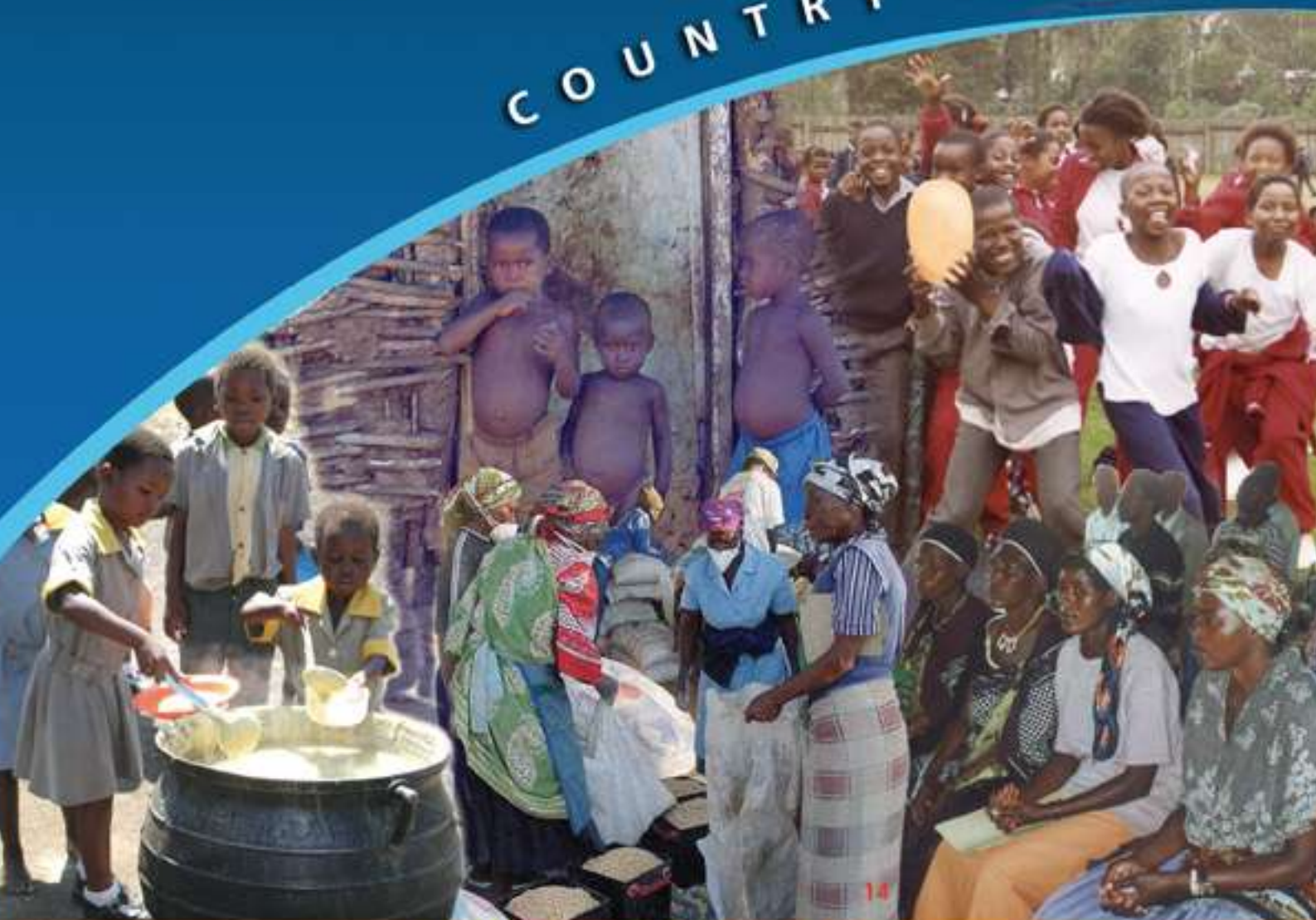




United Nations
Country Team

Millennium Development Goals

COUNTRY REPORT



SWAZILAND

DECEMBER 2003

MAP OF SWAZILAND





United Nations
Country Team

Millennium Development Goals

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

Foreword

The Government of Swaziland is one of the 189 countries who met at the UN Millennium Assembly in September 2000 and endorsed the Millennium Declaration. The Declaration includes urgent, collective commitments to overcome the poverty that grips most of the world's people. In this summit, the UN General Assembly also charged the UN Secretary General to prepare a road map for achieving the declaration's commitments. This resulted in the Millennium Development Goals (MDGs) made up of 8 goals, 18 targets and 48 indicators aimed at enhancing global human development. The set goals acknowledge that countries are at different levels of development. National ownership of the MDGs become critical and so UNDP was mandated to assist countries to develop short, medium and long term strategies towards achieving the MDGs. The MDGs already represents an opportunity for Swaziland to achieve the vision 2022 embraced in the National Development Strategy (NDS) document. The NDS has poverty reduction as one of its major goal. The MDGs therefore dovetail very well within the NDS. MDGs are, therefore, not impossible to achieve. Experience has shown that strong leadership, deeper participation, genuine partnerships, more home grown pro-poor policies can contribute to put countries on track towards achieving these goals by the target year of 2015.

This document is the first progress report on the status of attainment of the MDGs in Swaziland. This report was prepared jointly by the Ministry of Economic Planning and Development and the UN Country Team after a process of consultations with other stakeholders. It presents a unique opportunity to reflect on Swaziland's current position on each of the eight goals. The report identifies challenges and opportunities associated with each goal. It also provides a basis for the country to evaluate progress in achieving the goals in the years to come before the target year of 2015.

Swaziland is classified as a low middle-income country, with a relatively high level of income per capita. However, poverty still remains a major challenge for the country, reflecting the underlying skewed distribution of income.

It is estimated that about 66% of Swazis live below the poverty line. Food insecurity in the country is one of the main areas of concern. The HIV/AIDS epidemic has increased at alarming rates over the past 10 years posing a major threat to Human Development.

The Government of Swaziland is committed to the achievement of the MDGs, which requires a concerted, and continuous effort from all development partners, both national and international. Swaziland believes that it is only with the cooperation of all partners that the MDGs can be achieved.



Rev. A.M. Dlamini
Hon. Minister of Econ. Planning and Dev.
Coordinator Government of the Kingdom of Swaziland



