Governance and Accountability

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

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

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

There is, however, a need for support to effectively operationalize and strengthen public financial management, targeting institutions that can generate and disseminate timely information on public budgeting and expenditure and integration of service delivery standards for the public sector. Public institutions that promote good governance and accountability include Parliament, the Judiciary, and the Commission on Human Rights and Public Administration. However, these institutions do not have sufficient capacity to deliver their mandates effectively. Constraints include: capacity to review and align legislation and policies; collecting, analysing and using data for policy and programming; and translation of policies into practice.

Swaziland is making significant progress in fighting corruption, improving by 13 places in the Mo Ibrahim corruption index between 2012 and 2014, placing Swaziland amongst the ten least corrupt countries in Africa. This has been attributed to the strengthened Anti-Corruption Commission, to ratification of the UN Convention Against Corruption (UNCAC), an increased number of corruption cases being brought to court and a legal and policy framework put in place. Further efforts such as instituting integrity tests and lifestyle audits as a deterrent for corruption need to be made to reduce corruption further.

How the UN system will contribute to the Outcome

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

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

quality service. It will also be facilitated through the quality standards charter that will be operationalized in priority sectors.

The UN will also support the Government in strengthening the justice system to provide an efficient system that is accessible to all, particularly the most vulnerable groups. The UN system will work with the Government and with civil society organizations to strengthen capacities for the collection and analysis of socio-economic and governance data, and in the use of data for reporting and improvement of policies and programmes. South-South cooperation will be utilized as a learning mechanism to support development of ICT for improved service delivery and accountability.

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

Participation Citizens' participation in development and decision-making is one of the key elements in the promotion of good governance. Swaziland has four regions and 55 Constituencies established to ensure that citizens' decision-making devolves to all levels of governance. It has been noted that citizens do register and vote in National Parliamentary elections but efforts are being made to ensure that there is more scope for deepening the understanding at the Tinkhundla level.

How the UN system will contribute to the Outcome

For citizens to access services, they need to be aware of the services available from public institutions, and should play an active role in ensuring that the services provided are responsive to their needs. The UN system will, therefore, support the 'demand side' of the service delivery equation, through working with civil society organizations, in supporting citizens' awareness of their rights to claim public services, and to monitor and evaluate their delivery. The UN system will also support civil society organizations in developing capacities

for evidence-based advocacy for the promotion of good governance.

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

Resource Requirements

The UN in Swaziland estimates that approximately US$125 million will be required to implement the UNDAF 2016-2020. Of the total figures indicated, available funds are approximately US 80 million as detailed in the table below. There is therefore a funding gap of slightly over US$45 million that the UN will work to mobilize collectively with the Government and other partners. To this end, the UN will develop a resource mobilization strategy that will be used to identify and access further resources to meet the funding gap. The indicative budget for each of the Outcomes is shown in Table 3 and the distribution of the estimated available funds across the outcomes is shown in Figure 1.

Table 3: Estimated budget (USD)

	Estimated budget (US$)	UN entities
Priority Area 1. Poverty and inequality reduction, inclusive growth and sustainable development		
Youth, women and vulnerable groups' opportunities for employment and sustainable livelihoods improved by 2020	12,185,000	UNDP, WFP, UNICEF, FAO, ILO
Communities' and national institutions' management of natural resources improved by 2020	10,210,000	UNDP, WFP, UNFPA, FAO
Priority Area Total	**22,395,000**	
Priority Area 2: Equitable and efficient delivery of and access to social services		
Children's and adolescents' access to quality and inclusive education and retention in school increased by 2020	5,000,000	UNICEF, UNESCO, UNFPA
Families' and communities' access to and uptake of quality health and nutrition services increased by 2020	29,145,000	UNICEF, WHO, UNFPA, WFP
Youths' risky sexual behaviours reduced and citizens' uptake of HIV services increased by 2020	14,145,000	WFP, UNAIDS, UNICEF, UNFPA, WHO
Priority Area Total	**48,290,000**	
Priority Area 3: Good Governance and Accountability		
Access to, and quality of priority public service delivery to citizens improved by 2020	4,735,000	UNDP, FAO, UNFPA, ILO
Citizen and Civil Society Organizations' participation in decision-making processes at all levels increased by 2020	4,555,000	UNDP, FAO, UNICEF, UNFPA, ILO
Priority Area Total	**9,290,000**	
GRAND TOTAL	**79,975,000**	

Figure 1: Distribution of estimated budget across Outcomes
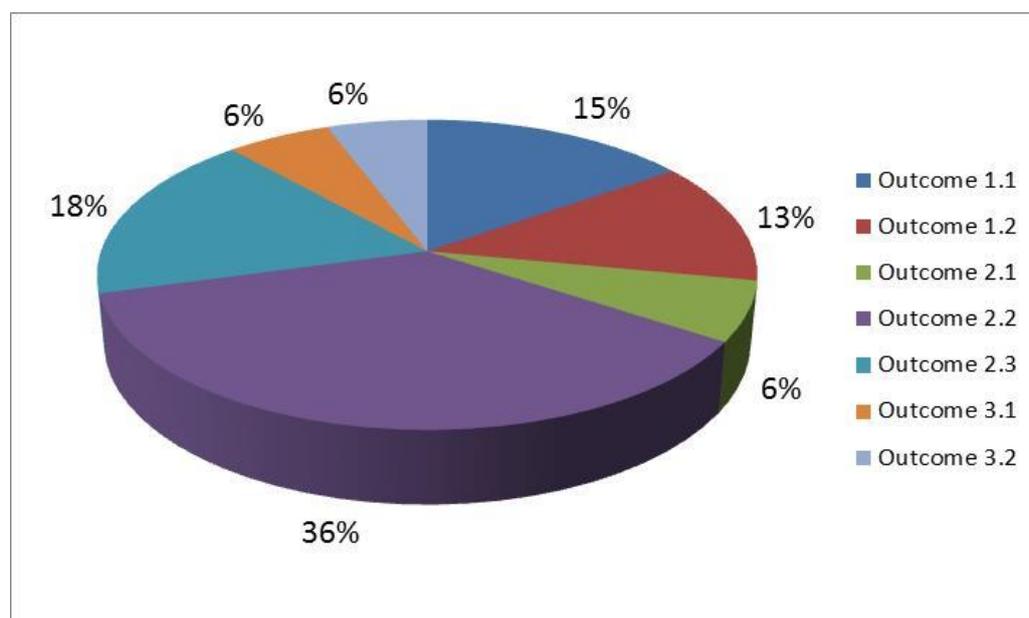
Resource Mobilization

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

The UNCT will work jointly with the Government of Swaziland for the resourcing and fulfilment of programme objectives and outcomes. As a middle income country, the Swaziland Government contributes substantial resources for national development. The UNCT will continue working with the Government of Swaziland for increased domestic and external resourcing and subsequent achievement of programme objectives and outcomes. To supplement the funds already committed by UNCT, the Government will support the UNCT's efforts to raise funds required to meet the needs of this UNDAF and will cooperate with the UNCT including: encouraging potential donor Governments to make available to the UNCT the funds needed to implement unfunded components of the programme; endorsing the UNCT's efforts to raise funds for the programme from other sources, including the private sector both internationally and in Swaziland.

4 Management and Accountability Arrangements for the UNDAF

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

4.1 Internal Management Arrangements

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

The UN RC will represent the UN in political dialogue with the Government, as well as in high level forums for policy dialogue, accompanied as necessary by Heads of Agencies. Heads of Agencies will be responsible for representing the UN in policy dialogue at the ministerial level on issues within their mandates. They will ensure coordinated representation of the UN in technical discussions with the Government, donors and Civil Society Organizations (CSOs)

in line with respective Result Areas. This will ensure that the UN speaks with One Voice in the relevant coordination structures.

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

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

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

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

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

The UNDAF governance structures   are
summarized in Figure 2, showing the various
levels of the internal coordination and planning
mechanisms.
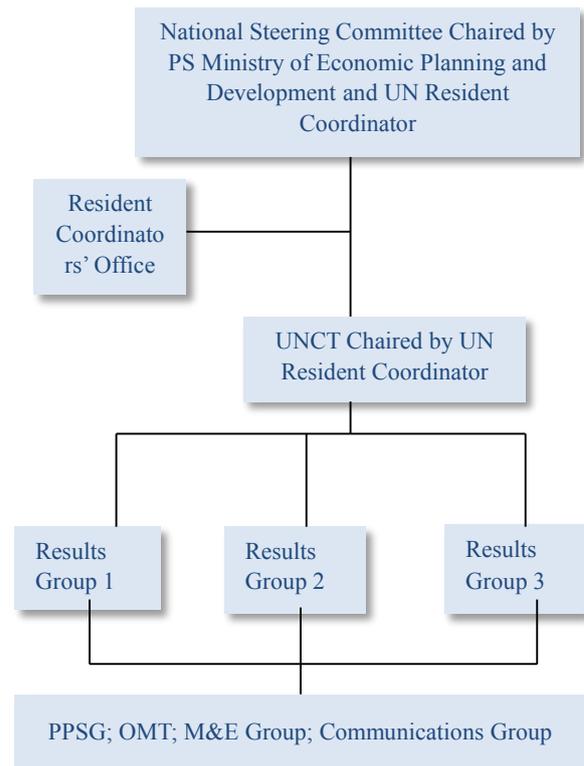
Figure 2: UNDAF Management Structure

4.2 Joint Government-UN management arrangements

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

The NSC will provide oversight of the UNDAF,
ensuring close alignment between the UNDAF
and Swaziland's Vision 2022 and the Sustainable
Development Goals (SDGs). This will
strengthen coherence and strategic partnership
between Government and the UN in delivering
the One Programme. The NSC will review and

approve UNDAF periodic plans and reports and provide guidance on key issues emerging from policy, national priorities and UNDAF implementation.

