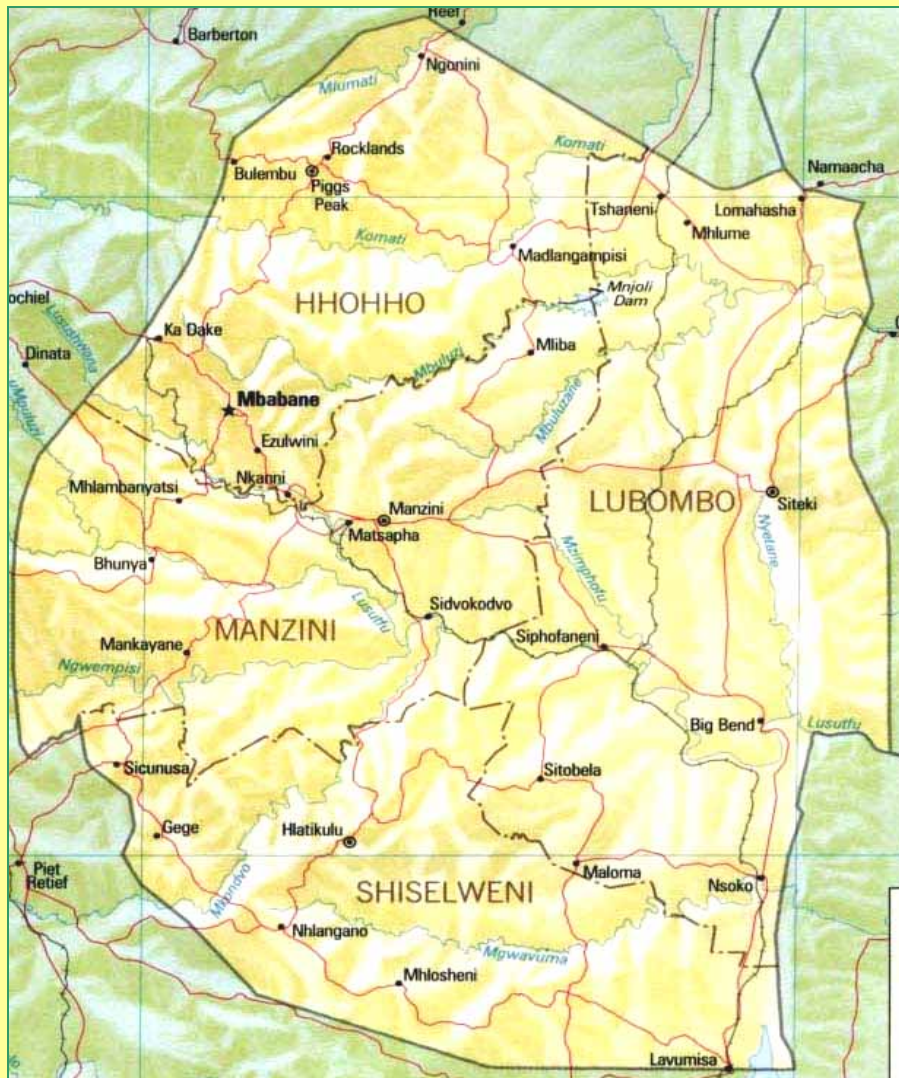


UNDAF

United Nations Development Assistance Framework



Geographical Map of Swaziland

**Kingdom of Swaziland
2006 - 2010**

**The United Nations Development
Assistance Framework for the
Kingdom of Swaziland
2006 – 2010**



**Principal Secretary
Ministry of Economic
Planning & Development
Government of the
Kingdom of Swaziland**

**Resident Coordinator
United Nations
Operational System**

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LIST OF ACRONYMS

ACU	Anti-Corruption Unit
AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infection
ART	Antiretroviral Treatment
ARV	Antiretroviral
AWP	Annual Work Plan
BCC	Behavioral Change Communication
BVE	Bereaved Vulnerable Elderly
BSS	Behavioral Surveillance Surveys
CANGO	Coordinating Assembly of Non Governmental Organizations
CAT	Convention Against Torture
CBO	Community Based Organizations
CCA	Common Country Assessment
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CFSAM	Crop and Food Supply Assessment Mission
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPO	Country Programme Outline
CRC	Convention on the Rights of the Child
CSO	Civil Society Organization
DHS	Demographic Health Survey
DPM	Deputy Prime Minister
ECD	Early Childhood Development
EPI	Expanded Programme on Immunization
FAO	Food and Agriculture Organization
FBOs	Faith Based Organizations
GBV	Gender Based Violence
GDP	Gross Domestic Product
GOS	Government of Swaziland
HIV	Human Immunodeficiency Virus
ICESCR	International Convention on Economic, Social and Cultural Rights
IEC	Information, Education and Communication
JCO	Judicial Commissioner Office
LDC	Least Developed Countries
M&E	Monitoring and Evaluation
MCH	Mother and Child Health
MDG	Millennium Development Goals
MEPD	Ministry of Economic Planning and Development
MOJ&CA	Ministry of Justice and Constitutional Affairs
MHUD	Ministry of Housing and Urban Development
MTR	Mid Term Review
NDS	National Development Strategy
NDTF	National Disaster Task Force

NERCHA	National Emergency Response Council on HIV and AIDS
NGOs	Non-Governmental Organizations
ORT	Oral Rehydration Therapy
OVC	Orphans and Vulnerable Children
PHAST	Participatory Hygiene and Sanitation Transformation
PLWHA	People Living With HIV and AIDS
PMTCT	Prevention of Mother To Child Transmission
PMU	Poverty Monitoring Unit
PPA	Participatory Poverty Assessment
PRSAP	Poverty Reduction Strategy Action Plan
PRSP	Poverty Reduction Strategy Programme
SADC	Southern Africa Development Community
SHIES	Swaziland Household Income & Expenditure Survey
SME	Small & Medium Enterprises
SPEED	Smart Programme on Economic Empowerment and Development
STI's	Sexually Transmitted Infections
SWACI	Swaziland Capacity Initiative
SYNC	Swaziland Youth National Council
SYUAHA	Swaziland Youth United Against HIV and AIDS
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session of HIV and AIDS
UNICEF	United Nations Children Fund
UNIFEM	United Nations Development Fund for Women
UPE	Universal Primary Education
VAC	Vulnerability Assessment Committee
VCT	Voluntary Counseling and Testing
WFP	World Food Programme
WHO	World Health Organization

COMMITMENT PAGE

**The United Nations Development
Assistance Framework for the
Kingdom of Swaziland
2006 – 2010**

We, the United Nations Heads of Agencies, while respecting agency mandates and comparative advantages, pledge our commitment to collaborative and joint programming to enhance the impact of the United Nations System's contribution towards addressing national development challenges and ultimately achieving the goals expressed in the Millennium Declaration.

Food and Agriculture Organization
Representative

Joint United Nations Programme on HIV and AIDS
Country Coordinator

United Nations Children's Fund
Representative

United Nations Development Programme
Resident Representative

United Nations Educational Scientific and Cultural Organization
Director and Country Representative

United Nations Population Fund
Country Director

World Food Programme
Country Director and Representative

World Health Organization
Country Representative

Executive Summary

1. Swaziland faces a major crisis arising from an HIV and AIDS epidemic of unprecedented scope and severity. Its impact has reversed progress towards many national goals and the Millennium Development Goals. It is also decimating national capacity in ways that threaten to undermine the national response to the crisis. It is essential that the UN Development Assistance Framework should be relevant to supporting the Government and society's response to that crisis.

2. In 1999 His Majesty the King declared HIV and AIDS a national disaster requiring all efforts to bring down the infection rate and the impact from AIDS. In subsequent years the issues of poverty alleviation have also been central in his speeches. Consequently, the Government of Swaziland has identified its priorities in the policy referred to as the Smart Programme on Economic Empowerment and Development (SPEED). This policy identifies poverty alleviation, the fight against HIV and AIDS, and the achievement of the Millennium Development Goals as some of the key areas of development requiring major attention.

3. The UNDAF (2006-2010) has identified five (5) key priority areas of cooperation:

- i. HIV and AIDS.
- ii. Poverty Reduction.
- iii. Food Security.
- iv. Basic Social Services (mainly health and education).
- v. Governance.

4. There are close inter-relationships across the five areas, and country programme outcomes and outputs have been selected in ways to maximize synergies across programmes. The over-riding priority for Swaziland is HIV and AIDS, and the other four areas will complement the HIV and AIDS response. Programme implementation arrangements will seek in operational terms to emphasize those complementarities and synergies, and to provide support to Government to address the capacity constraints, which are being exacerbated by the epidemic. The UNDAF calls for significant mobilization of resources by the agencies, and the strategies will also seek to mobilize other national and international resources towards the outcomes. A considerable number of the outputs detailed in the UNDAF matrices will be pursued through joint programming.

5. The UN has relatively limited financial and human resources to respond to the wide range of national development issues in programmes of development cooperation and technical support to Swaziland. It is, therefore, a high priority of the UN agencies to ensure the best possible strategic use of their resources. It is expected that the UNDAF will help in this. Also establishment of a common framework of the UN assistance should enable the UN system to strengthen synergies and benefits of the work of each agency in order to:

- Seek to minimize unnecessary overlaps in their work;
- Make best use of comparative advantages of each agency in carrying out complementary initiatives; and
- Provide a clear framework within which linkages may be enhanced between UN efforts to support the Government of Swaziland, and the work of other development partners and NGOs/Civil Society Groups providing development related assistance.

Section 1: Introduction.

6. The United Nations Country Team (UNCT) in its formulation of the UNDAF has been sensitive to the national context endeavoring in its analysis of the Country's needs, to be informed and guided by the priorities of both national development policies; strategies and the achievement of the Millennium Development Goals (MDGs). The UNCT has paid particular attention to the matters of HIV and AIDS; poverty reduction; food security; basic social services and weakened governance capacity. These phenomena are anchored in the National Development Strategy (NDS)/Vision 2022 and other key national and sector driven policies which are also addressed by the MDGs.

7. The CCA/UNDAF process is inspired by the UN Reform Agenda with emphasis on a unified UNCT approach in addressing common national development challenges and goals including simplification,

harmonization, collaboration and joint programming to maximize effectiveness and impact of programmes thereby advancing the achievement of the MDGs and national policies and strategies.

8. The UNDAF preparatory process started with the UNCT appointing an Inter Agency Working Group consisting of UN Agency technical staff; Government counterparts; the development partners and NGOs/Civil Society Groups. This Working Group produced the CCA. The CCA was presented to a stakeholders' validation workshop with representatives from Government including the Minister of Economic Planning and Development, Principal Secretaries of key partner ministries; other key Senior Government officials; the UN Agencies; the key stakeholders and NGOs/Civil Society Groups. The next step of the preparatory process involved holding the UNDAF Prioritization Workshop, which was also attended by the same list of participants as the CCA Validation Workshop. A stakeholders' workshop on the finalized UNDAF was also held with the same participants attending. Essentially this was a joint process involving Government, UNCT, CSO, and bilateral and multilateral agencies.

Section 2: Results

Areas of Cooperation and Expected Outcomes

9. Government and stakeholders involved in the UNDAF prioritization workshop identified five priority areas of cooperation for the UNDAF (2006-2010). These were based on a joint review of issues arising out of the common country assessment, the national development strategy, and the national commitments related to the Millennium Declaration and Millennium Development Goals. The five areas are: HIV and AIDS; Poverty Reduction; Food Security; Basic Social Services; and Governance.