Ms. Elizabeth Lwanga
UN Resident
Coordinator

List of Acronyms

AIDS	-	Acquired Immune Deficiency Syndrome.
AGOA	-	African Growth and Opportunity Act.
AMICAALL	-	Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa.
ANC	-	Anti Natal Care.
ARV	-	Anti Retroviral.
ART	-	Anti Retroviral Therapy.
CANGO	-	Coordination Assembly of Non Governmental Organizations.
CEDAW	-	Convention on the Elimination of All Forms of Discrimination Against Women.
CSO	-	Central Statistical Office (Swaziland).
CCA	-	Common Country Assessment.
CMTC	-	Multi Sectoral Crisis Management and Technical Committee.
CITES	-	Convention on International Trade in Endangered Species.
CMA	-	Common Monetary Area.
COMESA	-	Common Market for Eastern and Southern Africa.
ESRA	-	Economic and Social Reform Agenda.
FDI	-	Foreign Direct Investment.
FLAS	-	Family Life Association.
GER	-	Gross Enrolment Rate.
GSP	-	Generalized System of Preferences.
GDP	-	Gross Domestic Product.
HIV	-	Human Immuno Virus.
ICT	-	Information and Communication Technologies.
ILO	-	International Labour Organisation.
IMCI	-	Integrated Management of Childhood Illness.
IRHS	-	Indoor Residual House Spraying.
ITNs	-	Insecticide Treated Nets.
JICA	-	Japanese International Cooperation Agency.
LMIC	-	Low Middle Income Country.
MAP	-	Millennium Action Plan.
MDGs	-	Millennium Development Goals.
MDGR	-	Millennium Development Goals Country Report.
MICS	-	Multiple Indicator Cluster Survey.
MMR	-	Maternal Mortality Rate.
MOE	-	Ministry of Education.
MOHA	-	Ministry of Home Affairs.
MOHSW	-	Ministry of Health and Social Welfare.
MTCT	-	Mother to Child Transmission.
NEPAD	-	New Partnership for African Development.
NER	-	Net Enrolment Rate.
NERCHA	-	National Emergency Response Committee on HIV/AIDS.
NDS	-	National Development Strategy.
NHDR	-	National Human Development Report.
NGOs	-	Non Governmental Organizations.
ODA	-	Overseas Development Assistance.
OVCs	-	Orphans and Vulnerable Children.
PLWHA	-	People Living with HIV/AIDS.
PMTCT	-	Prevention of Mother to child Transmission.
PPCU	-	Public Policy Coordinating Unit.
PRS	-	Poverty Reduction Strategy.
PRSAP	-	Poverty Reduction Strategy and Action Plan.
RBM	-	Roll Back Malaria.
RICA	-	Royal Initiative to Combat HIV/AIDS.
RSA	-	Republic of South Africa.
SADC	-	Southern Africa Development Community.
SACU	-	Southern African Custom Union.
SCOGWA	-	Swaziland Committee of Gender and Women's Affairs
SEA	-	Swaziland Environmental Authority.
SEAP	-	Swaziland Environmental Action Plan.
SHIES	-	Swaziland Household Income and Expenditure Survey.
SIPA	-	Swaziland Investment Promotion Authority.
SNAP	-	Swaziland National AIDS Programme.
SME	-	Small and Medium Scale Enterprises.
SNC	-	Swazi National Council.
SNL	-	Swazi Nation Land.
SRH	-	Sexual and Reproductive Health.
TASC	-	The AIDS Information Support Care.
TB	-	Tuberculosis.
UN	-	United Nations.
UNAIDS	-	Joint United Nations Programme on HIV/AIDS.
UNCCD	-	UN Convention to Combat Desertification.
UNCBD	-	UN Convention on Biodiversity.
U5	-	Under five years (children below 5 years).
UNDGO	-	United Nations Development Group Office.
UNDP	-	United Nations Development Programme.
UNESCO	-	United Nations Educational Scientific and Cultural Organisation.
UNFPA	-	United Nations Fund for Population Activities.
UNGASS	-	United Nations General Assembly's Special Session.
UNICEF	-	United Nations Children Fund.
UNCCC	-	UN Convention on Climate Change.
VCT	-	Voluntary Counseling and Testing.
WB	-	World Bank.
WFP	-	World Food Programme.
WHO	-	World Health Organisation.



Millennium Development Goals



Table of Contents

INTRODUCTION	1
Swaziland's Progress Towards Achieving the Millennium Development Goals	2
SWAZILAND : Development Context	3
GOAL 1 Eradicate Extreme Poverty Eradicate Hunger: Food Security	5 7
GOAL 2 Achieve Universal Primary Education	9
GOAL 3 Promote Gender Equality and Empower Women	11
GOAL 4 Reduce Child Mortality	13
GOAL 5 Improve Maternal Health	15
GOAL 6 Combat HIV/AIDS, Malaria and Other Diseases	17
GOAL 7 Environmental Sustainability	20
GOAL 8 Global Partnership for Development	23

Introduction

In September 2001, Swaziland was among the 191 UN Member States to adopt the MDGs, an unprecedented international commitment to accelerate sustainable human development and poverty reduction. The goals aim to:

- 1) Eradicate extreme poverty and hunger
- 2) Achieve universal primary education
- 3) Promote gender equality and empower women
- 4) Reduce child mortality
- 5) Improve maternal health
- 6) Combat HIV/AIDS, malaria and other diseases
- 7) Ensure environmental sustainability
- 8) Develop a global partnership for development

Each goal comprises numerical targets to be achieved by 2015. Appropriate indicators have been selected to monitor progress. The eight goals and the associated targets and indicators will help ensure a common assessment and understanding of the status of the MDGs at global, regional and national levels.

The 2003 MDG Report for Swaziland is a response to the national MDGs monitoring and evaluative pro-

cess. This report has been prepared in a consultative manner, involving key government officials, civil society, academics, donors and the UN Country Team.