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

Expanded Results Committees (ERCs): The ERCs will comprise senior officials from the relevant Government Ministries with which the UNDAF priority areas are aligned and members of the UNDAF results group. There will be three ERCs and these will be the main advisory and technical arms of the UNDAF and will be responsible for driving implementation of the UNDAF. The ERCs will also be responsible for reviewing relevant UNDAF plans prepared by the results group. They will also participate in regular joint annual reviews where progress and implementation bottlenecks will be addressed. Representation by Government will ensure the UN's priorities are aligned to national priorities for increased mutual accountability. The ERCs will report to the NSC.

4.3 Programme Documents and Joint Work Plan

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

The Implementing UN Agencies carry both programmatic and financial accountability for

activities in the work plan. Each agency will commit itself to providing the required financial and technical support for implementation of the Joint Work Plan. The Results Groups will be responsible for coordination, planning, monitoring, implementation and reporting of the delivery of the Joint Work Plan.

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

4.4. Common Budgetary Framework and One UN Fund

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

4.4 Operating as One

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

implementing already established good practices across the One UN.

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

5 Communicating as One

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

Delivering as One requires the UN system to communicate as a coherent group with common vision and message

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

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

- identifying new and creative ways to show how UN programmes are delivering results (emphasizing inter-agency collaboration);

- promoting coherent communication;

- serving as an advisory board to UNCT on strategic media and communication matters; and

- facilitating the communication of the UN Reforms and other strategic policy decisions taken.

A communications strategy will be developed which is aimed at promoting the United Nations as a family that speaks with One Voice on key development and humanitarian issues facing the people of Swaziland. The strategy will seek to increase stakeholder awareness and/or ownership of key UN achievements; ensure the awareness of Delivering as One processes and vision among the staff members; and strengthen partnership and Resource mobilization efforts. In addition to the communications strategy, a knowledge management strategy will be developed that will enable the UN to apply knowledge to improve effectiveness, innovation and the quality of its work. Knowledge management will be a viable and effective programme and advocacy strategy to enhance the effectiveness of UN support to national development in Swaziland. The aim is to strengthen the UN's role as an interactive sharer of appropriate knowledge at all levels (within and between agencies and other stakeholders, as well as with countries in the region), changing from the current structure of within-agency knowledge sharing to a common UN-wide knowledge sharing.

A well-implemented knowledge management strategy will allow:

- a culture of building human networks of competence for delivery of specific evidence-based solutions, rather than the production of documents or databases;

- a more coordinated and coherent knowledge of products, which is more attractive and convincing with respect to donors and development partners;

- partnerships spreading across recipients of UN services in Swaziland; and

- strengthening the capacity of civil society organizations to use evidence in support of their advocacy actions.

6 Monitoring and Evaluation

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

Capacity development with respect to RBM will be a key driver for ensuring achievement and evidence-based decision-making for lesson learning and improved delivery throughout the UNDAF cycle, within the UN and among partners.

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

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

Reviews will be conducted annually involving the UN agencies technical team and respective partners at the level of the ERCs. Joint Annual Reviews involving all the ERCs will also be done after the reviews at the ERC level. At the Joint Annual Review, the ERCs will present the status of progress towards achievement of the joint outputs as further elaborated in the Joint Annual Work plan. The reviews will provide

specific, time bound recommendations with clear responsibilities which will be tracked on an annual basis. Any changes agreed in the annual review, including those arising from changes in the overall policy environment and emerging opportunities, will be referred to the Policy and Programmes Support Group for action and reflected in the M&E matrix and joint work plan for the following year. The annual report will be presented to the National Steering Committee.

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

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

The M&E group will assist the UN Country Team to plan and carry out the M&E activities, together with the UNDAF Result Groups (each chaired by a UN Head of Agency).

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

Priority Area 1: Poverty and inequality reduction, inclusive growth and sustainable development					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means Of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
Outcome 1.1: Youth, women and vulnerable groups' opportunities for employment, income generation and sustainable livelihoods increased by 2020	**Indicator:** Employment rate **Baseline (2014):** National: 57% Youth:36%[45] Women : 55% **Target**: National: 67% Youth :46% Women:65% **Indicator:** Proportion of population living below US$1 per day **Baseline (2010):** National: 63%; M: 59% F: 67% **Target**: 32% **Indicator:** Percentage of children under 5 years stunted **Baseline (2010)**31%	Labour Force Survey Report SHIES Central Bank Annual Report Sdemane and NAMBoard Reports Cotton Board Reports	**Risks:** Global trade/economic growth is sluggish Global and domestic social unrest **Assumptions**: SACU receipts will be stable Investment rate will increase.	MEPD MLSS DPMO MOH MCIT MSCYA **MoA:** Policy and Aid Coordination, leadership, **Civil Society:** Lobbying for a conducive environment **Development partners:** Technical Assistance and funding	UNDP FAO ILO

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[45] Swaziland Government : Labour Force Survey, 2012

Priority Area 1: Poverty and inequality reduction, inclusive growth and sustainable development					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means Of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
	Target 23% **Indicator:** Value of agricultural exports to GDP **Baseline (2013):** Vegetable: 3.2 Million, Cotton 84 Million, Sugar: 2.1 Billion, Beef: 85 million **Target:** Vegetable: 32 million, Cotton 200 Million, Sugar ,3.1 Billion, Beef:124 million				
Output 1.1.1: SMEs and small holder farmers' good business practices enhanced	**Indicator:** # of businesses GAP compliant. **Baseline (2014):** TBD **Target:** 4,300 **Indicator:** % of SMEs linked to local and global markets **Baseline** 2014: 1% **Target:** 10% **Indicator:** Access to finance for SMEs. **Baseline** 2014: 1% **Target:** 10%	NAM Board Reports MoA Agri Business unit annual report Ministry of Youth Sports and Culture: Youth fund annual report Women's business forum (FSE) SME unit report	**Risk:** Youth Mobility and unpredictability **Assumption:** Effective targeting Investment in irrigation from government other partners Agriculture sector remain driver for the economy	**MOA:** Coordination and Facilitation **NGO:** Mobilize small-holder women farmers **Development partners:** Technical Assistance and funding	UNDP FAO ILO
Output 1.1.2: Vulnerable groups[46] have improved access	**Indicator:** National Policy and strategy on SP approved and operationalized	DPMO	**Risks:** Unsustainable resources and poor	**DPMO-Social Welfare:** Facilitation and coordination	UNDP UNICEF WFP

Priority Area 1: Poverty and inequality reduction, inclusive growth and sustainable development					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means Of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
to social protection services	**Baseline** (**2014**): No **Target**: Yes **Indicator:** Social protection coordination mechanism established and functional **Baseline** (**2014**): No **Target**: Yes **Indicator:** # of OVCs receiving at least two services at NCPs **Baseline (2014):** 51,596 **Target**: 51,596[47] **Indicator:** Proportion of assisted households producing two or more crops **Baseline (2013)** 26,200 (10% of households) **Target** 117,000 (50% of households)	Reports, Ministry of Labour and Social Security Reports MICS	targeting of vulnerable population Fragmented coordination continues **Assumption**: Government and communities continue to support NCPs	**Civil Society:** Lobbying for a conducive environment **Development partners:** Technical Assistance and funding	WHO FAO UNAIDS
Outcome 1.2: Communities' and national institutions'	**Indicator:** MT of Carbon equivalent emissions **Baseline** (**2014**): 19.8	Ministry of Tourism and Environmental Affairs Annual Reports	**Risk:** Global Climate change	**MTEA, MOA, NDMA, SNTC:** Policy and Aid	UNDP FAO WFP

[46] Orphaned and Vulnerable Children(OVC) including adolescents, displaced, elderly, People With Disability and extremely poor populations ensuring adequate focus on child poverty and disparities and includes elements focused on gender

[47] Level of support to be maintained.

Priority Area 1: Poverty and inequality reduction, inclusive growth and sustainable development					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means Of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
resilience and management of natural resources improved by 2020	**Target:** 17. 8% (10% reduction) **Indicator:** % of protected area coverage **Baseline** (**2014):** 3.9% Protected Areas coverage **Target**: 6.4% Protected Areas coverage (of the 10%) International Declaration		**Assumption**: Commitment to follow climate resilience path	Coordination, leadership **Civil Society:** Lobbying for a conducive environment **Development partners:** TA and funding	
Output 1.2.1: Institutions' utilization of climate smart techniques (CST) and disaster risk reduction and preparedness strengthened	**Indicator::** # of SMEs utilizing CST **Baseline** (**2014):** 500 **Target**:2,000 **Indicator:** # of regions and local councils with Disaster Preparedness, Management and Risk Plans in place and operational. **Baseline** (**2014):** 0 regions, 3 local councils **Target**: 4 regions, 5 Local councils	Ministry of Agriculture Annual Reports NDMA SWALGA Report	**Risks:** Inconsistent adherence to CST and financial stability of smallholder and medium enterprises Cost of implementation of DRR **Assumption**: Adoption of techniques economically beneficial	**MOA:** Policy and Aid Coordination, leadership **Civil Society:** Lobbying for a conducive environment **Development partners:** TA and funding	UNDP FAO UNFPA WHO
Output 1.2.2: Communities' ability to protect biodiversity and ecosystems strengthened	**Indicator:** # of rural population participating in climate change adaptation/mitigation programmes. **Baseline** (**2014):** 20,000 **Target**: 100,000	Ministry of Tourism and Environment Reports	**Risk**: Resistance from the communities and land owners; inadequate compensation from the intervention proponent	**MTEA, MOA, SNTC , SEA** Policy and Aid Coordination, leadership **Civil Society:** Lobbying for a	UNDP FAO