10. The national development priorities and goals/targets related to these are encompassed in the National Development Strategy with a time framework extending to 2022, and in the Millennium Development Goals for achievement by 2015. At the UNDAF prioritization workshop, the following national priorities/goals were articulated:

- By 2015, the spread of HIV halted and reversed, and its impact mitigated.
- The proportion of people living in extreme poverty reduced (from 69% to 35% by 2015).
- By 2015, all households have access to adequate food.
- By 2022, universal access to basic social services achieved.
- Good governance for sustainable development enhanced.

11. The UNDAF outcomes identified in relation to the above are to achieve, by the year 2010:

- A strengthened and intensified multi-sectoral national response to HIV and AIDS;
- Reduction of poverty levels by 25% from the current level of 69% to 52% through the formulation and implementation of pro-poor policies, strategies and programmes.
- Improved food security for the Swazi population.
- Improved access to basic social services especially for vulnerable/disadvantaged groups.
- Enhanced/strengthened capacity of key national and local level institutions for improved governance.

Rationale for Choices Made

12. Swaziland is a country where the perception of UN relevance and the respect for UN work remain high. Although it is a small country, and relatively better off in comparison to many sub-Saharan African countries, it is also the country, which presently has one of the highest HIV prevalence rates in the world. Because of the epidemic, the country faces a serious crisis in human resources capacity. Access to social services is declining dramatically. Traditional (extended family) social safety nets are disintegrating, leaving a large population of vulnerable children and elderly. These conditions combined with extended drought in several areas of the country have created a food security crisis, and leading to increases in numbers of people living in extreme poverty.

13. With UN advocacy and support, some effective and innovative initiatives have started, and the foundations of intersectoral and community action are in place for potentially reversing the course of the

epidemic over the coming five years. The United Nations Country Team, in coming together to formulate this UNDAF with Government and other partners, sees opportunities and need for the UN to fulfill key roles in supporting the Swazi nation to mount an effective response to the complex crisis it finds itself in. The UN does not have adequate resources to make significant inputs in all areas, and hence the process of the UNDAF has sought to focus UN inputs around high priority areas. The strategies are also selected in ways to maximize opportunities to leverage both national and donor resources.

14. The CCA has highlighted the rapid and continuing spread of HIV and the disastrous consequences of AIDS, resulting in reversal of progress towards Millennium Development Goals and the aspirations of the National Development Strategy. Unless the spread of HIV is halted, and the impact of AIDS mitigated, all other development initiatives will be severely compromised. There are additional, inter-related areas of challenge to development aspirations, which are themselves exacerbated by HIV and AIDS, and which in turn also contribute to the continuing dynamics of the epidemic:

- Poverty is one of the interrelated causes of the rapid spread of HIV, and exacerbation of poverty is one of the consequences of AIDS.
- AIDS and poverty in combination, together with vagaries of weather, have contributed to worsening food security, which undermines poverty reduction efforts, and creates an environment of enhanced risk behaviour for HIV.
- AIDS is undermining capacity for delivery of basic services, while weaknesses and breakdown of basic service delivery capacities, in areas such as health, nutrition, basic education, and water and sanitation, is worsening the impact of AIDS, and preparing the ground for a major increase in poverty in the next generation.
- AIDS has depleted governance capacities for effective service delivery, which undermines utilization of available resources. Improvement in governance, which includes issues of participation, transparency, equity and accountability in the use of public resources, is required to respond to the crisis and set the country on a longer-term course of sustainable development.

15. The UNCT recognizes that the five priorities identified represent a challenging agenda for UN cooperation in a small country with limited agency presence and capacities. In fact, the five priority areas have been distinguished for purposes of planning and conceptual clarity, whereas they are in reality part of a single priority to address the complex nature of the multi-faceted HIV and AIDS crisis facing the country. Outcomes identified in each priority area must be addressed if the goals of the others are to be achieved. None of the five areas is new to UN work in Swaziland. Government has indicated that the UN agencies should play a catalytic role in all five priority areas.

16. Multilateral financing institutions and most bilateral development assistance agencies do not have offices in Swaziland, and Swaziland's continuing rating as a lower middle-income country (despite 69 percent of its population living in extreme poverty) has precluded major programming initiatives by many of them. The UN system has an important role in projecting to the donor community the seriousness of the situation in Swaziland, seeking to mobilize financial and human resources to address the crisis, and building national capacity to address the development challenges.

[HIV and AIDS](#)

17. UNDAF outcome number one is, "To ensure a strengthened and intensified multi-sectoral national response to HIV and AIDS."

18. The CCA has provided assessment and analysis of Swaziland's HIV and AIDS epidemic that has continued at globally unprecedented incidence levels for the last decade, with the average national prevalence rate among pregnant women attending antenatal care reaching 42.6 percent in 2004. The impact of that epidemic will be felt for years to come, with widespread social and economic consequences.

19. The UNDAF has formulated four country programme outcomes, which members of the UN system will contribute to:

- i.. Reduced risk behaviour in the population, especially among vulnerable groups, through comprehensive interventions.
- ii. Increased access to services, commodities and supplies by people at high risk of HIV and AIDS, especially children, youth, women and the bereaved and vulnerable elderly.
- iii. Improvement in systems and structures at all levels (e.g. planning, coordination, partnerships, M&E, resource utilization), that will provide increased capacity to manage the response to HIV and AIDS.
- iv. Strengthened safety nets for vulnerable groups, especially children, women, the elderly and PLWHA.

20. The selected outcomes relate to the organization of the national strategy and response to HIV and AIDS around issues of prevention, care and support, impact mitigation, and capacity building for the response. There is a particular, crosscutting emphasis on HIV prevention, which is woven throughout the entire Swaziland UNDAF, in outcomes and strategies that seek to support Government and society to address the underlying and basic causes behind the spread of HIV.

21. HIV and AIDS CP Outcome One: The continuing spread of HIV in Swaziland has been traced in the CCA to a range of “drivers” many of which relate to high risk sexual behaviour, but which are rooted in other issues of gender, poverty, economic disparities, governance and culture. Prevention of HIV will occur with reduced risk behaviour in the population. That reduction will require interventions that promote increase in knowledge and development of new attitudes and values that pre-dispose individuals towards behaviour change. It also requires changes in the social, economic, cultural and legal contexts, which presently limit the range of choice that the more vulnerable groups have to take control of their sexuality. The country programme strategies under the HIV and AIDS outcome for risk reduction thus include issues of community understanding and engagement in the national response; issues of gender attitudes, women’s empowerment, and male involvement in the response; and issues of protection of the vulnerable from violence, exploitation and sexual abuse, especially women and girls, but not excluding boys and men. Young people as the most at-risk group are also singled out for special initiatives.

22. HIV and AIDS CP Outcome two seeks increased access to services and commodities by people at high risk of HIV and AIDS. It includes strategies to strengthen provision of both information and commodities such as condoms through the health system, to enhance involvement of young people in those programmes, and to reduce stigma and discrimination that may limit access to the services and support. These strategies contribute to HIV prevention among those who are still negative, and to positive living and more responsible sexual behaviour among others. Planned support to improve both access to and quality of care and support, including widespread availability of voluntary counseling and testing, of treatment for opportunistic infections, anti-retroviral therapy and the provision of food assistance, have a primary goal to reduce mortality from AIDS. At the same time, they should help to reduce both infectiousness and risky behaviour among those who are HIV positive, with potential impact to reduce HIV incidence in the broader population.

23. None of the other HIV and AIDS outcomes can be achieved in the absence HIV and AIDS CP Outcome Three: improvement in systems and structures to manage the national response. AIDS-related deaths among the productive part of the population are undermining the capacities of the social institutions of family, community and Government to respond to and control the challenges they face from a range of interrelated crises. Reestablishing some kind of equilibrium, and regaining control to move purposively towards national development goals, requires as a starting point to put in place systems and structures to address the impact of AIDS, and to reverse the spread of HIV. The strategies under outcome 3 seek to support the national response to gain that kind of control, through effective planning, and capacity building for coordination and implementation at both centralized and decentralized levels. Support to the development and strengthening of monitoring, evaluation and research systems is also essential to enable Government and society to begin to formulate strategies that can stay ahead of the ever-changing patterns of the HIV and AIDS epidemic.

24. HIV and AIDS CP Outcome Four, strengthened safety nets for vulnerable groups, aims to strengthen capacities of families and support to families which are unraveling in the face of the impact of AIDS. Special focus is provided on the socialization of orphaned and vulnerable children in order to ensure that vulnerable young people gain livelihood and survival skills. The strategies of child protection and youth empowerment initiatives, specifically targeted at OVCs, must be designed to head off a potential vicious cycle where the

impact of AIDS increases poverty, food insecurity, and a sense of hopelessness in this group. Such trends risk subjecting a new generation to exploitation, sexual abuse and another round of HIV infection.

25. The prevention of HIV is also a crosscutting issue that appears in the other four areas of outcomes included in this UNDAF. The interventions relating to UNDAF outcomes on poverty and food security will help to decrease pressures on women and girls to engage in risky sex as a coping mechanism. The basic services outcomes relating to universal access to education, and the strengthening of educational quality and relevance through life-skills, will also contribute to empowerment of young people more effectively to manage their risk of HIV exposure and infection. Enhanced basic health services and improvements in water, hygiene and sanitation will reduce overall morbidity in the population, with an indirect benefit of reduction in viral load among HIV infected persons, and as a consequence, a reduction in their infectiousness to others. Initiatives under the Governance outcome to address legal inequalities affecting women, and to support domestication in national law of international human rights commitments, will enhance protection to vulnerable groups thereby reducing HIV risk.

Reduction of Poverty

26. UNDAF outcome number two is “Reduction of poverty levels by 25% from the current level of 69% to 52% through the formulation and implementation of pro-poor policies, strategies and programmes.”

27. Swaziland’s highly skewed income distribution results in 69 percent of the population living in extreme poverty, despite its status as a lower middle-income country with a per capita income of about US\$1,350. In the 1980s, industrialization and development policies resulted in growth and creation of significant new wealth especially in urban areas. Changes in the macro-economic environment since 1990, have resulted in continuing wide income disparity (CCA identifies Swaziland as having one of the world’s highest Gini coefficients). The top 10 percent of the population controls 40 percent of wealth, while the bottom 40 percent of the population control only 14 percent of the wealth.

28. An increasing number of young people are meeting decreasing numbers of job opportunities as they come out of school and migrate to urban areas in search of jobs. Unemployment rose from about 22.7 percent in 1997 to 31 percent in 2004, and among young people has often been twice as high. Government efforts to create new jobs have not been able to keep up with loss of jobs arising from erosion in Swaziland’s comparative advantages as an investment destination, and recent changes in global trading rules threaten a further loss of jobs.

29. Swaziland’s National Development Strategy sets out a broad vision and framework of commitment to reduction of poverty, but progress has been slow in operationalizing that vision. The UNDAF country programme outcomes seek to contribute to the realization of national poverty reduction goals, by supporting Government and civil society to ensure that:

- i. Policy analysis and poverty monitoring mechanisms are in place.
- ii. Poverty reduction initiatives are strengthened and intensified.

30. Selected strategies to achieve those outcomes include ensuring the following:

- National and local capacity for monitoring poverty, MDGs and PRSAP is strengthened;
- Advocacy and awareness campaigns on the MDGs are undertaken.
- Participatory poverty assessments (poverty profiling) are conducted to inform decentralized planning;
- Social safety net programmes improved through application of best practices and innovations.
- Livelihood and vocational skills are developed and strengthened.
- Improved leveraging of resources for disadvantaged/vulnerable groups.