The 2003 MDGR for Swaziland highlights a number of important achievements in the country, including the implementation of the NDS. Other important developments include the nearly completed national poverty reduction strategy, and the proposed establishment of a poverty-monitoring unit. The MDGR process in Swaziland also highlights serious data paucity. It should be noted that the effective tracking of progress towards the achievement of the MDGs requires the availability of statistics that are reliable, valid and up to date. It is hoped that this report, which outlines the status of Swaziland's capacity for monitoring and reporting each of the eight goals, increases attention to the importance of improving the national statistics system. It is also hoped that the 2003 Swaziland MDGR achieves its purpose of awareness raising, advocacy, alliance building and renewal of political commitments at the country level.



Swaziland's Progress Towards Achieving the Millennium Development Goals

Goal / Target	Will the Goal/Target be Met?				State of Supportive Environment			
EXTREME POVERTY								
Halve the proportion of people living in extreme poverty 1990-2015	Probably	Potentially	Unlikely	No Data	Strong	Fair	Weak but Improving	Weak
HUNGER								
Halve the proportion of people who suffer from hunger by 2005	Probably	Potentially	Unlikely	No Data	Strong	Fair	Weak but Improving	Weak
EDUCATION								
Achieve universal access primary education by 2015	Probably	Potentially	Unlikely	No Data	Strong	Fair	Weak but Improving	Weak
GENDER EQUALITY								
Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	Probably	Potentially	Unlikely	No Data	Strong	Fair	Weak but Improving	Weak
CHILD MORTALITY								
Reduce under-five mortality ratio by three quarters by 2015	Probably	Potentially	Unlikely	No Data	Strong	Fair	Weak but Improving	Weak
MATERNAL HEALTH								
Reduce maternal mortality ratio by three quarters by 2015	Probably	Potentially	Unlikely	No Data	Strong	Fair	Weak but Improving	Weak
HIV/AIDS								
Halt and reverse the spread of HIV/AIDS by 2015	Probably	Potentially	Unlikely	No Data	Strong	Fair	Weak but Improving	Weak
ENVIRONMENT								
Integrate the principle of sustainable development into country policies and programmes and reverse the loss of environmental resources	Probably	Potentially	Unlikely	No Data	Strong	Fair	Weak but Improving	Weak
GLOBAL PARTNERSHIP FOR DEVELOPMENT								
Address the special needs of landlocked and small island countries.	Probably	Potentially	Unlikely	No Data	Strong	Fair	Weak but Improving	Weak

Swaziland: Development Context

Swaziland is classified as a middle-income developing country with a gross domestic product (GDP) per capita of US\$1,350 (2000). The Swazi economy performed very well during the 1980s. However, since the 1990s Swaziland experienced a sharp decline in growth, averaging 3.4 percent over the 1992-97 period compared to approximately 9 percent in the 1980s. Some of this decline is the result of an increase in competition for investment in the region, especially from South Africa and Mozambique. The stiff competition resulted in Swaziland experiencing slow economic growth, declining foreign direct investment (FDI) and a failure to create employment in the domestic economy.

Swaziland is currently facing a serious socio-economic situation, exacerbated by the increasing prevalence of HIV/AIDS. In addition to the HIV/AIDS epidemic, Swaziland is challenged with high unemployment, income inequality, and poverty. Swaziland has a population growth rate of 2.9 percent. Over 40 percent of the population is below 15 years of age. The country has one of the highest HIV/AIDS prevalence rates in the world, at 38.6 percent in 2002. The unemployment rate is an estimated 22 percent and approximately 66 percent of the population lives below the poverty line.

Similar to other countries in the southern African region, Swaziland's output is almost entirely accounted for by the industrial and service sectors. Agricultural production accounted for 8.7 percent of GDP in 2001, which was higher than most countries in the region. However, overgrazing, soil erosion, floods and drought persist, and adversely affect agricultural production. Macroeconomic trends in Swaziland are largely influenced by those in South Africa. This reflects Swaziland's close economic relationship with South Africa, which accounts for 80 percent of Swaziland's imports and more than half of its exports.