Priority Area 1: Poverty and inequality reduction, inclusive growth and sustainable development					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means Of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
	Indicator: # of landscapes with protected ecosystems **Baseline (2014):** 0 **Target**: 6 **Indicator:** # of communities with protected wetlands **Baseline (2014):** 0 **Target**: 6		**Assumption**: Communities have the same national interest and will cooperate	conducive environment; training of communities **Development partners:** TA and funding	
Output 1.2.3: National supply of energy from renewable sources increased	**Indicator:** % of electricity generated from renewable energy sources. **Baseline (2014):** 28% **Target**: 35%	MNRE Annual Report	**Risk:** Cost of generating from renewable sources is prohibiting **Assumption**: Renewable energy policy in place Communities are receptive to alternative sources	MNRE**:** Leadership and policy Private sector and SEC; generation of renewable energy **Development partners:** TA and funding	UNDP FAO

Priority Area 2: Equitable and efficient delivery and access to social services					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
Outcome 2.1: Children's and adolescents' access to quality and inclusive education and retention in school increased by 2020	**Indicator:** Percentage of children aged 36-59 months currently attending early childhood development and learning **Baseline** (**2014**): 30% **Target**: 65%

Indicator: Lower secondary education NER **Baseline (2012)**: 27% :F: 30%；M: 22% **Target** 80%

Indicator: Primary school survival rate **Baseline (2012):** 76.4%: F: 78.3%；M: 73.7% **Target**: 90%

Indicator: Repetition rate primary and lower secondary Primary **Baseline** 2012: 15.5% : F; 13,3%；M: 17.7% **Target** 9.5%: F: 9.25%；M: 9.25%, | MICS DHS EMIS

Annual Education Census

EMIS

EMIS

SACMEQ EMIS | **Risks:** Resource constraints to support the education sector. Disturbance due to teacher strikes can lead to reduction of teaching hours Cost of education Ineffective SWAp **Assumptions:** FPE and OVC education grant be sustained. Adherence to the repetition Policy which does not allow repetition rate of more than 10% Taboo and reluctance from school actors | **MOET**: coordinate, implementation of national policies, strategies and standards **EU** financial and technical support World Bank **Non-governmental actors**: support policy implementation, raise awareness of new policies and practices in schools and community level, provide financial and technical assistance **Development partners**: financial assistance **MEPD** and **MoF** for financial support **MoH** for school health services | UNICEF UNESCO UNFPA |

Priority Area 2: Equitable and efficient delivery and access to social services					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
	Indicator: % of primary and secondary schools implementing Comprehensive Sexuality Education/Life skills HIV programmes Primary: **Baseline** 0: **Target** 60% Secondary: **Baseline** 5% **Target** 90%				
Output 2.1.1: Education sector policies/ plans, and/ standards developed and implemented	**Indicator:** National ECCD policy and framework approved and operationalized **Baseline** 2014: No **Target**: Yes	MOET Annual Report	**Risks:** Low implementation of policies, plans and standards **Assumptions:** Funding for FPE will be sustained	MoET to lead multi-sectoral dialogue leading to the development of ECD policy and framework	UNICEF UNFPA UNESCO
Output 2.1.2: Education institutions' capacity to deliver quality inclusive education improved	**Indicator:** # of ECCD teachers who are Swaziland Early Learning and Development Standards (SELDS) qualified **Baseline**: 2014: 100; **Target**:3,000 **Indicator:**% of primary and secondary schools providing	Annual Report ECCD report Child friendly schools report (Inqaba)	**Risk:** Only a few children have access to grade 0 and grade 0 might become a replacement for grade 1 **Assumption:** ECD, primary and secondary schools are	MoET responsible for implementation of the curriculum at training institutions as well as primary and secondary schools Education Policy to accommodate life skills training	UNICEF UNFPA UNESCO

Priority Area 2: Equitable and efficient delivery and access to social services					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
	comprehensive life skills education **Baseline:** Primary 0%, Secondary 9% **Target:** Primary 95%, Secondary 100% **Indicator:**% of primary and secondary schools with child friendly quality standards **Baseline:** 2014: 360; **Target:** 860 **Indicator:**% of primary schools providing inclusive education (SEN) strategies **Baseline:** 2014: 20% **Target**: 70% **Indicator:** Education sector coordination mechanism functional **Baseline** 2014: No ; **Target**: Yes **Indicator:** Timely disaggregated education reports produced **Baseline:** (2014) None: **Target:** Yes		able to absorb learners at age appropriate levels		

Priority Area 2: Equitable and efficient delivery and access to social services					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
Outcome 2.2 Families and communities' access to and uptake of integrated, quality health and nutrition services increased by 2020	**Indicator:** % of children aged 12-23 months vaccinated against childhood diseases **Baseline** 2014: 75% ; **Target**: 95% **Indicator:** Proportion of pregnancies with an antenatal visit in the first trimester **Baseline** 2007: 26% **Target**: 50% **Indicator:** Proportion of mothers receiving post-natal care within two days of delivery **Baseline** (**2014**): 87% **Target**: 95% **Indicator:** Percentage of children 0-6 months old exclusively breastfed **Baseline:** (**2014**): 64% **Target:** 65% **Indicator:** % of children aged 6-23 months receiving a minimum meal frequency of complementary foods	MICS - DHS SAM SDHS MICS MICS and SDHS	**Risks:** Economic crisis Natural disasters **Assumptions:** The health sector budget of the country will increase to the 15% as per Abuja Declaration.	**MOH:** provide overall leadership and coordination for implementation of the health sector. **CSOs:** support the ministry of health to implement health interventions **PEPFAR:** support through providing TA **EU:** support through providing TA **INGOs**: support the Ministry of Health to implement health interventions **World Bank:** support through providing TA **CBOs:** Mobilize communities to use services **Private sector:** provide financial support and do business under good health practices	UNICEF UNFPA WHO

Priority Area 2: Equitable and efficient delivery and access to social services					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
	Baseline (2014): 81% **Target 80%** **Indicator:** % of population practicing open defecation (ODF) **Baseline (2010):** 15% **Target:** <1% **Indicator:** Unmet need for family planning **Baseline (2014)**: 15% **Target**: 10% **Indicator:** Percentage availability of tracer classes of medicines at facility level. **Baseline (2014)** 75%; **Target**: 95% **Indicator:** Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases **Baseline (2014):** 21%; **Target**: 16%				

Priority Area 2: Equitable and efficient delivery and access to social services					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
	Indicator:TB Treatment success rate **Baseline (2014):** 75% **Target**: 100% **Indicator:** Number of local Malaria cases/year **Baseline (2014):** 158 **Target**: 0 This indicator is related to the Malaria Elimination goal				
Output 2.2.1: Health sector's capacity to provide promotive, preventive and curative health services strengthened	**Indicator:** Percentage of essential health services package provided at each level of care as per standards. **Baseline (2014):** 60%[48] **Target:** 80% **Indicator:** Proportion of health facilities using the Logistics Management Information System (LMIS) **Baseline: (2014**) 70% **Target**: 95%	Programme Reports & SAM CMS Programme Reports	**Risks:** High mobility and turnover of health staff **Assumptions:** SWAp is functional	**MOH:** provide overall leadership and coordination for implementation of the health sector. **CSOs:** support the ministry of health to implement health interventions **PEPFAR:** support through providing TA	UNICEF UNFPA WHO

[48] Source: National Health Sector Strategic Plan, 2014.

Priority Area 2: Equitable and efficient delivery and access to social services					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
				EU: support through providing TA **INGOs**: support the Ministry of Health to implement health interventions **World Bank;** support through providing TA **CBOs:** Mobilize communities to use services **Private sector:** provide financial support and do business under good health practices.	
Output 2.2.2: Ministry of Health enabling environment for planning and coordination strengthened	**Indicators:** Health sector joint annual reviews held **Baseline (2014):** 0 **Target**: 4 **Indicator:** Multi-Stakeholder Platform on nutrition established and operating as per ToR **Baseline (2014):** No **Target**: Yes	MOH Technical Reports	**Risks:** Poor planning **Assumptions:** Adequate resources are available for convening health sector joint annual reviews	**MOH:** provide overall leadership and coordination for implementation of the health sector **CSOs:** support the MoH to implement health interventions **PEPFAR:** support through providing TA **EU:** support through providing TA	UNICEF UNFPA WHO WFP

Priority Area 2: Equitable and efficient delivery and access to social services					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
	Indicator: Key health and nutrition policies and strategies[49] developed, approved and operationalized **Baseline (2014):** No **Target**: Yes **Indicator:** Key health and nutrition acts amended and enacted[50] **Baseline (2014):** No **Target**: Yes		Evidence informed planning for the reviews	**INGOs**: support the MoH to implement health interventions World Bank: support through providing TA **Private sector:** provide financial support and do business under good health practices **CBOs:** Mobilize communities to use services **MEPD:** Coordinate international aid to the country **MOF:** Budgetary role **MOSYC:** Coordinate youth and adolescent interventions	
Output 2.2.3: Health Sector's capacity to generate, disseminate and use strategic	**Indicator:** Timeliness of submission of HMIS data **Baseline 2014:** 74% **Target**: 90%	National Health Sector Strategic Plan MOH Annual report	**Risks:** Delayed planning Other competing activities/priorities	**MOH:** provide overall leadership and coordination for the health sector.	UNICEF UNFPA WHO

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[49] Including Food and Nutrition policy and strategy, Joint health sector plans

[50] Including Swaziland National Nutrition Act (1945), Public Health Act

Priority Area 2: Equitable and efficient delivery and access to social services					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
information strengthened	**Indicator:** # of priority Health Sector studies and surveys completed and disseminated in a timely manner especially during Joint Annual Reviews **Baseline** (**2014):**84 **Target** 100 pa	HMIS	**Assumptions:** All resources are available for conducting the planned surveys/researches	**CSOs :** support the ministry of health to implement health interventions by advocacy and lobbying **PEPFAR**: support through providing TA **EU**: support through providing TA **INGOs**: support MoH to implement health interventions **World Bank:** support through providing TA **Private sector**: provide Financial support **CBOs:** Mobilize communities to utilize services **MEPD**: helps with planning and resource mobilization for the implementation of the health sector strategies.	