31. Implementation of the poverty reduction strategies will place particular attention on addressing gender disparities. Gender disparity in Swaziland has exacerbated women’s vulnerability, leading to the feminization of poverty. Female-headed households (including where a male “co-head” is mostly non-resident) have the

highest poverty levels. There are interlinked initiatives on gender-related issues under the other UNDAF outcomes of HIV and AIDS, food security, basic services, and governance.

32. Creation of safety nets to address poverty among other vulnerable groups, particularly orphans and vulnerable children, women, youth, bereaved vulnerable elderly and PLWHAs, will receive extensive attention within HIV and AIDS related programming as well as food security strategies. UN support in the area of basic services, implemented within a framework of a human rights approach to programming, will also have focus on the most marginalized and vulnerable groups, especially the poor, thus contributing to the national priority goal to see the proportion of people living in extreme poverty reduced.

Food Security

33. UNDAF Outcome number three is, "Improved food security for the Swazi population."

34. The majority of the 69 percent of people living in extreme poverty live in rural areas, on communally owned Swazi National Land. With 70 percent of the population engaged in subsistence agriculture, the staple food, maize, remains the dominant crop, being grown by the vast majority of rural households and accounting for approximately 86 percent of land cropped.

35. The impact of HIV and AIDS on rural livelihoods is clearly evidenced by a depletion of the agricultural labour force and increased need for family members to provide care in the home. A 2003 MoAC report revealed that the area under cultivation was reduced by an average of 51 percent for households with an AIDS-related death as opposed to 15.8 percent for a non-AIDS related death. Remittances from South Africa are decreasing and opportunities for off farm income in the textile and sugar sector are declining. Food assistance for vulnerable households has been a reality in Swaziland in recent years, with an estimated 262,000 people (25 percent of the population) requiring over 28,000 MT of food aid during the 2004-05 agricultural season.

36. This UNDAF outcome, therefore, focuses on the UN role in improving food security in the highly affected regions of Swaziland. The Country Programme outcomes are as follows:

- i. Agricultural production and productivity are increased.
- ii. Income earning opportunities are increased and realized in food insecure areas.
- iii. Emergency preparedness and response system is strengthened.

37. Food Security Country Programme Outcome One focuses on supporting subsistence farmers to maximize the output from their land by diversifying farm activity and increasing production from traditional crops; sensitizing households on the impact of gender based inequity; improving rural youths' attitude to farming and improving skills for farming; improving water supplies; and supporting a conducive food security policy.

38. Food Security Country Programme Outcome Two focuses on providing subsistence farmers with basic business and technical skills to exploit income earning opportunities as well as improved access to markets.

39. Food Security Country Programme Outcome Three focuses on the need to strengthen emergency preparedness and response to enable appropriate and timely interventions.

Basic Social Services

40. UNDAF Outcome number four is, "Improved access to basic social services especially for vulnerable/disadvantaged groups." The Country Programme Outcomes developed to address this situation are focused through the lens of Swaziland's HIV and AIDS crisis.

41. Large-scale changes in social and economic conditions brought on by the HIV and AIDS crisis have changed basic conditions in the country, but the assumptions on which basic services delivery are based have not yet adequately taken those changes into account. The result is a decline in access to basic services affecting a significant portion of the population.

42. Adaptation of specific basic services strategies to meet these new conditions is essential to achieve the Millennium Development Goals. The UNDAF has identified two country programme outcomes that relate specifically to basic services. These are:

- i. The rights of the population to basic, preventive, promotive and curative health and nutrition services are realized and improved, with special emphasis on vulnerable groups.
- ii. Girls and boys, especially vulnerable children and children with disabilities, exercise their right to education by enrolling and completing primary school with minimal repetition, and/or participating in non-formal education programmes.

43. Strategies to provide access to HIV and AIDS related services will combine with the broader strengthening of primary health care services and community care capacity to reverse the recent increases in under-five mortality and infant mortality rates, and set Swaziland once again on its path towards key goals to reduce mortality and enhance maternal and child health.

44. As part of the preventive and promotive health and nutrition strategy, the UN will also attempt to demonstrate locally appropriate strategies to ensure safe water and sanitation to rural, and peri-urban communities, schools and clinics. These will focus on assisting poorer communities secure safe water and sanitation especially where they are contributing to care of vulnerable groups. Innovative approaches will be tried out to serve as an action-oriented advocacy for commitment of national budgets and international assistance to scale up the approaches.

45. Women's needs for quality sexual reproductive health services are intensified in the context of high birth rates and HIV and AIDS. UNDAF strategies include empowerment of women through community dialogues using innovative life skills education materials, improvements in pre-service training for nurses and school teachers including on gender issues, and demonstration of ways in which youth friendly corners in communities can make sexual reproductive health services more easily accessible.

46. The UN will continue the support that has been pro-active and effective in policy formulation and action research to assist Government to develop strategies to achieve Education for All. These strategies need further refinement to meet enhanced challenges of education access as many children dropout of school because of the impact of AIDS deaths on family economic capacity. Those who are in school face an education curriculum that was designed for other, less pressing times. They need life-skills to prepare them to cope with an evolving national crisis, and the challenges of self-reliance and family survival in the world of their own communities and homesteads. A large percentage of them also need psychosocial support that traditional teacher education programmes have not adequately addressed.

Governance

47. UNDAF outcome number five is, "Enhanced/strengthened capacity of key national and local-level institutions for improved Governance".

48. The 1968 independence constitution provided for a dual governance system characterized by co-existence of traditional and modern systems and underpinned by the Monarchy and the Westminster parliamentary systems respectively. It was partially repealed in 1973 through the King's Decree, which banned all political parties, curtailed freedom of association and assembly, and vested all legislative, judicial and executive powers in the Monarchy. Over the years, authorities have made various adaptations to governance structures, including more than 25 years ago, the creation of a "tinkhundla" system that foresaw significant decentralization of government, but which was never fully implemented in practice.

49. A process began in 1996 to gather opinions and formulate a new constitution that would be able to address issues on the separation of powers, and to spell out more clearly the role and powers of the Monarchy, its inner councils and other traditional governance structures while striking an appropriate balance between traditional and modern governance systems, including to ensure the rule of law and respect for human rights. Swaziland ratified a series of international conventions and protocols, which should be domesticated into national laws.

50. The UN has played important advocacy roles for human rights, and provided extensive support to Government in the developmental processes for the new Constitution, which was released in draft form in 2004, but has not yet been adopted. The first phase of a UN-supported initiative with the Government to record and codify Swazi laws and customs was completed in 2003, but awaits adoption of the new Constitution to enter its next stage of review in relation to the Constitution. A major challenge over the coming five years will also be to begin to domesticate into national law the commitments entailed in Swaziland's ratification of international conventions.

51. Governance also includes operational issues relating to accountability, transparency, and equity concerns.

52. The UNDAF country programme outcomes for Governance are:

- i. Economic governance enhanced for revenue allocation and fiscal policy and responsibilities.
- ii. Accountability, transparency, probity, and participatory processes enhanced.
- iii. International conventions ratified and domesticated.
- iv. Law reform initiatives supported for improved rights.
- v. Equal access to justice and promotion, respect and protection of rights strengthened.
- vi. Decentralization of local government systems supported for improved service delivery.

53. The CP outcomes one and two under Governance are important to provide foundations for sustainable economic development, in particular to enable the country to address the issues of economic disparities, and to address issues of corruption which if not kept in check can threaten all other areas of development. Outcome numbers three to five relate to strengthening of the legal system and the protection of human rights. Outcome six is essential to the successful implementation of development strategies that can fully utilize the country's natural and human resources, and that can address the fundamental challenges involved to implement participatory, locally appropriate strategies and activities that can genuinely reach the poor and help them to pull themselves out of poverty.

Section 3: Estimated Resource Requirement

54. Total target for resource mobilization for the UNDAF is approximately **US\$105 million** over the 2006-2010 period of the cooperation, broken down in the following table by agency, and by priority area.

Table 1: Proposed Funding Levels for Resource Mobilization Over 5 Years (US\$)

AGENCY	<u>HIV and AIDS</u>	<u>Poverty</u>	<u>Food Security</u>	<u>Basic Services</u>	<u>Governance</u>	Agency Total
FAO	3,500,000	1,000,000	2,750,000	-	-	7,250,000
UNICEF	9,600,000	450,000	1,200,000	5,995,000	500,000	17,745,000
UNDP	1,150,000	2,832,000	250,000	-	2,094,000	6,326,000
UNESCO	35,000	76 500	50,000	280,000	20,000	461,500
UNFPA	1,640,000	250,000	-	700,000	1,750,400	4,340,400
WFP	12,000,000	750,000	25,000,000	20,000,000	-	57,750,000
WHO	3,500,000	250,000	-	4,650,000	-	8,400,000
UNAIDS Secretariat	2,100,000					2,100,000
Total	33,525,000	5,608,500	29,250,000	31,625,000	4,364,400	104,372,900

55. These figures are indicative only, and levels of projected commitments (subject to continuous need assessment and availability of funds) will only be formally made in country programme or project documents developed by the individual agencies with Government, and according to the procedures and approval mechanisms of the agencies. Government and other stakeholders' financial and other commitments are not included.

56. Core resources available to the UN system for their programmes in Swaziland are limited, so the fulfillment of the resource mobilization targets will be dependent on proactive initiatives to raise additional donor funds for the programmes, by both the UN system and by Government. Actual resources raised will depend ultimately on the responsiveness of donors to Swaziland's needs, on perceptions of the UN as an

effective channel for use of the resources, and on the success of Swaziland in projecting its international image as a destination for international development assistance.

Section 4: Implementation

57. **HIV and AIDS:** Heads of all UN agencies in Swaziland participate monthly in the UN Theme Group on HIV and AIDS, while an Interagency Technical Working Group on HIV and AIDS brings together HIV and AIDS technical officers in the system twice-monthly in joint work-planning and monitoring, with one of those two monthly meetings taking place jointly with the UNTG.

58. The UNAIDS cooperating agencies all work closely with the National Emergency Response Council on HIV and AIDS (NERCHA), and the UNAIDS Country Coordinator liaises on a daily basis with the NERCHA secretariat. A Partnership Forum meets every three months, bringing together a wide range of Government and civil society stakeholders, together with donors and the UN system partners, to discuss issues and share information. A coordination body for dealing specifically with issues of orphans and vulnerable children has been recently established, and will also serve as a key partner in implementation of AIDS impact mitigation initiatives, especially around the issues of safety nets for children.

59. **Other Areas:** As noted, the five UNDAF outcome areas are closely inter-related, and the partnership and coordination arrangements for Poverty Reduction, Food Security, Basic Social Services, and Governance overlap with those already outlined under HIV and AIDS. Lead agencies have been designated in the matrices for all the outcomes, and will play convening roles in bringing together partners for planning, managing, monitoring, evaluation, reporting and coordination, meeting on monthly basis and reporting quarterly to an expanded UNCT group. The UN Country Team and relevant programme staff will hold joint quarterly review and coordination meetings on UNDAF progress. These meetings will include review of funding status of the programmes, and ongoing updating of UNDAF resource mobilization strategies.