In order to focus growth and development between the years 1997-2022, Swaziland established the National Development Strategy (NDS). The NDS guides the preparation of a three-year national development plan. It also forms the basis of the government's Economic and Social Reform Agenda (ESRA). The ESRA was developed in response to the sluggish growth rate of the 1990's, stagnating private sector investment, high population growth and unemployment rates compounded by emerging fiscal deficits. ESRA is a short-term action program with measurable targets. The main objective of the ESRA is to accelerate economic growth. The millennium action plan was developed in the new millennium to substitute ESRA.

Some of the key developmental challenges facing the country, as articulated in the NDS, include issues relating to economic growth rates, HIV/AIDS, unemployment, gender and governance. The NDS acknowledges that Swaziland's long-term socio-economic development depends on the extent to which these major challenges are successfully addressed.

Swaziland is currently facing a serious socio-economic situation, exacerbated by the increasing prevalence of HIV/AIDS. In addition to the HIV/AIDS epidemic, Swaziland is challenged with high unemployment, income inequality, and poverty.

Indicator	Value	Year
Population size	929718	1997
Area size	17 364km ²	
Annual population growth rate	2.9%	1997
Life expectancy at birth	38.2 years	2001
GNP per capita	USD 1350	2000
External debt as % of GNP	18.3	1999
Poverty Ratio	66%	1995
Proportion of rural population under poverty	71%	1995
Proportion of urban population under poverty	45%	1995
Proportion of underweight children (Under five years)	10%	2000
Net primary enrolment	70.1	1998
Ratio of Girls to Boys in primary Education	88.4:95	1998
Under five mortality rate (per thousand)	122	2002
Maternal mortality rate	229	2002
Prevalence of HIV/AIDS	38.6%	2002
Adult literacy	81.3%	2000
Adult literacy: Male	80.4%	2000
Adult literacy: Female	78.1%	2000

CURRENCY : Emalangeni (E)

EXCHANGE RATE: South African Rand (R) : E1 = R1 (at par).

US Dollar, 2002 - End of Period : \$ = E7.4295

Period Average : \$ = E7.911

The government is currently drafting the Poverty Reduction Strategy (PRS). The main objective of this strategy will be to reduce the incidence of poverty by more than half, from the current level of 66 percent to 30 percent by the year 2015, and to eliminate extreme poverty by 2022. The Swazi Government understands that poverty may threaten the social and economic stability that characterizes Swaziland's past, and is willing to take action as evidenced by the various initiatives alluded to above.

The national poverty reduction strategy and the prioritized action plan includes a three-prong strategy for a rapid acceleration of economic growth based on broad-based participation, empowering the poor to generate income and equitable distribution of the benefits through pro-poor public expenditure. The Swazi Government is determined to reverse the rising trend of stagnating growth by encouraging a pro-poor growth process.

Goal 1

Eradiate Extreme Poverty

Target: Reduce by half the proportion of people living in extreme poverty by 2015.

Indicator: Reduce by half the proportion of the population below the national poverty line of E71 per month.

STATUS AT A GLANCE

Will the Goal/Target be Met

Potentially Unlikely Insufficient Data

Elements of monitoring environment	Assessment		
Data gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanism	Strong	Fair	Weak
Monitoring and evaluation mechanisms	Strong	Fair	Weak
Table 2 Distribution Of Poverty	Strong	Fair	Weak

State of Supportive Environment

Strong Fair Weak but improving Weak

Region	Population Share%	Share of Core Poor	Share of Poor
Urban	21	21.63	34.33
Rural	79	78.37	65.67
National	100	100	100

Source: SHIES 1995

According to the Prioritised Action Programme on Poverty Reduction document, produced by MEPD in March 2002, Approximately 66 percent of the Swazi population lives below the poverty line of E71 per month. Rural areas have a greater share of the

poor (approximately 84 percent) than they have of the total population (approximately 79 percent). Given the high levels of inequality in ownership of physical assets, the major asset available to the poor is their labour power. Unemployment is widespread. It is currently estimated at 22 percent. The rural areas are the most affected. It is estimated that 40 percent of the core poor are unemployed (extract of the Priority Action on Poverty Reduction, March 2002).

It is estimated that Swaziland's economy (which grew by 2% in 2000) needs to grow by 9 percent to reach the 50 percent poverty reduction target by 2015. This goal, however, can be achieved with a lower growth rate if a significant improvement is made towards reducing the skewed income distribution.