Priority Area 2: Equitable and efficient delivery and access to social services					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
				MOF: budgets and disburse funds for health	
Output 2.2.4: Children under five, pregnant and lactating women have improved access to nutrition interventions	**Indicator:** Proportion of pregnant and lactating women receiving iron supplementation **Baseline (2010):** 88.2% **Target**: 95% **Indicator:** Proportion of children aged 6 -59 months receiving Vitamin A supplementation **Baseline (2010):** 68% **Target**: 80% **Indicator:** # of households oriented in community led total sanitation (CLTS) approach in targeted regions **Baseline (2013):** 500 **Target**: 5000	MOH M&E Reports; Ministry of Agriculture programme reports Agriculture census Environment and health department	**Risks:** Limited shared responsibility amongst nutrition stakeholders **Assumptions:** Increasing continued Government commitment to nutrition, including increased government resource allocation to nutrition interventions Full involvement of stakeholders in policy and programme decision-making	**Government of Swaziland (SNNC/MoH; MoA; MNRE)** Formulate national programmes and strategies Implement and monitor interventions including budgeting and allocating resources	FAO UNICEF WFP WHO
Outcome 2.3: Youth risky sexual behaviours reduced and citizens uptake of	**Indicator:** % of young people aged 15-24 who report using a condom during first sex.	DHS, MICS, SHIMS Spectrum, Programme data	**Risks:** Competing development priorities e.g. the economy	**Ministry of Health** Leadership in policy development and delivery of HIV	UNAIDS UNFPA UNICEF WHO

Priority Area 2: Equitable and efficient delivery and access to social services					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
HIV services increased by 2020	**Baseline (2010):** M=49%, F=43% **Target**: M= 70%, F= 65% **Indicator:** % of adults and children currently receiving ART among all adults and children living with HIV **Baseline (2013):** 49.9% **Target**: 90% **Indicator:** % of women aged 15-49 with more than one partner in the past 12 months who report use of a condom during last sex **Baseline (2014)** 66% **Target**: 85% **Indicator:** MTCT rate at 18 months **Baseline (2013):** 11% **Target**: <5% **Indicator:** Adolescent birth rate [51] **Baseline (2007):** 87/1000 **Target**: 70/1000		Increased financial burden of HIV response especially ART **Assumptions:** HIV remains high on the national development agenda	services within the health sector **NERCHA** Coordination of overall HIV national response and leadership in HIV Prevention **CSO** Delivery of HIV services especially at community level **Development partners** Funding and technical guidance for the national HIV response **Other Government ministries** Mainstreaming of HIV within their sectors	WFP UNODC UNESCO UNDP

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[51] UN will contribute to this in several ways, including life skills education

Priority Area 2: Equitable and efficient delivery and access to social services					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
Output 2.3.1: Government and Civil society capacity to deliver quality HIV prevention services strengthened	**Indicator:** % of young people aged 10-24 reached with social and behavioral change interventions **Baseline** (**2013**): 51 % **Target**: 81 %	Programme Data, National surveys NERCHA HIV Annual programme report	**Risk:** Human Resources; Inadequate provision of supplies(test kits, condoms,) Cultural and religious beliefs Barriers in accessing HIV services e.g. distance to health facilities, stigma and discrimination **Assumptions:** Availability of enabling policies e.g. task shifting Uncertainties and lack of unsustainable funding for CSOs Unpredictability of funding from development partners	**Ministry of Health** Leadership in policy development and delivery of HIV services within the health sector **NERCHA** Coordination of overall HIV national response and leadership in HIV Prevention **CSO** Delivery of HIV services especially at community level **Development partners** Funding and technical guidance for the national HIV response **Private sector** Coordination and implementation of workplace and wellness programmes	UNAIDS UNFPA UNICEF WHO UNODC UNESCO ILO

Priority Area 2: Equitable and efficient delivery and access to social services					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
Output 2.3.2: Health sector capacity to deliver quality HIV treatment care and support services strengthened	**Indicator:** # of tests done for HIV in the last 12months **Baseline (2013):** 178,813 **Target**: 700,000 **Indicator:** % of health facilities who report no stock out of ARV and other tracer drugs in the last 12 months **Baseline (2013):**75 % **Target**: 95% **Indicator:** % of HIV positive pregnant women and lactating mothers who receive life-long ART **Baseline (2013):** 44%; **Target**:80% **Indicator:** Number of eligible HIV and TB clients accessing nutrition services at health facilities. **Baseline (2013) :** HIV 2,765, TB 1,773 **Target** :TBD[52]	Programme Data SAM MOH annual HIV programme report Nutrition council programme data	**Risks:** Human Resources; Inadequate provision of supplies(test kits) Cultural and religious beliefs Barriers in accessing HIV services e.g. distance to health facilities, stigma and discrimination Increased financial burden of HIV response especially ART **Assumption:** Availability of enabling policies e.g. task shifting	**Ministry of Health** Leadership in policy development and delivery of HIV services within the health sector **CSO** Delivery of HIV services especially at community level	UNAIDS UNICEF WHO WFP UNODC

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[52] A survey to determine the prevalence of malnutrition among HIV and TB patients is being carried out.

Priority Area 2: Equitable and efficient delivery and access to social services					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
Output 2.3.3: Institutional capacity for the coordination of the HIV response strengthened at all levels	**Indicator:** % of HIV implementers who submit timely quality reports to the REMSHACCs **Baseline** (**2013**): 65% **Target**: 90% **Indicator:** National Commitment and Policy Index **Baseline** (**2013**): 7 **Target**: 8 **Indicator:** Multi-sectoral joint annual reviews conducted **Baseline** (**2014**): 0; **Target**: 4	Programme Data NCPI (GARP) NERCHA HIV annual programme report Swaziland global AIDS	**Risk:** Competing programme priorities **Assumption:** Sustained political commitment	**NERCHA** Coordination of overall HIV national response **Decentralized coordination structures** Coordination of HIV response in the relevant structures **Private sector** Coordination and implementation of workplace and wellness programmes	UNAIDS ILO UNDP

Priority Area 3: Good Governance and Accountability					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
Outcome 3.1: Access to and quality of priority[53] public service delivery to citizens improved by 2020.	**Indicator:** % of citizens who report that they are satisfied with delivery of public institutions services. **Baseline**: (**2014**):TBD[54] **Target**: TBD	Citizens' Satisfaction Survey	**Risks:** Limited financial and human resources to implement policies Weak corporate governance practices **Assumptions:** Government at all levels coordinated to implement policies. Citizens will actively participate in monitoring and evaluate delivery of public services	Ministry of Tinkhundla and Local Government has mandate to ensure provision of quality services Municipalities provide services to citizens	UNDP UNICEF UNFPA UNESCO FAO WFP
Output 3.1.1 Public sector capacity for planning and management strengthened	**Indicator:** # of priority government institutions[55] that have a functional monitoring system for public service standards	Prime Minister's Office Public Policy Coordinating Unit Reports	**Risks:** Low prioritisation for mainstreaming key cross-cutting principles in policy formulation at	Government has the mandate to draft policies	UNDP UNICEF UNFPA UNESCO FAO WFP

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[53] Service delivery ministries: MoH, DPMO, MoE, MoA, MoJCA and MoHA Royal Swazi Police Service

[54] Baseline to be determined during first year of UNDAF implementation.

[55] MoH, DPMO, MoE, MoA, MoJCA, MoLSS and MoHA,

Priority Area 3: Good Governance and Accountability					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
	Indicator: % of budget allocation to social sector[56] **Baseline**: **(2014):** Education 7.8%[57], 2013:Health 14.9%[58]; Agriculture 4%, Social protection 2.2% **Target**: Education: 9% or no decline. Health: 15% or no decline, Agriculture: 10%, Social protection 4%	CRC and CEDAW periodic reports	different levels of Government **Assumptions:** Baseline can be determined through retrospective desk review of existing policies Government policies that have mainstreamed cross-cutting principles have potential to be implemented due to an increase in partnership base		UNAIDS
Output 3.1.2 Government and Parliament capacity to align national laws to the constitution and international	**Indicator:** #of laws reviewed and in line with the Constitutional and international standards incorporating principles of good governance	Parliamentary Reports Ministerial Reports	**Risk:** Protracted process of translating constitutional provisions and	Ministry of Justice and Constitutional Affairs has the mandate to draft legislation	UNDP UNICEF UNFPA

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[56] Education, Health, HIV and AIDS, Water and Environment and Social Welfare,

[57] Source: Dakar Commitment by African Union Member States.

[58] Source: Abuja Declaration by African Union Member States,

Priority Area 3: Good Governance and Accountability					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
standards[59] incorporating good governance principles strengthened	**Baseline (2014):** 3[60] Target: 10 **Indicator:** % of UPR recommendations implemented. **Baseline**: TBD **Target**: 50% **Indicator :** % of CRC and CEDAW recommendations met by Government **Baseline:** 2012:30% (CRC), 2014:30% CEDAW **Target:** 75% **Indicator**: # of key government institutions[61] whose policy documents mainstreaming key cross cutting principles		international standards into domestic law **Assumption:** Government is committed and has the resources to align legislation to the constitution and domesticate international law Government has the capacity to review and draft legislation in line with international law	Parliament responsible for enacting law Ministries have the responsibility to initiate domestication of international law	

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[59] The UN will be strengthening its advocacy for domestication of ratified international instruments which include the following ;(ICCPR, ISECR, UNCAC, CRC, ICPD, CPD, CEDAW, UNFCC) and reporting on the Universal periodic Review (UPR).