60. The UNCT has already begun to develop Joint Programming Initiatives in the area of HIV and AIDS. The overall purpose is to support the goals of the National Strategic Plan for HIV and AIDS. The initiative will focus on three main strategic outcomes; (i) *To reduce vulnerability, and prevent new infections*; (ii) *To create a sustainable environment for effective national HIV and AIDS action and* (iii) *To mitigate the impact of the HIV and AIDS epidemic on individuals and communities.*

Section 5: Monitoring and Evaluation

61. The 2006-10 UNDAF monitoring and evaluation (M &E) plan focuses on collaborative monitoring and evaluation of the five UNDAF Outcomes, and the related Country Programme Outcomes and Outputs, with special reference to achieving National Development priorities including the Millennium Development Goals, UNGASS, CRC, and other international conventions. UNDAF working groups will be constituted annually to monitor and evaluate the implementation of the UNDAF outcomes as well as progress towards national development goals. Ongoing quarterly reviews of country programme outputs and joint-programming initiatives will be convened by lead agencies, and they will report to the quarterly meetings of the UNCT programme management group.

62. Swaziland has a number of existing management information systems (MIS) in place and undertakes regular surveys in various areas including HIV sentinel surveillance every two years, annual service statistics related to Health and Education, a National Population and Housing Census every ten years, Health Information Survey and Demographic Health Survey among others. The Central Statistics Office under the Ministry of Planning and Economic Development is responsible for overseeing data collection systems within the different line Ministries. Additional information is available from a range of sources including the civil society, private sector and other development partners. Efforts will be made to link these institutions for better coordination and to strengthen their capacity through training, joint planning, data collection, analysis, archiving, dissemination and utilization.

63. The UN agencies under the leadership of the Resident Coordinator will work together to review progress annually and validate cooperation between organisations on the UNDAF priority areas. UNDAF monitoring will consist of a combination of agency monitoring tools where appropriate. Mid term reviews of Country

Programmes of individual agencies will analyze progress towards the UNDAF Outcomes. A joint mid term review by Government, UN systems and other Development partners will be conducted in 2008, which will be used to inform the preparation of the next CCA/UNDAF cycle. This will be followed by a joint end-of-cycle evaluation in 2009.

64. The M&E framework as indicated in the matrices will use indicators to capture the national trends. Where data is unavailable, systems will be put in place to generate key information.

65. However, the situation of human resources in all sectors, weak capacity in data generation and coordination mechanisms at all levels may impede the UNDAF monitoring and evaluation process. These risks should be addressed systemically in the early phase of the UNDAF cycle.

Table 2: Monitoring and Evaluation Programme Cycle Calendar 2006–2010

		2006	2007	2008	2009	2010
UNCT M&E activities	Survey/studies¹	Baseline studies Serosentinel Surveillance CRC report CEDAW reports Income and Expenditure Survey	National Population and Housing Census	Sero sentinel Surveillance Income and Expenditure Survey		Sero sentinel Surveillance CRC report CEDAW reports DHS Income and Expenditure Survey
	Monitoring systems	Sectoral comprehensive M/E systems developed DevInfo promoted				
	Evaluations			CP evaluations		
	Reviews	CP Annual Review Country HIV and AIDS response information system	CP Annual Review	Joint MTR	CP Annual Review	CP Annual Review
Planning references	UNDAF Evaluation milestones	End of year Review Annual Agency Reports	Annual Agency reports	Joint Mid-term Evaluation Annual Agency reports	External Evaluations of the UNDAF	End-of-cycle UNDAF evaluation Annual Agency reports
	M&E Capacity building	DevInfo initiated and in use by government	DevInfo in use by government	DevInfo in use by government		
	Use of information	MDG progress report disseminated		MDG progress report disseminated	CCA UNDAF preparation	CPD/CPAP
	Government Institutions	PRSP report finalized and disseminated DHS finalized and disseminated National surveillance on HIV and AIDS completed, results disseminated Annual reports	PSRP Swaziland Poverty Status Report Annual reports	PRSP revision and report PRSP Progress Report disseminated Conduct National surveillance on HIV and AIDS, disseminated Annual reports	PSRP revision Swaziland Poverty Status Report Annual reports	PRSP report Annual reports
Partner Activities	2005 UNGASS report prepared and disseminated Study on the situation of women and children conducted					

¹ Specific studies need to be identified

DRAFT – Swaziland UNDAF Results Matrix

Outcome 1: UNDAF Results Matrix

NATIONAL TARGET(S)/ IMPACT(S)	By 2015, the spread of HIV halted and reversed, and its impact mitigated.		
UNDAF OUTCOME	Strengthened and intensified multi-sectoral national response to HIV and AIDS.		
Country Programme Outcomes	Country Programme/ Project Outputs	Role of Partners	Resource Mobilisation Targets USD
1.1 Reduced risk behaviour in the population, especially among vulnerable groups, through comprehensive interventions.	1.1.1 Improved knowledge about attitudes, perceptions, cultural and traditional norms and practices as they relate to risky behaviour and impact on the HIV and AIDS epidemic.	<p>UNICEF, UNFPA, WFP, FAO, UNDP and UNAIDS will strengthen capacity of partners to use existing advocacy tools focusing on risky behaviour</p> <p>UNICEF, UNAIDS, UNDP, WFP and UNFPA will empower partners and communities with comprehensive knowledge and life-skills required to act effectively to reduce risk and mitigate impact of HIV and AIDS</p> <p>UNICEF and UNAIDS will ensure that the impact of traditional practices on HIV and AIDS researched and addressed</p> <p>UNICEF and UNFPA will work with partners to provide appropriate psychosocial support to children and care givers to enable them to cope with trauma, stigma and abuse</p> <p>UNICEF, UNDP and UNAIDS will support and mobilise communities, decision makers, media, and individuals to reduce HIV-related stigma and discrimination</p>	<p>UNICEF: 1,300,000</p> <p>UNAIDS: 900,000</p> <p>UNFPA: 690,000</p> <p>WFP: 100,000</p>
	1.1.2 Increased availability and dissemination of STI/HIV and AIDS risk reduction information as well as behavior change communications	<p>UNICEF and UNFPA will support training of media personnel and advocacy strategies to promote more responsible and sensitive reporting on children's issues especially HIV, AIDS, and sexual abuse.</p> <p>UNFPA, WHO, UNICEF, UNDP, WFP will support the media, government and civil society in the dissemination of STI/HIV and AIDS risk reduction information</p> <p>WHO, UNFPA and will support intervention directed to commercial sex workers and their clients</p>	

Country Programme Outcomes	Country Programme/ Project Outputs	Role of Partners	Resource Mobilisation Targets USD
	<p>1.1.3 Improved community involvement, participation and ownership of the response to HIV and AIDS epidemic, with special emphasis on male commitment.</p>	<p>UNICEF, UNFPA, WHO, UNDP and WFP will support Government and community partners to mobilise men (promote male involvement) at community level on their role in HIV and AIDS, as well as other reproductive health issues</p> <p>UNICEF will work with government and civil society on issues of male circumcision</p>	
	<p>1.1.4 Increased support to women’s groups to provide HIV and AIDS services at all levels and women empowered to protect themselves from HIV infection.</p>	<p>UNICEF, WHO, UNFPA, UNDP, WFP, UNAIDS and SG Task Force for Women, Girls, HIV and AIDS will support programmes to provide services and enhance the women’s capacity to implement HIV and AIDS prevention programmes, including their capacity to provide HIV and AIDS information</p> <p>UNICEF, UNDP and WFP will support women empowerment initiatives</p>	
	<p>1.1.5 Young people have improved access to appropriate HIV and AIDS life skills programmes including positive social and occupational activities</p>	<p>UNICEF, WHO, UNFPA and UNESCO will ensure that child- and youth-friendly life skills and HIV and AIDS materials are produced and disseminated with their involvement</p> <p>UNFPA, UNICEF and UNDP will support and promote utilization of appropriate information on HIV and AIDS and improved behaviour change programmes</p>	

Country Programme Outcomes	Country Programme/ Project Outputs	Role of Partners	Resource Mobilisation Targets USD
<p>1.2 Increased access to services, commodities and supplies by people at high risk of HIV and AIDS, especially children, youth, women and Bereaved and Vulnerable Elderly (BVE).</p>	<p>1.2.1 Increased access to youth-friendly health care services and youth involvement in HIV and AIDS reduction programmes.</p>	<p>UNICEF and UNFPA will support health sector workers to provide relevant effective communication on HIV and AIDS</p> <p>UNICEF and WHO will support the health sector to provide post exposure prophylaxis to young people exposed to HIV infection</p> <p>WHO will support youth-friendly health care services through elaboration of guidelines and training</p> <p>UNFPA will support initiatives to establish more youth-friendly services at all levels</p> <p>WFP and FAO will support involvement of youth in the Food for Work programme</p>	<p>WHO: 3,500,000 UNICEF: 3,050,000 UNFPA: 650,000 WFP: 3,800,000 UNDP: 1,150,000 FAO: 250,000 UNAIDS: 200,000</p>
	<p>1.2.2 Expanded access to counselling, HIV testing, VCT, pre-ART, PMTCT+, ART as well as quality and sustainable community-based services.</p>	<p>UNICEF, WHO, FAO and WFP will support government to ensure that children living with AIDS have equitable access to testing, quality care, and nutrition as well as psychosocial support.</p> <p>UNICEF, WHO and UNFPA will support government to achieve universal access to PMTCT+ services</p> <p>UNICEF and WHO will ensure wide spread availability of client-friendly information on management of HIV and AIDS</p> <p>UNAIDS will support the roll out of treatment literacy.</p> <p>WHO, UNDP, UNICEF and WFP will support expansion of HIV and AIDS care services, with WFP providing provision of food assistance where appropriate.</p>	

Country Programme Outcomes	Country Programme/ Project Outputs	Role of Partners	Resource Mobilisation Targets USD
	<p>1.2.3 Capacity to manage HIV and AIDS/STI/TB patients at all levels strengthened and increased.</p>	<p>UNICEF and WHO will work closely with partners to strengthen clinic level capacities to manage HIV and AIDS in children.</p> <p>UNICEF and WHO will support strengthening of testing for children at risk of HIV and to ensure that HIV+ children receive treatment for opportunistic infections, ART and regular follow up support</p> <p>WHO and UNDP will support the MOHSW in strengthening its capacity in HIV AND AIDS/TB case management</p> <p>WFP, FAO, UNICEF and WHO will support identified community home based care providers to be trained in hygiene and food management</p>	
	<p>1.2.4 Improved condom literacy, availability and accessibility.</p>	<p>UNICEF, UNFPA, WHO and WFP will support the development and dissemination of IEC materials, including information about condoms</p> <p>UNFPA will assist government and civil society in condom awareness as well as procurement, management and distribution.</p>	
	<p>1.2.5 Knowledge and access to legal services and human rights awareness, as they relate to HIV and AIDS, promoted and increased.</p>	<p>UNICEF, UNDP, UNFPA and SWANNEPHA will support government to enable PLWHA, and children / families affected by HIV and/or AIDS to know their rights and to access legal aid and counseling services without discrimination</p> <p>UNICEF, UNDP, UNFPA, WHO, WFP, FAO and will work closely with government and civil society to operationalise the “Children’s Policy” especially sections dealing with Orphaned and Vulnerable Children</p>	