[60] Source Surveys: Census, SHIES, SDHS, MICS, VAC, Agriculture Census

[61] MICS, 2014.

Priority Area 3: Good Governance and Accountability					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
	Baseline (2014): TBD **Target:** TBD				
Output 3.1.3 Government capacity for routine data collection, analysis and dissemination with a focus on key socio-economic and governance data strengthened.	**Indicator:** # of Targeted surveys[62] conducted and timely updated **Baseline (2014):** 2 **Target:** 6 **Indicator :** SD Governance Index available and applied **Baseline (2014):**No **Target: Y**es **Indicator:** % of children under five years registered at birth. **Baseline (2014):** 54%[63] **Target:** 80%	Central Statistics Office (CSO) Reports Ministry of Home Affairs Reports Ibrahim Index of African Governments (IIAG) and Transparency International	**Risks:** Limited resources to undertake routine data collection **Assumption:** Governance data prioritized Local ownership of governance index increases willingness to report on governance indicators Government considers financing civil society engagement	Central Statistics Office (CSO) has mandate to collect data Ministry of Home Affairs responsible for civil registration. Ibrahim Index of African Governments (IIAG) and Transparency International release annual governance report Civil Society collaborate with Government on data collection	UNDP UNICEF UNFPA
Output 3.1.4 Protection systems, including justice	**Indicator:** # of comprehensive multi-sectoral and victim sensitive	Ministry of Justice and Constitutional Affairs Reports	**Risks:** Delay in setting guidelines and	Ministry of Justice and Constitutional Affairs	UNDP UNICEF

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[62] Source Surveys: Census, SHIES, SDHS, MICS, VAC, Agriculture Census

[63] MICS, 2014.

Priority Area 3: Good Governance and Accountability					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
sector's capacity to provide efficient, accessible and quality services for the most vulnerable groups, improved	GBV response services[64] available **Baseline:** 1 **Target:** 4 **Indicator** : % of cases including GBV cleared within twelve month **Baseline**: <30%[65] **Target**: 70% **Indicator**: # of vulnerable individuals[66] accessing legal aid services. **Baseline:** 2014: 0; **Target**: TBD **Indicator**: # of established operational case management systems within the justice sector	Judiciary of Swaziland Reports Royal Swazi Police Reports	procedures for accessing legal aid services **Assumptions:** Judiciary has in place appropriate systems to enhance efficiency and effectiveness in monitoring of cases and provision of legal aid Judiciary system collects data on vulnerable groups access to Justice system as per strategy of the Government	Judiciary of Swaziland Royal Swazi Police Correctional Services Deputy Prime Minister Office – Gender and Family Issues Unit	UNFPA

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[64] One stop centre(s) or similar models,

[65] Judiciary of Swaziland annual report 2013.

[66] Vulnerable groups include women, adolescents, OVCs, persons with disability and youth.

Priority Area 3: Good Governance and Accountability					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
	Baseline (2014): 4[67] **Target**:4[68]				
Outcome 3.2 Citizen and Civil Society Organizations' participation in decision-making processes at all levels increased by 2020	**Indicator:** Proportion of people who think that government takes voice of citizens and CSO into account in planning and service delivery **Baseline**: 2014:45/52 [69] **Target**:40/52 **Indicator :** Proportion of seats held by women in Parliament and Local Authorities **Baseline (2013):** 14%[70] (Parliament) **Target:** 33%[71]	Ibrahim Index of African Governments (IIAG) and Transparency International	**Risks:** Low acceptance and openness by citizens to actively participate in decision making processes **Assumption:** Citizens and civil society actively participate in decision making forums	Ibrahim Index of African Governments (IIAG) and Transparency International release annual governance report Electoral and Boundaries Commissions mandated to conduct national elections Ministry of Housing and Urban Development responsible for local	UNDP UNICEF UNFPA

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[67] Direct Public Prosecution (DPP), Police, Correctional, Courts.

[68] Police, Courts, DPP, Correctional.

[69] IIAG 2014.

[70] Swaziland Government Programme of Action, 2013

[71] African Union.

Priority Area 3: Good Governance and Accountability					
Outcomes/ Outputs	**Indicator, Baseline, Target**	**Means of Verification**	**Risks and Assumptions**	**Role of Partners**	**UN Agencies**
	Baseline (2012): 14.7% (Local Authorities) **Target:**50%			government elections. Ministry of Economic Planning and Development and Finance responsible for overseeing formulation of National Budget	
Output 3.2.1 Civil Society capacity for evidence based advocacy for promotion of good governance strengthened	**Indicator:** Number of research publications produced and disseminated **Baseline (2014):** 0 **Target**: 10 periodic publications on selected themes	Publications	**Risks** Generating evidence is costly. **Assumptions** Local academia has capacity to deliver good quality research Civil Society Organizations collaborate with academia to undertake research for evidence based advocacy.	Civil Society designs and implement research Development Partners and a government finance research Academia provides support in data collection and analysis.	UNDP UNICEF UNFPA UNESCO

Annex B: Monitoring & Evaluation Plan

1.   Introduction

1.1   Background and Rationale

The United Nations Development Assistance Framework (UNDAF) is the strategic document that articulates the collective efforts of the UN System in supporting national development priorities in Swaziland. The General Assembly encourages the UN system to intensify its collaboration at the country level towards strengthening national capacities, in support of national development priorities through the UNDAF. The Swaziland UNDAF (2016-2020) has been developed through a broad-based consultative process that involved representatives from government ministries, civil society organizations, private sector and the different UN agencies resident and non-resident in Swaziland.

The initial draft of the UNDAF Results Matrix was further refined by the M&E Group of the UN, which elaborated and refined the outcomes, outputs, indicators, targets, means of verification and assumptions and risks. The Results Matrix, therefore, outlines the key performance indicators that the UN will be held accountable for in its contribution to national development priorities. The General Assembly recognizes this results matrix as the collective, coherent and integrated programming and monitoring framework for country-level contributions. The Swaziland UNDAF has been designed according to the Results-Based Management (RBM) approach.

The Government of Swaziland and the UN Country Team have adopted the "Delivering as One" approach as a delivery mechanism for the UNDAF (2016 – 2020). This should further enhance capacity for strategic approaches resulting in the UN better able to contribute effectively to national development goals with less duplication, fragmentation and competition for funds. The M&E Plan is, therefore, in line with the DaO approach, where harmonization of business operations and pursuance of quality,

effective and efficient support services in all programmes is key.

The following is a summary of the different sections of the M&E Plan:

- Section 2 elaborates the key processes that will be employed across the UN System for monitoring, evaluation and reporting on the UNDAF, including roles and responsibilities of different UNDAF Structures

- Section 3 gives an overview of the key studies, surveys, research activities planned for during the UNDAF cycle, and are presented in a calendar format

- Section 4 is the Annex with the format for annual reporting and the terms of reference for the M&E Group

1.2   Purpose of the M& E Plan

The purpose of the M&E Plan is to harmonize M&E processes for the UNDAF (2016 – 2020), with clearly defined monitoring and reporting activities, studies, surveys etc. that will inform the performance of the collective efforts of the UN system to national development priorities. It encourages the UN to document what needs to be monitored, with whom, by whom, when, how, and how the M&E data will be used.

The M&E Plan is intended to guide the M&E activities of the UN System, which should help assess the achievement of outcomes and outputs as defined in the UNDAF (2016 – 2020) Results Matrix.

It also serves as an accountability document for the work of the M&E Group, where the M&E Plan will be used as a basis for the group's activities and support for M&E activities across the UN System in Swaziland.

1.3   Guiding Principles

The following are principles that the UNDAF M&E Group and other users should consider when using this M&E Plan:

Results Focused: The UN will focus on results as stipulated in the UNDAF Results Matrix and guided by RBM Principles.

Mutual Accountability: All the UN agencies and the different UNDAF Structures are accountable for ensuring delivery of results as defined in the UNDAF Results Matrix.

Efficiency: The UNDAF Results Groups will develop realist plans and work through this agreed UNDAF mechanism and avoid duplicate and/ or parallel structures.

Collaboration: The UN will strive to collaborate in monitoring and evaluation activities to reduce transaction costs and draw on agency expertise and comparative advantage.

Team Work: The UN will follow participatory approaches that promote inclusiveness, drawing on agency strengths and fostering team spirit across the UN.

Transparency: The UNCT will create an environment that promotes open dialogue, regular consultations and constructive criticisms, with timely information sharing.

Flexibility: Recognizing the changing development environment, the UN will always challenge itself to ensure it continues to be relevant and respond to national priorities, within the framework of the UNDAF.

2. M&E Management Plan

2.1 Monitoring and Annual Review

The UNDAF Results Matrix defines the 3 broad priority areas:

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

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

Priority Area 3: Good Governance and Accountability

Each of the priority areas has a set of outcomes (7 in total), outputs (19 in total), indicators, and targets, means of verification and assumptions and risks. The Results Matrix will form the basis for monitoring progress in implementation of the UNDAF. In line with the focus of the UNDAF on joint outputs, progress on delivery will be tracked through indicators for each of the joint outputs as set out in the Results Matrix. These indicators have been designed and agreed by all UN agencies and are aligned to national strategic documents. It is expected that monitoring of progress will be done regularly, as defined in the terms of reference for the different UNDAF Structures, and particularly the Results Group, where coordination within the Priority Area will be done.

As defined in the UNDAF Results Matrix, monitoring of progress will be informed by the different data collection processes that have been articulated in the matrix, most of which are aligned to National M&E Plans and Systems. Monitoring is the continuous function of using the systematic collection of data on specified indicators to provide key stakeholders with indications of the degree of progress and achievements of objectives of the UNDAF. Monitoring should be done against targets and indicators and progress should be reported in a narrative report. It is not expected that the UN will develop separate and parallel data collection systems, but will aim to strengthen national M&E systems where weaknesses are identified. Capacity development on RBM and M&E will be a key driver for ensuring achievement and evidence-based decision-making throughout the UNDAF cycle, within the UN and among national partners. Each agency and/or sub-structure within the Results Group, will contribute data on relevant indicators at the output level, and contribute to annual reviews. UN agencies will convene through the Results Group for each priority area, also ensuring

adequate engagement and ownership by government and other partners in tracking and reporting progress towards the targets.

Before the annual reviews agencies are expected to prepare for these reviews by providing progress reports against relevant indicators at the output level, with a summary narrative on achievements and challenges, including expenditure figures. The indicators at outcome level will also be evaluated during annual reviews or whenever new data becomes available from relevant sources, and agencies should provide this data. All this should be submitted to the Results Group Chair, who normally should nominate a Secretariat who will assist with synthesising reports from the different agencies and or sub-structures within the Results Group before the review discussions.

Semi-annual and annual reviews will be conducted at the Results Group level, with the Annual Reviews involving national stakeholders within the Expanded Results Committee. The semi-annual reviews can involve only members of the Results Group from within the UN System, and these reviews will be chaired by the Head of Agency designated to chair the Results Group. According to the UNDAF guidelines, the UN and national partners must conduct an annual review of the UNDAF and it is essential that the annual review process is documented. The annual reviews should involve members of the Results Group from within the UN System and relevant national partners, and these reviews will be jointly chaired by the Head of Agency designated to chair the Results Group and the Government Official designated for this function.

A Joint Annual Review (JAR) involving all the Expanded Results Committees (ERC) will be held and this will be an opportunity to interact and review the collective contribution of the UN to national priorities based on the UNDAF. At the Joint Annual Review, the ERCs will present status of progress towards achievement of the joint outputs as further elaborated in the Joint Annual Work plan. The joint reviews will provide specific, time-bound recommendations

with clear responsibilities which will be tracked on an annual basis. Any changes agreed in the joint annual review, including those arising from changes in the overall policy environment and emerging opportunities, will be referred to the Policy and Programmes Support Group for action and reflected in the M&E matrix and Joint work plan for the following year.

In the annex is a template for reporting by agencies on sub-structures within the Results Group to inform the overall report for the Results Group and the annual reviews.

2.2   UNDAF Progress Reporting

According to the General Assembly resolution A/RES/62/208 on the Triennial Comprehensive Policy Review (TCPR), the country team is expected to produce an UNDAF Progress Report. Further guidance on UNDAF Progress Reporting is provided in the Standard Operational Format & Guidance for 2010. As a good practice, a single UNDAF Progress Report must be produced per each year.

In the annex is a template for reporting by Results Groups, format of which will be used for the overall UNDAF Progress Report.

2.3   Evaluation of UNDAF

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

Evaluation is the systematic and objective assessment of the UNDAF which aims to determine the relevance and fulfilment of objectives as well as the efficiency and effectiveness of the UNDAF (and when feasible, its impact). It is expected that an end term evaluation will be conducted and if required, a Mid-term Review will provide an opportunity to take stock, identify bottlenecks and adjust the results framework. The final UNDAF Evaluation will inform learning, decision-making and lay the foundation for the design of the next UNDAF. The evaluation will be managed by the UNCT in cooperation with government and other partners, and conducted by an objective third party. Studies, surveys and evaluations conducted by UN agencies and their partners during the UNDAF cycle are the building blocks for the evaluation. The review and the evaluation processes will be carried out according to the norms and standards of the UN Evaluation Group (UNEG), examining the relevance, effectiveness, efficiency, and sustainability of the UN's joint programming efforts and their contribution to the UNDAF outcomes. The evaluation will be conducted against the backdrop of the principles and commitments of the Paris Declaration on Aid Effectiveness and the Accra Agenda for Action.

2.4 Roles and Responsibilities

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

Below is a summary of roles and responsibilities for each of the different UNDAF Structures:

1.   UN Country Team:

- Overall accountability for the achievements of results (outcomes and outputs as measured through the indicators and targets) as defined in the UNDAF

- Provide leadership in the production of the UNDAF Annual Progress Report, working with the RCO and mobilising Results Groups and Agencies to provide inputs

- Provide leadership in ensuring M&E activities for the UNDAF are carried out, and the M&E Plan is implemented

- Receive regular updates from the M&E Group on progress in implementation of M&E activities

- Support capacity- building activities for both UN staff and Government Counterparts in RBM and M&E

- Ensure annual reviews are held regularly and as stipulated, and with the required and expected outputs produced

- Lead in the planning for and management of the end term evaluation and if required, the Mid-term Review

2.   Results Group Chair:

- Convene Results Group meetings, ensuring representation by relevant agencies in the Results Group

- Plan for and chair the annual reviews with partners within the Expanded Results Committees, ensuring representation by relevant agencies and national stakeholders

- Ensure submission of semi-annual and annual reports by agencies and sub-structures of the Results Group, with the required level of detail

- Lead in production of the UNDAF annual report for the Result Area, for consolidation and finalisation by RCO

- Provide leadership in ensuring M&E activities for the UNDAF are carried out, and the M&E Plan is implemented for the Priority Area

3.   Results Group Members:

- Participate in Results Group meetings, ensuring representation for the relevant agency at each meeting

- Support planning for and participate in the annual reviews with partners within the Expanded Results Group, ensuring representation by relevant national stakeholders

- Prepare semi-annual and annual reports required for each agency and/or relevant sub-structures for the Results Group , with the expected level of detail

- Support production of the UNDAF annual report for the Result Area, for consolidation and finalisation by RCO

4. M&E Group:

- Lead in implementation of activities as defined in the M&E Plan

- Provide all required data for monitoring progress against the UNDAF outcomes and outputs, liaising with national partners

- Support capacity- building activities for Government Counterparts in RBM and M&E, and building of national M&E systems

- Support planning for and participate in the annual reviews with partners, ensuring representation by relevant national stakeholders

- Support submission of semi-annual and annual reports by agencies and/or sub-structures of the Results Group, with the required level of detail

- Support production of the UNDAF annual report for the Result Area, for consolidation and finalization by the Resident Coordinator's Office (RCO)

- Participate in Results Group meetings, providing relevant M&E inputs for the meetings

- Lead in the planning for and management of the end term evaluation if required, the Mid-term Review

5. Resident Coordinator's Office:

- Support implementation of activities as defined in the M&E Plan

- Support in providing all required data for monitoring progress against the UNDAF outcomes and outputs, liaising with the M&E Group

- Plan the annual reviews with partners for each of the ERCs, ensuring representation by relevant national stakeholders and production of report for the reviews

- Plan the joint annual reviews involving all the ERCs, ensuring and production of report from the reviews

- Ensure submission of semi-annual and annual reports by agencies and/or sub-structures of the Results Group, with the required level of detail

- Support production of the UNDAF annual report for the Result Area, for consolidation and finalization by RCO

- Participate in Results Group and ERC meetings as relevant

- Produce the UNDAF Annual Progress Report, ensuring inputs from the Results Groups are received and to the required level of quality

- Lead in the planning for and management of the end term evaluation if required, the Mid-term Review.

3. Monitoring and Evaluation Calendar

	2016	2017	2018	2019	2020
Major events and international reports	• Progress for Children Report • Report to CEDAW (on the status of Bills). • Global AIDS Response Progress Report • State of the World Population Report • State of the World Midwifery Report • Quadrennial Comprehensive Policy Review Report • Universal Periodic Review • Human Rights Report • Vulnerability Assessment Report • Agricultural Assessment Report • Global Employment Reports • Committee of Experts on the Application of Conventions and recommendations report • Intended National Determined Contributions	• Progress for Children Report • Report to CEDAW (on the status of Bills). • National Human Development Report • Global AIDS Response Progress Report • State of the World Population Report • State of the World Midwifery Report • State of the Youth Report • Vulnerability Assessment Report • Global TB report • Global WHO ARV use and diagnostic use • World Health Report • Global Employment Reports • Committee of Experts on the Application of Conventions and Recommendations Report	• Progress for Children Report • Report to CEDAW (on the status of Bills). • Global AIDS Response Progress Report • State of the World Population Report • State of the World Midwifery Report • Vulnerability Assessment Report • Agricultural Census Report • Global TB report • Global WHO ARV use and diagnostic use • World Health Report • Global Employment Reports • Committee of Experts on the Application of Conventions and Recommendations Report • Population Census Monograph	• CCA/UNDAF preparation • Human Development Report • Progress for Children Report • Report to CEDAW (on the status of Bills). • National Human Development Report • Global AIDS Response Progress Report • State of the World Population Report • State of the World Midwifery Report • State of the Youth Report • Universal Periodic Review • Vulnerability Assessment Report • World Health Report • Global Employment Reports • Committee of Experts on the Application of Convention	• CCA/UNDAF preparation • Next UNDAF draft • Progress for Children Report • MDG Report • Report to CEDAW (on the status of Bills). • Global AIDS Response Progress Report • State of the World Population Report • State of the World Midwifery Report • Quadrennial Comprehensive Policy Review Report • Human Rights Report • Vulnerability Assessment Report • Agricultural Census Report • Global TB report • Global WHO ARV use and diagnostic use