Country Programme Outcomes	Country Programme/ Project Outputs	Role of Partners	Resource Mobilisation Targets USD
1.3 Systems and structures at all levels (e.g. planning, coordination, partnerships, M&E, resource mobilization and utilization) have improved and increased capacity to manage the response to HIV and AIDS.	1.3.1 Line ministries are supported to expand mainstreaming of HIV and AIDS and gender issues in development strategies and programmes.	UNICEF, UNFPA, UNDP and UNAIDS will support sectoral ministries to strengthen the integration of HIV and gender issues in programme guidelines and implementation	UNICEF: 1,850,000 UNFPA: 200,000 FAO: 250,000 UNAIDS: 1,000,000 WFP: 100,000
	1.3.2 HIV-related laws and policies, including decentralisation policy, for improved coordination and M&E of HIV-related programmes, developed or reviewed and implemented.	UNICEF, UNDP, WFP and UNAIDS will support community based action research on policies, laws and M/E systems relating to decentralized systems for protecting and fulfilling children's rights WHO, UNICEF and UNAIDS will support the MOHSW to update its policy on HIV and AIDS, including M&E	
	1.3.3 Strengthened national, regional and community coordinating bodies and partnerships for improved multisectoral response to HIV and AIDS.	UNICEF, UNDP and UNAIDS will support government in design and implementation of training for HIV and AIDS coordination bodies	
	1.3.4 Support the strengthening of the national M&E system for gathering, analysis, dissemination and storage of HIV and AIDS-related information.	UNICEF, UNDP, WFP and UNAIDS will support government in designing and operationalising decentralized coordination and reporting systems WHO and UNAIDS will support the strengthening of health sector M&E	
	1.3.5 Strengthened capacity of institutions to conduct HIV and AIDS-related research for evidence-based decision making, planning and programming.	UNICEF, WHO, WFP, FAO, UNFPA, UNDP and will support capacity development to undertake and update HIV and AIDS-related research to understand the drivers of the epidemic.	
	1.3.6 Strengthened leadership capacity at all levels to create an enabling policy and operational environment as well as owning and supporting the HIV and AIDS response.	UNICEF, UNDP, UNFPA, WFP, UNAIDS and FAO will support programmes that strengthen leadership capacity in policy and coordination as they relate to HIV and AIDS	

Country Programme Outcomes	Country Programme/ Project Outputs	Role of Partners	Resource Mobilisation Targets USD
1.4 Strengthened safety nets for vulnerable groups, especially children, women, elderly and PLWHA.	1.4.1 Increased and improved coping capacities of communities to support groups made vulnerable by HIV and AIDS, especially orphaned children and the elderly.	<p>UNICEF, FAO and WFP will support government and civil society to enable communities to strengthen and expand child protection safety nets</p> <p>WFP, FAO and UNICEF will support government and communities to develop systems to identify and monitor vulnerable groups on an ongoing basis.</p> <p>WHO and UNICEF will strengthen Government social welfare capacity for increased service delivery</p> <p>UNFPA, UNICEF and WHO will mobilize communities, religious and traditional leaders, parliamentarians, and the media through dialogues to accept their obligations to meet the rights of children and vulnerable groups.</p>	UNICEF: 3,400,000 UNFPA: 100,000 WFP: 8,000,000 FAO: 3,000,000 UNESCO: 35,000
	1.4.2 Increased support and capacity enhancement of HIV and AIDS caregivers, including family members.	<p>UNICEF, WFP, FAO and UNDP will work with government, civil society, private sector and other partners to develop innovative initiatives for strengthening caring and livelihood capacities of families affected by HIV and AIDS, including provision of food assistance</p> <p>WFP, FAO and UNICEF will support government and communities to strengthen systems to monitor food security among OVCs and BVE and to intervene where necessary</p>	
	1.4.3 Vulnerabilities of children and young people are reduced through improved livelihood and survival skills.	<p>UNICEF, UNESCO, FAO, WFP, UNDP and UNFPA will support government and other partners in development and implementation of life skills education strategies</p>	
	1.4.4 Socialization services of the girl and boy child promoted and strengthened.	<p>UNICEF, UNFPA, UNDP, UNAIDS and WFP will support government (MOE), civil society and other partners, including FBOs, to strengthen their support to children in areas of life skills and gender</p>	

Outcome 2: Swaziland UNDAF Results Matrix

NATIONAL TARGET(S)/ IMPACT(S)	The proportion of people living in extreme poverty reduced from 69% to 35% by 2015.		
UNDAF OUTCOME	Reduction of poverty levels by 25% from the current level of 69% to 52% through the formulation and implementation of pro-poor policies, strategies and programmes.		
Country Programme Outcomes	Country Programme/ Project Outputs	Role of Partners	Resource Mobilisation Targets USD
2.1 Policy analysis and poverty monitoring mechanisms in place.	2.1.1 National and local capacity for monitoring poverty, MDGs and PRSAP strengthened (Central Statistics Office, VAC, PMU).	UNDP supports the Ministry of Economic Planning & Development (PMU) and the Central Statistics Office communities and civil society, in strengthening capacity for poverty monitoring, data collection and analysis to inform development planning.	UNDP: 2,590,000 WHO: 250,000 UNICEF: Refer to HIV and AIDS, Food Security
	2.1.2 Advocacy and awareness campaigns on MDGs, undertaken (MDG report).	UNDP will strengthen capacity of MEPD and CSO on MDG reporting as well as the DPM's Office Civil Society and NGOs on advocacy and awareness creation on MDGs.	
	2.1.3 Participatory poverty assessment (poverty profiling) conducted to inform decentralized planning.	UNICEF, UNDP and WFP (in collaboration with relevant line ministries, Central Statistics Office, Civil Society Organizations & communities) will support national/community poverty assessment.	
2.2 Poverty reduction initiatives strengthened and intensified.	2.2.1 Social safety net programmes improved through application of best practices and innovations (e.g. SWACI, and others).	UNICEF and UNDP (in collaboration with other UN Agencies, relevant line ministries, communities, CANGO & Civil Society) will support participatory development of community safety nets and strengthening of service delivery to households including child protection.	UNDP: 242,000 UNICEF: 450,000 UNFPA: 250,000 FAO: 1,000,000 WFP: 750,000 UNESCO: 76,500
	2.2.2. Livelihood and vocational skills developed and strengthened	UNDP, UNICEF, FAO and UNESCO will support government design and implement livelihood skills and other income generation activities	
	2.2.3 Improved leveraging of resources for disadvantaged/vulnerable groups	UNICEF, UNFPA, UNDP, WHO and WFP will put innovative interventions in communities which have potential for scaling up with government adoption and/or increased resources donors participation	

Outcome 3: Swaziland UNDAF Results Matrix

NATIONAL TARGET(S)/ IMPACT(S)	By 2015, all households have access to adequate food.		
UNDAF OUTCOME	Improved food security for the Swazi population.		
Country Programme Outcomes	Country Programme/ Project Outputs	Role of Partners	Resource Mobilisation Targets USD
3.1 Agricultural production and productivity are increased.	3.1.1 Subsistence farmers use newly acquired skills to diversify agricultural activity while maximizing output from traditional crops.	WFP will provide food as an incentive for training, while FAO will provide training, technical support and inputs (seeds and tools). Particular focus will be given to training and supporting extension workers. UNICEF will support resource mobilization for inputs for OVC care givers. Other partners include the Ministry of Agriculture, implementing NGOs, CBOs and local structures. Activities will include school/community vegetable gardens.	WFP: 2,000,000 UNICEF: 850,000 UNDP: Refer to Governance FAO: 1,500,000 UNESCO: 50,000
	3.1.2 Rural youth and children's attitude to farming is improved.	UNICEF, UNESCO, FAO and WFP will use places where children/youth meet to provide training on farming activities, while UNDP/UNICEF will advocate for a more vocational based school curriculum, as well as incorporating pro agricultural values into life skills education. UNFPA, SYNC and SYUAHA will ensure increased availability of occupational and recreational activities for adolescents and the youth.	
	3.1.3 A conducive food security policy is formulated and operationalized.	UNDP will support the Government in development and implementation of the food security policy, with technical support from WFP and FAO.	
	3.1.4 Effective management and utilization of water resources is achieved.	WFP, through its implementing partners, will support the development of local water sources, using food for work.	
3.2 Income earning opportunities are increased and realized in food insecure areas.	3.2.1 Access to markets is improved.	UNDP will advocate for liberalization of markets and implementation of the decentralization policy, with technical support from other UN agencies.	UNDP: Refer to Governance WFP: 1,000,000 UNICEF: 350,000 FAO: 1,000,000
	3.2.2 Subsistence farmers are given the skills to exploit appropriate income earning opportunities.	WFP will provide ' food for training', using its implementing partners to conduct training. UNICEF will implement a 'Savings and Credit' initiative, with a particular focus on support to OVCs.	

Country Programme Outcomes	Country Programme/ Project Outputs	Role of Partners	Resource Mobilisation Targets USD
3.3 Emergency preparedness and response system is strengthened.	3.3.1 Emergency preparedness is strengthened.	WFP and UNDP will support capacity building of the DPM's office to manage early warning preparedness, while also supporting the NGO sector in providing appropriate information regarding early warning.	UNDP: 250,000 WFP: 22,000,000 FAO: 250,000
	3.3.2 Emergency response is strengthened.	WFP with the DPM's office will provide food assistance where appropriate, either through Food for Work or free food distribution. FAO and UNICEF will provide other basic needs that may arise.	

Outcome 4: Swaziland UNDAF Results Matrix

NATIONAL TARGET(S)/ IMPACT(S)	By 2022, universal access to basic social services achieved.		
UNDAF OUTCOME	Improved access to basic social services especially for vulnerable/disadvantaged groups.		
Country Programme Outcomes	Country Programme/ Project Outputs	Role of Partners	Resource Mobilisation Targets USD
4.1 The rights of the population to basic preventative, promotive and curative health and nutrition services are realized and improved with special emphasis on vulnerable groups	4.1.1 Strengthened primary health care services and community care capacity with focus on children and mothers, including EPI, micro-nutrients, malaria and de-worming.	WHO, UNICEF, UNFPA and WFP will work jointly to support and strengthen national, regional and community service delivery for maternal and child health (including antenatal care, immunization, micro-nutrients and food supplementation, and de-worming).	WHO: 4,500,000 UNICEF: 3,740,000 UNFPA: 400,000 WFP: 3,000,000
	4.1.2 Improved access to hygienic sanitation facilities and safe drinking water in communities.	UNICEF and WFP will support hygienic sanitation and safe water installation and education in community sites where vulnerable children meet, and primary schools with technical assistance from WHO and WFP (including PHAST).	
	4.1.3 Improved access to quality reproductive sexual health services at all levels, particularly in emergency situations (e.g. obstetrics emergencies).	UNFPA, UNICEF, WHO and UNDP link community dialogues to life skills education for empowering women, with increased male involvement. UNFPA, WHO and UNICEF will support the pre-service training for nurses and schoolteachers, with linkages to schools through 'School Health Services'. UNFPA and WHO will create Youth friendly corners in communities.	
4.2 Girls and boys, including vulnerable children and children with disabilities, exercise their right to education by enrolling and completing primary school with minimal repetition, and/or participate in non-formal education programmes.	4.2.1 Enrolment and completion rates of primary school cycle for both boys and girls are increased, and repetition rates reduced.	UNICEF and UNESCO will support government in the sequential introduction of UPE with emphasis in the poorer communities, simultaneously mobilizing communities to accept their obligations especially towards meeting the rights of vulnerable children. WFP will provide schools meals in areas affected by food insecurity, and UNESCO will support early childhood care and education. UNICEF and UNESCO will support the collation of attendance and retention information in schools by gender.	WHO: 100,000 UNICEF: 2,050,000 UNFPA: 300,000 WFP: 17,000,000 UNESCO: 280,000