	2016	2017	2018	2019	2020
				- Population Census Monograph - Population Projections Report	- Global Programme to Enhance Reproductive Health Commodity Security survey World Health Report - Population Census Monograph
Surveys and studies	- HIV Impact Assessment - HIV Sentinel Surveillance in ANC Clinic Attendees - HIV Drug Resistance Monitoring Survey in Adults and Children - Behavioural and Biological Surveillance Survey in Key Populations - Study on Gender Based Violence and HIV/AIDS: Links, Opportunities And Potential Responses - Know Your Epidemic and Response Study and MoT - Formative national Evaluation Study on Gender Based Violence and HIV/AIDS	- HIV Drug Resistance Monitoring Survey in Adults and Children - Efficiency Studies for National HIV Response - National AIDS Spending Assessment - National Health Sector Strategic Plan Mid-term Review - Global TB Report - Global WHO ARV use and diagnostic use - TB Prevalence Survey - Effective Vaccine Management Assessment (EVMA) - Paediatric Bacterial Meningitis sentinel surveillance - Rotavirus sentinel surveillance	- HIV Drug Resistance Monitoring Survey in Adults and Children - Know Your Epidemic and Response Study and MoT - Pediatrics Bacterial Meningitis sentinel surveillance - Rotavirus sentinel surveillance - Global TB Report - Global WHO ARV use and diagnostic use - Global TB Report - Global WHO ARV use and diagnostic use - Study of the GBV response Programme, SRH and HIV/AIDS - Global Programme to Enhance Reproductive	- HIV Drug Resistance Monitoring Survey in Adults and Children - National AIDS Spending Assessment - Paediatric Bacterial Meningitis sentinel surveillance - Rotavirus sentinel surveillance - Annual Food Security and Vulnerability Assessment Survey (VAC) - Service availability mapping - Analytical Monograph of the 2017 Swaziland Population and Housing Census	- Effective Vaccine Management Assessment (EVMA) - Paediatric Bacterial Meningitis sentinel surveillance - Rotavirus sentinel surveillance - Global TB Report - Global WHO ARV use and diagnostic use - Global Programme to Enhance Reproductive Health Commodity Security survey - Annual Food Security and Vulnerability Assessment Survey (VAC) - Labour statistician resolution concerning

	2016	2017	2018	2019	2020
	- Socio-cultural study on determinants of GBV - Global TB report - Global WHO ARV use and diagnostic use - KAPB on EPI including giving multiple injection at one visit - EPI coverage survey - Paediatric Bacterial Meningitis sentinel surveillance - Rotavirus sentinel surveillance - Global Programme to Enhance Reproductive Health Commodity Security survey - Annual Food Security and Vulnerability Assessment Survey (VAC) - Labour statistician resolution concerning statistics of work, employment and labour under utilisation - Vulnerability Census Survey - Agricultural Census Survey	- Social Accountability Audits - Annual Food Security and Vulnerability Assessment Survey (VAC) - Swaziland Household Income Expenditure Survey (SHIES) 2017 population and housing census enumeration survey - Service availability mapping	Health Commodity Security survey - Annual Food Security and Vulnerability Assessment Survey (VAC) - Labour statistician resolution concerning statistics of work, employment and labour under -utilization - Agricultural Census Survey - Preliminary results of the 2017 Population and Housing Census		statistics of work, employment and labour under-utilzsation - Agricultural Census Survey - Swaziland Perception survey on Corruption - Population projections based on the 2017 Population and Housing Census

	2016	2017	2018	2019	2020
	- Research into extent of citizens' participation in decision making - Anti-Corruption Perception Survey - Swaziland Perception Survey on Corruption - Baseline Survey on extent of citizens' participation in development decision making processes - Third National Communications to the UNFCCC - GIS-based Biodiversity Assessment - Demographic Dividend Report				
Evaluations	- Rotavirus Post Introduction Evaluation - IPV Rotavirus Introduction Evaluation - Impact evaluation Prevention of Mother to Child Transmission (PMTCT) among children 18 months. - Evaluation of eHMIS effectiveness on the	- Evaluation of SBCC Interventions supported by the GFATM - Rubella Post Introduction Evaluation - EPI comprehensive review - TB & HIV Programs Mid-Term review - Results Evaluation of the Safeguard Young	- Evaluation of the second National Health Sector Strategic Plan - EPI Surveillance Review - Comprehensive TB & HIV Programs review - Evaluation of Rural Health Motivators' (RMT) package of services impact communities	- UNDAF Evaluation - GoS/UNFPA 2016-2020 Country Programme Evaluation - Impact evaluation of One Stop Centre (OSC) response to violence. - Climate change strategy action plan evaluation	GOS/FAO 2016 – 2020 Country Programme Framework Evaluation

	2016	2017	2018	2019	2020
	improvement of programme monitoring ▪ Evaluation report on the implementation of the Decent Work Agenda for Africa	People Project Programme (SYP) with focus on adolescent girls ▪ Evaluation of Emergency Obstetric and New-born Care (EMONC) impact of the scale up of standardized services. ▪ Evaluation of SBCC Interventions supported by the GFATM ▪ Decent Work Country Programme final Evaluation	▪ Evaluation of ECCD integrated services in formal and non-formal institutions. ▪ Evaluation Report on the implementation of the Decent work Agenda for Africa ▪ GOS/ FAO 2016 - 2020 Country Programme Framework Mid-Term evaluation		

4. **Format for UNDAF Annual Report for Results Groups**

    a) Overview of Priority Area and Outcomes (1 Page)

    b) Progress towards UNDAF outcomes, achievement of set indicators and the UN's contribution (2 pages)

    c) Issues in Implementation (2 Pages)

        (i) Opportunities including changes in the operating environment

        (ii) Challenges and gaps in implementation

        (iii) Overlapping areas and identification of cross Priority Area issues and action points

        (iv) Level of integration of cross-cutting issues (gender, human rights, environment etc.)

    d) Lessons Learned and Way Forward (1 Page)

5. **Format for Agency and/or sub-Results Group Progress Updates**

Outcomes/ Output	Indicators, Baseline, Target	Means of Verification	Achievements (100 words)	Challenges (50 words)	Way Forward (50 words)	Expenditure ($)
Outcome 1.1: Youth, women and vulnerable groups' opportunities for employment and sustainable livelihoods increased by 2020	**Indicators:** Employment rate **Baseline 2014:** 57% Youth: 36%[72] Women: 55% **Target**: National: 67% Youth:46% Women:65%	Labour Force Survey Report SHIES				

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[72] Labour Force Survey, 2012.

Outcomes/ Output	Indicators, Baseline, Target	Means of Verification	Achievements (100 words)	Challenges (50 words)	Way Forward (50 words)	Expenditure ($)
Output 1.1.1: SMEs and smallholder farmers' good business practices enhanced	**Indicator:** # of businesses GAP compliant **Baseline 2014**: TBD **Target:** 4,300 **Indicator:** % of SMEs linked to local and global markets **Baseline 2014**: TBD **Target:** 10%	NAM Board Reports MoA Agribusiness Unit Annual Report SME Unit Annual Report				

Annex C: Legal Annex

1. Partnerships, Values and Principles

Whereas the Government of the Kingdom of Swaziland (hereinafter referred to as "the Government") has entered into the following:

a)   WHEREAS the Government and the United Nations Development Programme (hereinafter referred to as UNDP) have entered into a basic agreement to govern UNDP's assistance to the country (Standard Basic Assistance Agreement (SBAA) which was signed by both parties on 28th October 1977. Based on Article I, paragraph 2 of the SBAA, UNDP's assistance to the Government shall be made available to the Government and shall be furnished and received in accordance with the relevant and applicable resolutions and decisions of the competent UNDP organs, and subject to the availability of the necessary funds to the UNDP. In particular, decision 2005/1 of 28 January 2005 of UNDP's Executive Board approved the new Financial Regulations and Rules and along with them the new definitions of 'execution' and 'implementation' enabling UNDP to fully implement the new Common Country Programming Procedures resulting from the UNDG simplification and harmonization initiative. In light of this decision, this UNDAF together with the Joint Work Plan 2016-2017 and subsequent work plans (which shall form part of this UNDAF, and are incorporated herein by reference) concluded hereunder constitute together a project document as referred to in the SBAA.

b)   With the United Nations Children's Fund (UNICEF), a Basic Cooperation Agreement (BCA) concluded between the Government and UNICEF in 8th March 1995.

c)   With the United Nations Population Fund (UNFPA), the Basic Agreement concluded between the Government and the United Nations Development Programme on 28 October 1977 (the "Basic Agreement") mutatis mutandis applies to the activities and personnel of UNFPA, in accordance with the agreement concluded by an exchange of letters between UNFPA and the Government which entered into force on 7 March 2007. This UNDAF together with any work plan concluded hereunder, which shall form part of this UNDAF and is incorporated herein by reference, constitutes the Project Document as referred to in the Basic Agreement."

d)   With the World Food Programme (WFP), a Basic Agreement concerning assistance from the World Food Programme, which Agreement was signed by the Government and WFP on 27th May 2005.

e)   With the World Health Organization (WHO), an Agreement concerning the provision of technical advisory assistance was signed by the Government and WHO on the 11th July 1973.

f)   With the Food and Agriculture Organization of the United Nations, an Agreement for the opening of the FAO Representation in Swaziland was signed on the 28th July 1983. The FAO Sub-Regional Office located in Harare Zimbabwe provides overall oversight.

g)   With UN Joint Programme of Support on HIV/AIDS (UNAIDS), a basic agreement establishing a Joint UN Coordinated HIV Programme Secretariat in 1999, providing technical and financial support to the HIV and AIDS response through the UN Joint Programme of Support implemented by the Joint Team on AIDS.

h)   For all agencies: Assistance to the Government shall be made available and shall be furnished and received in accordance with the relevant and applicable resolutions and decisions of the competent UN system agency's governing structures as appropriate.

The UNDAF will, in respect of each of the United Nations system agencies signing, be read, interpreted, and implemented in accordance with and in a manner that is consistent with the basic agreement between such United Nations system agency and the Government of the Kingdom of Swaziland.

2. Programme Management and Accountability Arrangements

The programme will be nationally executed under the overall co-ordination of the Ministry of Economic Planning and Development. Government Ministries, NGOs, and UN system agencies will implement programme activities. The UNDAF 2016-2020 will be made operational through the development of joint work plan(s) (JWPs)[73] and agency-specific work plans and project documents as necessary which describe the specific results to be achieved and will form an agreement between the UN system agencies and each implementing partner as necessary on the use of resources. To the extent possible the UN system agencies and partners will use the minimum documents necessary, namely the signed UNDAF and signed joint or agency-specific work plans and project documents to implement programmatic initiatives. However, as necessary and appropriate, project documents can be prepared using, inter alia, the relevant text from the UNDAF and joint or agency-specific work plans and / or project documents[74].

3. Resources and Resource Mobilization Strategy

The UN system agencies will provide support to the development and implementation of activities within the UNDAF 2016–2020, which may include technical support, cash assistance, supplies, commodities and equipment, procurement services, transport, funds for advocacy, research and studies, consultancies, programme development, monitoring and evaluation, training activities and staff support. Part of the UN system agencies' support will be provided to Non-Governmental organizations as agreed within the framework of the individual work plans (WPs) and project documents.

Additional support may include access to UN organization-managed global information systems, the network of the UN system agencies' country offices and specialized information systems, including rosters of consultants and providers of development services, and access to the support provided by the network of UN Specialized Agencies, Funds and Programmes.

The UN system agencies shall appoint staff and consultants for programme development, programme support, technical assistance, as well as monitoring and evaluation activities.

Subject to annual reviews and progress in the implementation of the programme, the UN system agencies' funds are distributed by calendar year and in accordance with the UNDAF 2016-2020. These budgets will be reviewed and further detailed in the work plans (WPs) and project documents. By mutual consent between the Government and the UN system agencies, funds not earmarked by donors to the UN system agencies for specific activities may be re-allocated to other programmatically equally worthwhile activities.

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[73] As per the UNDG Standard Operating Procedures (SOPs) for countries adopting the "Delivering as One" approach

[74] In the case of UNDP, the Government Coordinating Authority will nominate the Government Co-operating Agency directly responsible for the Government's participation in each UNDP-assisted work plan. The reference to "Implementing Partner(s)" shall mean "Executing Agency(s)" as used in the SBAA. Where there are multiple implementing partners identified in an work plan, a Principal Implementing Partner will be identified as who will have responsibility for convening, co-ordinating and overall monitoring (programme and financial) of all the Implementing Partners identified in the work plan to ensure that inputs are provided and activities undertaken in a coherent manner to produce the results of the work Plan.

4. Monitoring and Evaluation

Implementing Partners agree to cooperate with the UN system agencies for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by the UN system agencies. To that effect, Implementing Partners agree to the following:

1. Periodic on-site reviews and spot checks of their financial records   by the   UN system agencies or their representatives, as appropriate, and as described in specific clauses of their engagement documents/ contracts with the UN system agencies'
2. Programmatic monitoring of activities following the UN system agencies' standards and guidance for site visits and field monitoring,
3. Special or scheduled audits. Each UN organization, in collaboration with other UN system agencies (where so desired and in consultation with the respective coordinating Ministry) will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by the UN system agencies, and those whose financial management capacity needs strengthening.
4. Where an assessment of the Public Financial Management system has confirmed that the capacity of the Supreme Audit Institution is high and willing and able to conduct scheduled and special audits. The Supreme Audit Institution may undertake the audits of Government Implementing Partners. If the SAI chooses not to undertake the audits of specific Implementing Partners to the frequency and scope required by the UN system agencies, the UN system agencies will commission the audits to be undertaken by private sector audit services[75].

5. Commitments of the Government

The Government of Swaziland will support the UN system agencies' efforts to raise funds required to meet the needs of this UNDAF and will cooperate with the UN system agencies including: encouraging potential donor Governments to make available to the UN system agencies the funds needed to implement unfunded components of the programme; endorsing the UN system agencies' efforts to raise funds for the programme from other sources, including the private sector both internationally and in Swaziland and by permitting contributions from individuals, corporations and foundations in Swaziland to support this programme which will be tax exempt for the Donor, to the maximum extent permissible under applicable law.

Cash assistance for travel, stipends, honoraria and other costs shall be set at rates commensurate with those applied in the country, but not higher than those applicable to the United Nations system (as stated in the ICSC circulars).

The Government will honour its commitments in accordance with the provisions of the cooperation and assistance agreements outlined in paragraph above. The Government shall apply the provisions of the Convention on the Privileges and Immunities of the United Nations agencies to the Agencies' property, funds, and assets and to its officials and consultants. In addition, the Government will accord to the Agencies and their

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[75] Seen through a South-South lens, the capacity assessment process presents an opportunity to identify capacity assets that a particular country could offer to other developing countries and the capacity gaps that could be filled by other developing countries. For UNDP, the audit of NGO or nationally implemented projects can be assigned to the national Supreme Audit Institution (SAI) only on the condition that the institution has a demonstrated capacity to carry out the audits in an independent manner. To this effect, the Office of Audit and Investigations (OAI) has made available on its Intranet site guidance on the assessment of SAIs along with a questionnaire that will need to be properly completed, signed and communicated to OAI to support that due diligence has been exercised prior to opting for having such audits undertaken by the national SAI. Please refer to OAI Intranet site for further details.

officials and to other persons performing services on behalf of the Agencies, the privileges, immunities and facilities as set out in the cooperation and assistance agreements between the Agencies and the Government.

The Government will be responsible for dealing with any claims, which may be brought by third parties against any of the Agencies and its officials, advisors and agents. None of the Agencies nor any of their respective officials, advisors or persons performing services on their behalf will be held responsible for any claims and liabilities resulting from operations under the cooperation and assistance agreements, except where it is mutually agreed by Government and a particular Agency that such claims and liabilities arise from gross negligence or misconduct of that Agency, or its officials, advisors or persons performing services.

Annex D: Acronyms and Abbreviations

ACC	Anti-Corruption Commission
AfDB	African Development Bank
AGOA	African Growth and Opportunity Act
AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante-Natal Care
ART	Anti-retroviral treatment
BOS	Business Operations Strategy
CEDAW	Convention on the Elimination of All forms of Discrimination against Women
CMIS	Client Management Information System
USAID	United States Agency for International Development
PEPFAR	President's Emergency Plan for AIDS Relief
CSO	Central Statistical Office
CSO	Civil Society Organizations
DPMO	Deputy Prime Minister's Office
ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
EMIS	Education Management Information System
EU	European Union
FACE	Funding Authorization and Certificate of Expenditures
FAO	Food and Agriculture Organization
FDI	Foreign Direct Investment
GBV	Gender Based Violence
GDP	Gross Domestic Product
GFATM	Global Fund for AIDS, TB and Malaria
GFIU	Gender and Family Issues Unit

HACT	Harmonized Approach to Cash Transfer
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRH	Human Resources for Health
HTC	HIV Counselling and Testing
IIAG	Ibrahim Index of African Governments
IMR	Infant Mortality Rate
JWP	Joint Work Plan
LFS	Labour Force Survey
MDR-TB	Multidrug resistant TB
MEPD	Ministry of Economic Planning and Development
MICS	Multiple Indicator Cluster Survey
MNRE	Ministry of Natural Resources and Energy
MOA	Ministry of Agriculture
MOET	Ministry of Education and Training
MOF	Ministry of Finance
MOH	Ministry of Health
MOLSS	Ministry of Labour and Social Security
NCDs	Non Communicable Diseases
NCP	Neighbourhood Care Point
NDS	National Development Strategy
NERCHA	National Emergency Response Council on HIV/AIDS
NHSSP	National Health Sector Strategic Plan
NSC	National Steering Committee
ODF	Open-Defecation Free
OMC	Operations Management Committee

OMT	Operations Management Team
OVC	Orphan and Vulnerable children
PMTCT	Prevention of Mother To Child Transmission
PPSC	Policy and Programme Support Committee
PPSG	Policy and Programme Support Group
PRSAP	Poverty Reduction Strategy and Action Programme
PS	Principal Secretary
PSM	Procurement and Supply Management
RDT	Regional Director's Team
SACU	South African Customs Union
SDG	Sustainable Development Goals
SHIES	Swaziland Household Income and Expenditure Survey
SHIMS	Swaziland HIV Incidence Measurement Survey
SLFS	Swaziland Labour Force Survey
SME	Small and Medium Enterprises
SODV	Sexual Offences and Domestic Violence
SWAp	Sector Wide Approach
SWAZIVAC	Swaziland Vulnerability Assessment and Analysis Committee
TB	Tuberculosis
U5MR	Under-five Mortality Rate
UHC	Universal Health Coverage
UNCAC	United Nations Convention against Corruption
UNAIDS	United Nations Joint Program on HIV/AIDS
UNCG	United Nations Communications Group
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group

UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Emergency Fund
UPR	Universal Periodic Review
VCT	Voluntary Counselling and Testing
WFP	World Food Programme
WHO	World Health Organization
TCPR	Triennial Comprehensive Policy Review