Country Programme Outcomes	Country Programme/ Project Outputs	Role of Partners	Resource Mobilisation Targets USD
	<p>4.2.2 All primary and secondary school children have access to innovative life skills materials and participate in activities aimed at empowering them to take charge of their sexuality.</p>	<p>UNICEF, UNFPA, and WHO will support the development of innovative life skills education materials for schools, and facilitate exposure to children in schools and surrounding communities. They will also support teacher training to ensure that they have capacity to deliver relevant life skills programmes to address priority issues of children in schools and strengthen protective environments.</p>	
	<p>4.2.3 Teachers are gender-sensitive in their teaching strategies and in their use of learning materials, as well as their interactions with students.</p>	<p>UNICEF, UNFPA, and WHO will support teaching institutions with gender, HIV and AIDS reference materials, to infuse in their curriculum.</p>	
	<p>4.2.4 Teachers and schools have capacity to provide quality education</p>	<p>UNESCO and UNICEF will support teacher training for enhanced education</p>	
<p>4.3 Safety nets for vulnerable groups strengthened</p>	<p>4.3.1 All children, especially orphaned and vulnerable children, have their births registered and receive birth certificates, and have health cards.</p>	<p>UNICEF, WHO, and UNDP will work with MOJ, MOHSW and DPM's Office to ensure all children have birth certificates and health cards</p>	<p>WHO: 50,000 UNICEF: 205,000</p>
	<p>4.3.2 Improved technical capacity of communities (<i>imiphakatsi</i>) to use and disseminate data on vulnerable groups for planning and policy-making.</p>	<p>All agencies will support capacity training of government and civil society stakeholders at regional and community level to improve data usage and management.</p>	

Outcome 5: Swaziland UNDAF Results Matrix

NATIONAL TARGET(S)/ IMPACT(S)	Good governance for sustainable development enhanced.		
UNDAF OUTCOME	Enhanced/strengthened capacity of key national and local level institutions for improved governance.		
Country Programme Outcomes	Country Programme/ Project Outputs	Role of Partners	Resource Mobilisation Targets USD
5.1 Economic governance enhanced for revenue allocation and fiscal policy and responsibilities	5.1.1 Parliamentary oversight responsibilities enhanced/strengthened.	UNDP will collaborate with MOJ&CA to enhance the capacity of Parliamentarians to effectively perform their oversight role & responsibilities.	UNDP: 200,000
	5.1.2 Participatory decision making processes for both revenue allocation and fiscal discipline supported.	UNDP will collaborate with MOJ&CA to enhance the capacity of Parliamentarians to effectively analyze and debate the budget.	
	5.1.3 Enforcement mechanisms for reporting enhanced.	UNDP to collaborate with MOJ&CA and the Anti-corruption Unit (ACU) to enact laws enforcing accountable and transparent governance.	
5.2 Accountability, transparency, probity and participatory processes enhanced.	5.2.1 Laws enacted to ensure accountable, transparent and participative governance.	UNDP will support the MOJ and other line ministries to draft, discuss and finalize laws.	UNDP: 410,000 UNFPA: 250,000 UNICEF: 200,000
	5.2.2 Vulnerable groups participate in decisions that affect them.	UNICEF, UNFPA and UNDP will support Government in the creation of Children's Assembly, where children & youth can collectively raise their voices on children's rights. UNFPA and UNDP will advocate for participation of women in parliament and the Executive.	
	5.2.3 Capacity building and institutional strengthening for the Judicial Commissioner's Office (JCO), ACU and ombudsperson.	UNDP to collaborate with MOJ&CA to strengthen capacity of the JCO & ACU.	
5.3 International Conventions ratified and domesticated.	5.3.1 Mechanisms and socio-cultural practices promoted to protect the rights of women and girls	UNDP, UNFPA, UNICEF and UNIFEM will support Government, the media houses, NGOs and Civil Society organizations to advocate for the right of women and children.	UNDP: 410,000 UNFPA: 400,000 UNICEF: 100,000
	5.3.2 Improved national capacity to meet States party reporting obligations for International Conventions and protocols	UNDP, UNFPA and UNICEF will strengthen capacity of stakeholders and national government for state party reporting obligations on the CRC, CEDAW and other international conventions and protocols.	

Country Programme Outcomes	Country Programme/ Project Outputs	Role of Partners	Resource Mobilisation Targets USD
5.4 Law reform initiatives supported for improved rights.	5.4.1 Civic education in participatory development processes supported.	UNDP, UNICEF and UNFPA to collaborate in providing communities with Civic education on the constitution and decentralization policy.	UNDP: 214,000 UNICEF: 100,000
	5.4.2 Relevant laws revised and policies approved and implemented for the protection of Human and People's Rights.	Agencies will support line ministries and other institutions in the development of policies, plans, and guidelines for the protection of human rights, including amongst others, the National Gender, Sexual Reproductive Health, Children's, HIV and AIDS, Agricultural, Land, Health and Social Welfare, Decentralisation and NGO Policies. UNICEF and UNDP will support government to amend the sexual offences act and other gender related laws.	
	5.4.3 Swazi law and Customs harmonized with Roman Dutch Law.	UNDP and Tibiyo TakaNgwane will provide technical assistance to the MOJ&CA and the AG's Office to harmonize Swazi law & custom with Roman Dutch Law	
5.5 Equal access to justice and promotion, respect and protection of rights strengthened.	5.5.1 Advocacy for respect for rule of law enhanced through implementation of court decisions	UNDP to collaborate with MOJ&CA to promote the respect for Rule of Law	UNDP: 360,000 UNFPA: 200,000 UNICEF: refer to HIV and AIDS UNESCO: 20,000
	5.5.2 Strengthened capacity to combat gender based violence	UNDP, UNFPA, UNICEF and UNIFEM will provide technical assistance to community leaders, parliamentarians, police force, Gender unit and Civil Society to integrate Gender Based Violence issues into the existing development programs. The Gender unit will be supported to develop systems to report and monitor GBV.	

Country Programme Outcomes	Country Programme/ Project Outputs	Role of Partners	Resource Mobilisation Targets USD
	<p>5.5.3 Improved protection of vulnerable and other disadvantaged groups, especially women, children and people with disabilities from abuse, violence and exploitation</p>	<p>UNICEF, UNDP, UNFPA and WFP will develop public communication strategies to raise consciousness on violence issues, and to disseminate knowledge and skills on non-violent methods of disciplining children and resolving domestic disputes.</p> <p>UNICEF and WFP will support strengthening and expansion of the “Shoulder to Cry On” community based Child Protection initiatives</p> <p>UNICEF and UNDP will work with Parliament to strongly advocate for the creation of a protective environment for children, women and persons with disability</p> <p>UNICEF, UNDP, WFP, and UNFPA will support government to develop national strategies and action plans on protecting children, women and persons with disability from abuse, violence and exploitation</p> <p>UNICEF, UNESCO and UNFPA will support formation of platforms for children’s participation at both national and decentralized levels.</p>	
<p>5.6 Decentralization of local government systems supported for improved service delivery.</p>	<p>5.6.1 Local Government Act enacted by Parliament</p>	<p>UNDP will support the DPM’s office and Ministry of Housing and Urban Development to produce a Local Government Act</p>	<p>UNFPA: 900,000 UNICEF: 100,000 UNDP: 500,000</p>
	<p>5.6.2 Decentralized service systems enhanced</p>	<p>UNDP, WHO, UNESCO, UNICEF, WFP and UNIFEM to collaborate with line ministries in enhancing service delivery at communities.</p>	
	<p>5.6.3 Decentralization policy formulated</p>	<p>UNDP will provide technical assistance to the Office of the DPM for the development and operationalisation of the decentralization policy.</p>	

Country Programme Outcomes	Country Programme/ Project Outputs	Role of Partners	Resource Mobilisation Targets USD
	<p>5.6.4 Improved technical capacity of institutions to use data for planning and policymaking.</p>	<p>UNFPA, UNDP, WHO, UNICEF, FAO and WFP will support national studies such as the 2007, Census, DHS, HIV Sentinel Survey. Main partners such the Central Statistics Office and the NGO will be trained on data collection and analysis and will be assisted on how to use the data for planning and policy making.</p> <p>UNFPA, UNICEF, UNDP and UNESCO will work with Central Statistics Office to strengthen the preparation for the DHS, and provide technical support to analyze results and disseminate.</p> <p>UNFPA, UNICEF, UNDP and UNESCO will work with Central Statistics Office to strengthen the preparation for the DHS, and provide technical support to analyze results and disseminate.</p> <p>UNDP will support Central Statistics Office to develop data for monitoring the MDGs.</p>	

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Note: Where agencies are indicated in the *Role of Partners* column and not in the corresponding *Resource Mobilization Target* column, it is implied that the agency (ies) support is of a technical nature.

***Note:** In the *Role of Partners* column, where UN agencies are indicated in bold text, it is implied that this agency /agencies are the lead agency.

Country Programme Outcomes	Country Programme/ Project Outputs	Indicators	Source of data/means of verification	Risks and Assumptions
	1.1.3 Improved community involvement, participation and ownership of the response to the HIV and AIDS epidemic, with special emphasis on male commitment.	<ul style="list-style-type: none"> ● # of community based initiatives ● # of men using condom consistently ● # of male motivation campaigns 	Facility surveys Household surveys DHS Annual reports	
	1.1.4 Increased support to women's groups to provide HIV and AIDS services at all levels and women empowered to protect themselves from HIV infection.	<ul style="list-style-type: none"> ● # of women group supported ● # of women exposed to information on how to protect themselves from HIV ● # of women negotiating condom use ● # of women using condoms consistently 	Annual report Community survey	
	1.1.5 Young people have improved access to appropriate HIV and AIDS life skills programmes including positive social and occupational activities.	<ul style="list-style-type: none"> ● Percentage/ number of young people exposed to life-skills based HIV AND AIDS education ● Number of media productions ● (news, articles, newspaper articles, TV and radio programmes, ● Number of media personnel trained/ oriented ● # of children's assemblies in place and funded 	Community survey Annual report	Youth-friendly structures are in place Employment opportunities exist for youth Harmonization of youth specific IEC materials
1.2 Increased access to services, commodities and supplies by people at high risk of HIV and AIDS, especially children, youth, women and Bereaved and Vulnerable Elderly (BVE).	1.2.1 Increased access to youth-friendly health care services and youth involvement in HIV and AIDS reduction programmes.	<ul style="list-style-type: none"> ● # of youth friendly centres ● % of service providers trained in youth friendly service provision ● # of youth programmes initiated ● # of peer educators trained ● # proportion of coordinating bodies with youth representation 	Facility based survey Annual report	

Country Programme Outcomes	Country Programme/ Project Outputs	Indicators	Source of data/means of verification	Risks and Assumptions
	1.2.2 Expanded access to counselling, HIV testing, VCT, pre-ART, PMTCT+, ART as well as quality and sustainable community-based services.	<ul style="list-style-type: none"> ● # of VCT centres established ● % of people aware of where to get VCT services ● % of people receiving VCT services ● % of ANC women receiving PMTCT+ ● % of health facilities with capacity to provide PMTCT ● % of health facilities providing PMTCT ● # of health facilities providing ART ● # of people receiving ART 	Community based survey Annual report Facility based survey	Coverage increases to lowest health unit providing clinical care and support services ART available accessible and affordable to all eligible including children Timely referrals for cases needing professional help is done
	1.2.3 Capacity to manage HIV and AIDS/STI/TB patients at all levels strengthened and increased.	<ul style="list-style-type: none"> ● % of health workers trained ● % and # of health facilities with drugs and equipment according to national guidelines ● # of clinics providing pediatric care for children living with HIV and AIDS 	Annual report Health facility survey	Staff turnover and redeployment kept at minimum ARV drugs for opportunistic infections/STIs are available and affordable
	1.2.4 Improved condom literacy, availability and accessibility	<ul style="list-style-type: none"> ● # of condom outlets with stock and information available ● # of people accessing condoms services ● # of condoms distributed 	Community survey Annual/media reports	Condom distribution policy finalized and operationalized
	1.2.5 Knowledge and access to legal services and human rights awareness, as they relate to HIV and AIDS, promoted and increased.	<ul style="list-style-type: none"> ● Legal aid clinics available ● # of HIV positive people accessing the legal aid clinic and exercising their rights 	Community survey Annual report	

Country Programme Outcomes	Country Programme/ Project Outputs	Indicators	Source of data/means of verification	Risks and Assumptions
1.3 Systems and structures at all levels (e.g. planning, coordination, partnerships, M&E, resource mobilization and utilization) have improved and increased capacity to manage the response to HIV and AIDS.	1.3.1 Line ministries are supported to expand mainstreaming of HIV and AIDS and gender issues in development strategies and programmes.	<ul style="list-style-type: none"> • Proportion of line ministries with HIV and AIDS programmes • % of laws, policies and programmes which have gender mainstreamed • # of ministries with HIV and gender focal persons • Budget set aside and utilized for HIV and AIDS related programmes • # of gender and human rights sensitive materials produced and disseminated • # of key government officials trained in gender and HIV and AIDS issues 	Annual work plans and reports	<p>Availability of funds for programme implementation</p> <p>Strategic allocation of available resources</p> <p>Capacity to mobilise and utilize resources</p>
	1.3.2 HIV-related laws and policies, including decentralization policy for improved coordination and M&E of HIV-related programmes, developed or reviewed and implemented.	<ul style="list-style-type: none"> • Adoption and use of policies and laws • M & E technical working group in place • Plans implementation rate 	Annual reports	Policy approval and implementations mechanism in place
	1.3.3 Strengthened national, regional and community coordinating bodies and partnerships for improved multisectoral response to HIV and AIDS.	<ul style="list-style-type: none"> • # of Coordinating bodies established and functioning 	Annual reports	Commitment of coordinating bodies to dialogue
	1.3.4 Support the strengthening of the national M&E system for gathering, analysis and dissemination of HIV and AIDS-related information.	<ul style="list-style-type: none"> • M & E systems in place • National database in place • # of personnel trained in M&E issues 	Annual reports	Government and all partners commit to one agreed M& E framework

Country Programme Outcomes	Country Programme/ Project Outputs	Indicators	Source of data/means of verification	Risks and Assumptions
	1.3.5 Strengthened capacity of institutions to conduct HIV and AIDS-related research for evidence-based decision making, planning and programming.	<ul style="list-style-type: none"> # of research on HIV and AIDS conducted 	Annual reports and research reports	<p>Skilled researchers and systems are in place</p> <p>National research agenda defined</p>
	1.3.6 Strengthened leadership capacity at all levels to create an enabling policy and operational environment as well as owning and supporting the HIV and AIDS response.	<ul style="list-style-type: none"> Amount of funds spent on HIV and AIDS by government % attendance of designated leaders at national and regional HIV and AIDS coordination meetings 	National Budget Minutes of national and regional meetings	Leadership's commitment and political will translated into action
1.4 Strengthened safety nets for vulnerable groups, especially children, women, elderly and PLWHA.	1.4.1 Increased and improved coping capacities of communities to support groups made vulnerable by HIV and AIDS, especially orphaned children and the elderly.	<ul style="list-style-type: none"> # of community supported interventions # of people trained in psycho social support at community level # of psycho social support groups supported # of people/groups trained and participating in income generation activities 	Annual reports	<p>Ability of the structures to cope with the additional OVC, elderly care, support and protection concerns</p> <p>Services offered are affordable and accessible to OVC/elderly/PLWHAs</p>
	1.4.2 Increased support and capacity enhancement of HIV and AIDS caregivers, including family members.	<ul style="list-style-type: none"> # of trainings conducted # of trained family members/care givers % of vulnerable groups accessing food 	Annual report	Comprehensive "Caring for the Carers" programme in place
	1.4.3 Vulnerabilities of children and young people are reduced through improved livelihood and survival skills.	<ul style="list-style-type: none"> # of livelihood interventions 	Annual report	<p>Employment opportunities for young people exist</p> <p>Universal primary education is rolled out</p> <p>Extreme poverty reduced</p>
	1.4.4 Socialization services of the girl and boy child promoted and strengthened	<ul style="list-style-type: none"> # of training in early child development 	Annual reports	Gender mainstreaming at all levels

UNDAF Outcome 2: M&E Matrix

UNDAF OUTCOME	Reduction of poverty levels by 25% from the current level of 69% to 52% through the formulation and implementation of pro-poor policies, strategies and programmes.			
Country Programme Outcomes	Country Programme/ Project Outputs	Indicators	Source of data/means of verification	Risks and Assumptions
2.1 Policy analysis and poverty monitoring mechanisms in place.	2.1.1 National and local capacity for monitoring poverty, MDGs and PRSAP strengthened (Central Statistics Office, VAC, PMU).	<ul style="list-style-type: none"> • Fully fledged and fully operational PMU • Poverty monitoring indicators developed • # of PMU & Central Statistics Office staff trained on poverty monitoring • 2nd MDG report produced 	Agency reports PMU reports Central Statistics Office annual reports	Staff turnover and redeployment kept at a minimum.
	2.1.2 Advocacy and awareness campaigns on MDGs undertaken (MDG report).	<ul style="list-style-type: none"> • # of communities sensitized on MDGs 	Agency reports	
	2.1.3 Participatory poverty assessment (poverty profiling) conducted to inform decentralized planning.	<ul style="list-style-type: none"> • National PPA undertaken • # of poverty profiles developed • # of trainings on participatory assessment methods • % of people trained on participatory assessment methods • # of joint meetings held between UN agencies and communities on participatory assessment methods • M & E in place 	PMU Reports Central Statistics Office Annual reports Agency reports	Decentralized planning structures in place
2.2 Poverty reduction initiatives strengthened and intensified.	2.2.1 Social safety net programmes improved through application of best practices and innovations (e.g. SWACI and others).	<ul style="list-style-type: none"> • # of community supported interventions • # of people trained in psycho social support at community level • # of psycho social support groups supported • # of volunteers (international & national) placed to strengthen implementation of SWACI • # of communities provided with required services under SWACI • Relevant policies and legislation in place 	Work plans and agency annual reports	Relevant best practices are available
	2.2.2 Livelihood and vocational skills developed and strengthened.	<ul style="list-style-type: none"> • # of livelihood initiatives • # of trainings on ECD, life skills education etc. conducted. • M & E in place • # of people/groups trained in various life skills and participating in income generation activities 	Agency Annual reports Training Institutions reports	Structures to provide livelihood and skills training in place

Country Programme Outcomes	Country Programme/ Project Outputs	Indicators	Source of data/means of verification	Risks and Assumptions
	2.2.3 Improved leveraging of resources for disadvantaged/vulnerable groups	<ul style="list-style-type: none"> • # of community meetings held to discuss resource mobilization and monitoring strategies. • # of established community groups for resource mobilization. • Mechanism to ensure Information availability and access on service providers in place. • # of community livelihood initiatives started and sustained 	Annual reports Work plans	Needs assessment conducted Structures in place to absorb/appropriately utilize resources to benefit disadvantaged groups

UNDAF Outcome 3: M&E Matrix

UNDAF OUTCOME	Improved food security for the Swazi population.			
Country Programme Outcomes	Country Programme/ Project Outputs	Indicators	Source of data/means of verification	Risks and Assumptions
3.1 Agricultural production and productivity are increased.	3.1.1 Subsistence farmers use newly acquired skills to diversify agricultural activity while maximizing output from traditional crops.	<ul style="list-style-type: none"> • Increase in domestic cereal production. Baseline 2004: 64,000 tons • Extent of crop diversification • Increase in water availability for agriculture. 	WFP/FAO CFSAM VAC	Commitment by local government agricultural personnel continues following relevant intensive training programme for such staff.
	3.1.2 Rural youth and children's attitude to farming is improved.	<ul style="list-style-type: none"> • # of training sessions/orientations conducted. • Increase in no. of youths involved in farming. 	Agency records Household surveys	Youth and children recognize benefits of participating in training leading to increased food production.
	3.1.3 A conducive food security policy is formulated and operationalized.	<ul style="list-style-type: none"> • Food security policy and implementation plan in place. 	Policy document	Competing government priorities do not negatively impact on effort to conclude and implement policy.
	3.1.4 Effective management and utilization of water resources is achieved.	<ul style="list-style-type: none"> • # Newly constructed/rehabilitated water sources for agriculture 	Annual report	Irrigation policy finalized and implemented.
3.2 Income earning opportunities are increased and realized in food insecure areas.	3.2.1 Access to markets is improved.	<ul style="list-style-type: none"> • Proportion of people living below poverty line 	HH income and expenditure survey	Active participation by government and farmers in the programme
	3.2.2 Subsistence farmers are given the skills to exploit appropriate income earning opportunities.	<ul style="list-style-type: none"> • % population below minimum dietary energy consumption – <u>Baseline 37%</u> • # of trained farmers income generating opportunities 	Annual report Central Statistics Office	Farmers willing to participate in this initiative.
3.3 Emergency preparedness and response system strengthened.	3.3.1 Emergency preparedness strengthened.	<ul style="list-style-type: none"> • # of civil servants trained in emergency preparedness. • # of locally produced comprehensive emergency preparedness plans. 	Annual reports Publications	Commitment to strengthening and planning emergency preparedness is supported at government level; early warning data collection/analysis is prioritized.

UNDAF OUTCOME	Improved food security for the Swazi population.			
Country Programme Outcomes	Country Programme/ Project Outputs	Indicators	Source of data/means of verification	Risks and Assumptions
	3.3.2 Emergency response strengthened.	<ul style="list-style-type: none"> # of timely food and non-food interventions using early warning systems. <u>Baseline 2005: 1</u> 	WFP / DPM food dist. records. UNICEF/ FAO non food interventions	The need to coordinate interventions is recognized as a priority by all those providing assistance.

UNDAF Outcome 4: M&E Matrix

UNDAF OUTCOME	Improved access to basic social services especially for vulnerable/disadvantaged groups.			
Country Programme Outcomes	Country Programme/ Project Outputs	Indicators	Source of data/means of verification	Risks and Assumptions
4.1 The rights of the population to basic preventive, promotive and curative health and nutrition services are realized and improved with special emphasis on vulnerable groups.	4.1.1 Strengthened Primary Health Care services and community care capacity with focus on children and mothers, including EPI, micronutrients, malaria and de-worming.	<ul style="list-style-type: none"> • infant mortality rate - <u>Baseline:</u> 108 per 1,000 (2004 estimates) • under five mortality rate - <u>Baseline:</u> 146 per 1,000 (2004 estimates) • maternal mortality ratio -<u>Baseline:</u> 229 per 100,000 (2004 estimates) • Percentage orphaned and vulnerable children at community points accessing immunization -<u>Baseline:</u> 63% (2004 estimates) • Measles immunization coverage- <u>baseline:</u> 72.3% (2003 survey) • % Underweight children < 5 years - <u>baseline:</u> 10% (2000) • Birth weight below 2.5kgs – <u>baseline:</u> 5 % (2000) • Iodized salt consumption = <u>baseline:</u> 54% (2000) • Vitamin A supplementation (no baseline available) • ORT use rate – <u>baseline:</u> 92% (2000) • Childhood ARI treated at health facility - <u>Baseline:</u> 64% (2000) 	<p>Community Surveys</p> <p>Community Surveys</p> <p>Maternal Audit, and routine health surveillance</p> <p>Annual Report Community Survey</p> <p>Annual Report Government Service Statistics Community Survey Annual Report Community Survey Community Survey</p> <p>Community Survey Annual Report Community Survey Community Survey</p>	<p>Government commitment for mother child health (MCH) is sustained.</p> <p>Human resources and health system for effective service delivery is in place.</p> <p>Outreach strengthening will lead to improved access for isolated areas.</p> <p>MCH management information systems and coordination continues to be strengthened.</p> <p>Data sources from institutional/government sources cannot be used for community estimates.</p>
	4.1.2 Improved access to hygienic sanitation facilities and safe drinking water in communities.	<ul style="list-style-type: none"> • Percentage (%) of population with access to clean water -<u>Baseline:</u> 51% (2000) • % of population access to good sanitation – <u>baseline:</u> 72% (2000) • # of water pumps installed and toilets in schools, and communities. 	<p>Annual Report</p> <p>Community Survey</p> <p>Annual Report</p>	<p>Household water security is not affected by drought</p> <p>Adequate resources mobilized by government and partners</p>

Country Programme Outcomes	Country Programme/ Project Outputs	Indicators	Source of data/means of verification	Risks and Assumptions
	4.1.3 Improved access to quality reproductive sexual health services at all levels, particularly in emergency situations (e.g. obstetric emergency).	<ul style="list-style-type: none"> • % pregnant women receiving antenatal care- <u>Baseline</u>: To be collected • % deliveries with skilled attendance – <u>Baseline</u>: 70% • Caesarian section rates-<u>Baseline</u>: To be collected • # midwives' skills improved on management of obstetric and neonatal complications • # women accessing SRH services - <u>Baseline</u>: To be collected • # of women and men participate in community dialogues 	Annual Report Government Service Statistics Annual Report Annual Report Community Survey Community Survey Community Survey	Access to emergency obstetric care will constantly improve. Decision to seek care at hospital and transport will not lead to significant delay. First aid for emergency obstetric cases is available at peripheral level
4.2 Girls and boys, especially vulnerable children and children with disabilities, exercise their right to education by enrolling and completing primary school with minimal repetition, and/or participate in non-formal education programmes.	4.2.1 Enrolment and completion rates of primary school cycle for both boys and girls are increased, and repetition rates reduced.	<ul style="list-style-type: none"> • Primary school completion rate – <u>Baseline</u>: 60% (2003) • Primary school repetition rate – <u>Baseline</u>: Boys (18%)/ Girls (13%) (2003) • % primary school children complete grade 5 – <u>Baseline</u>: 93% (2000) • Primary school net enrolment rate: <u>Baseline</u>: 86% (2003) • OVC enrolment rate at primary and schools (no baseline available) • # Of children in non formal education (no baseline available) • proportion of materials produced for children with special needs 	Annual Report Community Survey Community Survey Annual Report Project Evaluations Annual Report Project Evaluations	Inaccurate school enrolment figures undermine evaluation of project outcomes. There may be a difference between community based data and service provider data.
	4.2.2 All primary and secondary school children have access to innovative life skills materials and participate in activities aimed at empowering them to take charge of their sexuality.	<ul style="list-style-type: none"> • Gross Secondary school enrolment ratio – <u>Baseline</u>: 60% (2000) • % Of trained teachers in life skills – <u>Baseline</u>: (none available) • % Of schools with life skills committees established – <u>Baseline</u>: (none available) • # Of sexual abuse cases reported 	Government service statistics Annual Report Annual Report Annual Report Project evaluations	All life skills training will be effectively transferred to children in greatest need.
	4.2.3 Teachers are gender-sensitive in their teaching strategies and in their use of learning materials, as well as their interactions with students.	<ul style="list-style-type: none"> • % of teachers trained in gender issues • proportion of schools incorporating gender issues in curriculum • % of schools reporting dialogues between teachers and students on gender issues 	Project evaluation results Annual Report School Survey	Trained teachers will effectively transfer gender information to children.

Country Programme Outcomes	Country Programme/ Project Outputs	Indicators	Source of data/means of verification	Risks and Assumptions
	4.2.4 Teachers and schools have capacity to provide quality education.	<ul style="list-style-type: none"> Proportion of schools implementing activity-based learning Teacher pupil ratio (no baseline available) 	Project evaluation results Government Service Statistics	Teacher pupil ratio of 1:40 Human resources and education system for effective service delivery in place
4.3 Safety nets for vulnerable groups strengthened.	4.3.1 All children, especially orphaned and vulnerable children, have their births registered and receive birth certificates, and have health cards.	<ul style="list-style-type: none"> % of births which are registered (no baseline available) % of 12-23 months issues a health card 	Community survey Government Service Statistics	Birth registration systems would be easily accessible to all Community recognizes benefits of registering the birth High card retention rates
	4.3.2 Improved technical capacity of communities (<i>imiphakatsi</i>) to use and disseminate data on vulnerable groups for planning and policy-making.	<ul style="list-style-type: none"> Proportion of communities maintaining a updated information of vulnerable residents Proportion of communities regularly disseminating information to <i>tinkhundla</i> (regional) and national levels 	Community survey Project evaluation results	There are focal persons at regional (<i>tinkhundla</i>) and community (level).

UNDAF Outcome 5: M&E Matrix

UNDAF OUTCOME	Enhanced/strengthened capacity of key national and local level institutions for improved governance.			
Country Programme Outcomes	Country Programme/ Project Outputs	Indicators	Source of data/means of verification	Risks and Assumptions
5.1 Economic Governance enhanced for revenue allocation and fiscal policy and responsibilities	5.1.1 Parliamentary oversight responsibilities enhanced/strengthened.	<ul style="list-style-type: none"> # of Parliamentarians trained and implementing responsibilities 	Agency records	Political commitment is available Technical expertise of Parliamentarians utilized
	5.1.2 Participatory decision making processes for both revenue allocation and fiscal discipline supported.	<ul style="list-style-type: none"> % of budget allocation towards key national challenges. 	Budget Report	Absence of consensus on development challenges Lack of political commitment
	5.1.3 Enforcement mechanisms for reporting enhanced.	<ul style="list-style-type: none"> laws enacted and enforced # of court proceedings 	MOJ – court proceedings	Regulations and procedures adhered to Lack of political commitment
5.2 Accountability, transparency, probity and participatory processes enhanced	5.2.1 Laws enacted to ensure accountable, transparent and participative governance.	<ul style="list-style-type: none"> # of laws discussed and enacted. # of discussion meetings 	Government Gazette Reports and minutes from meetings	Civil education available Lack of political commitment towards inclusion of other groups
	5.2.2 Vulnerable groups participate in decisions that affect them	<ul style="list-style-type: none"> # children's assembly /Parliament established # of children (girls/boys) participating in the assembly/Parliament # of women in executive positions # of women in Parliament 	Annual Report	Political commitment and support available Capacity limitations and resource constraints Women and children's willingness to participate
	5.2.3 Capacity building and institutional strengthening for the Judicial Commissioner's Office (JCO), ACU and ombudsperson.	<ul style="list-style-type: none"> # of persons trained # of corruption cases tried by anti-corruption unit 	Annual Report	Political interference Willingness to prosecute offenders
5.3 International Conventions ratified and domesticated	5.3.1 Mechanisms and socio-cultural practices promoted to protect the rights of women and girls	<ul style="list-style-type: none"> # of civil societies advocating for the rights of women # of gender based violence cases reported # of media articles or programmes advocating for rights of people 	Annual Report Media annual report Annual Report	Rights of women and children understood Capacity and resource constraints
	5.3.2 Improved national capacity to meet States party reporting obligations for International Conventions and protocols	<ul style="list-style-type: none"> # of domesticated international conventions # of International conventions and protocols timely reported on. 	Annual Report	Political commitment Capacity and resource constraints

Country Programme Outcomes	Country Programme/ Project Outputs	Indicators	Source of data/means of verification	Risks and Assumptions
5.4 Law reform initiatives supported for improved rights.	5.4.1 Civic education in participatory development processes supported.	<ul style="list-style-type: none"> # of communities/tinkhundla sensitized on the constitution and decentralization policy 	Annual Report	Capacity and resource constraints Political commitment
	5.4.2 Relevant laws revised and policies approved and implemented for the protection of human and people's rights	<ul style="list-style-type: none"> # of amendments and/or revisions to laws approved # of policies approved and operationalised # of applications for protection orders 	Annual Reports	Human rights issues understood Political commitment Capacity and resource constraints
	5.4.3 Swazi Law and Customs harmonized with Roman and Dutch Law.	<ul style="list-style-type: none"> # of laws harmonizing Swazi Law and Custom and Roman Dutch Law # of cases not conflicting Swazi law and Roman Dutch law 	Annual Reports	Political commitment Consensus on what constitutes Swazi Law and Custom
5.5 Equal access to justice and promotion, respect and protection of rights strengthened	5.5.1 Advocacy for respect for rule of law enhanced through implementation of court decisions.	<ul style="list-style-type: none"> # of court decisions implemented 	Annual Report	Traditional and modern civil legislative systems are harmonized Government commitment to respect rule of law
	5.5.2 Strengthened capacity to combat gender based violence.	<ul style="list-style-type: none"> # of programmes which have gender mainstreamed # of people using gender based violence systems 	Annual Report	Communities understand criminality of gender based violence Clear reporting structures created
	5.5.3 Improved protection of vulnerable and other disadvantaged groups, especially women, children and disabled persons from abuse, violence and exploitation.	<ul style="list-style-type: none"> # of abuse cases reported % of abuse cases actioned # protective legislation in place # of functioning child protection committees in place # of ZERO tolerance campaigns conducted 	Annual Report	Laws, policies, conventions are in place and enforced. Confidentiality assured

Country Programme Outcomes	Country Programme/ Project Outputs	Indicators	Source of data/means of verification	Risks and Assumptions
5.6 Decentralization processes supported for improved service delivery	5.6.1 Local Government Act enacted by Parliament.	<ul style="list-style-type: none"> Finalized and approved Act 	Annual Report	Parliamentarians understand and support decentralization process Bill remains unapproved
	5.6.2 Decentralized service systems enhanced.	<ul style="list-style-type: none"> # of services available at community level 	Annual Report Community Surveys	Adequate resources provided Political commitment assured
	5.6.3 Decentralization policy formulated.	<ul style="list-style-type: none"> # of community centers receiving decentralized service facilities 	Annual Community Surveys Report	Cabinet and Parliament will adopt policy
	5.6.4 Improved technical capacity of institutions to use data for planning and policymaking.	<ul style="list-style-type: none"> # of people trained and utilizing data for planning 	Annual Report	Pool of human resources adequate with minimal staff turnover Data is available