Incomes are highly skewed in Swaziland. An analysis of the 1994-95 Swaziland Household Income and Expenditure Survey (SHIES) suggests that the richest 10 percent of the population control almost 40 percent of total earned income. In contrast, the poorest 40 percent of the population control 14 percent of total earned income. Economic inequality is found to be high in both the rural and urban areas of Swaziland.

Major Challenges

◆ Gender Inequality

Gender inequality is at the center of Swaziland's poverty problem, as suggested by the fact that the majority of poor households are those headed by women. An increase in female-headed households stems from various factors, including male worker migration, higher death for men and divorce rates.

◆ Strengthening NGOs

NGOs must be strengthened through government subvention. The government must also effectively utilize the NGOs close proximity to the poor and their relative efficiency in service delivery. An NGO policy must be developed.

◆ Agricultural Productivity

Challenges include: lack of credit facilities for SNL farmers; poor infrastructure; limited opportunities for product marketing; out-of-date technology; inadequate extension services, reoccurring drought and the absence of a policy on Agriculture.

◆ Domestic resource mobilization

The success of the PRS depends in large part on its ability to mobilize mass support and participation of the poor, as these people understand the nature, causes and possible solutions to socio-economic challenges that their communities face.

◆ Policy Coordination and Implementation

Limited institutional arrangements, poor capacity building, and weak information dissemination and monitoring inhibit effective policy coordination in Swaziland. There is a need to strengthen the PPCU.

Supportive Environment

- ◆ The NDS places poverty reduction at the center of the country's development effort.
- ◆ As demonstrated in the PRS, Acknowledges the requirement for a policy shift towards pro-poor spending.
- ◆ The government acknowledges that meaningful improvement in the lives of rural Swazi people lies in their ability to access and make optimum use of land as their major productive resource. There is a draft land policy that was approved by cabinet and is awaiting approval from other government structures. Furthermore, a draft copy of the Resettlement Policy, which will serve to guide land use for optimum gain, has been promulgated but not ratified.
- ◆ Part of government's broad policy objective has been to increase efforts to attract FDI, which has been declining in the past decade. Tangible efforts in this area were seen in the establishment of SIPA.

Priorities For Development Assistance

- ◆ The expected ratification of the 2003 Draft Constitution may address issues relating to the millennium development poverty reduction goal, including resource allocation and adoption of pro-poor government expenditure patterns.
- ◆ Support is required for agricultural and rural development in terms of improved water supply for irrigation and generally support to the PPCU for improved policy formulation.
- ◆ The government's efforts at reducing poverty have revolved around the creation of micro-projects in the form of credit schemes, that are geared towards entrepreneurship, and income generation for the poor and the establishment of an SME unit within the Ministry of Enterprise and Employment.

Eradicate Hunger: Food Security

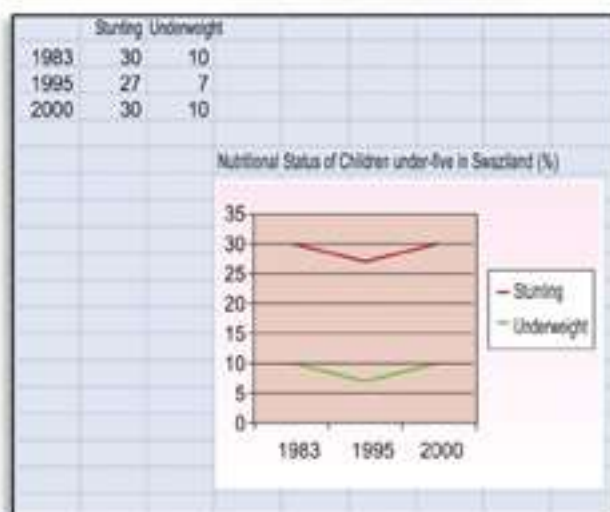
Will the Goal/Target be Met

Potentially Unlikely Insufficient Data

State of Supportive Environment

Strong Fair Weak but improving Weak

Chart 1 Nutrients Status of Children Under 5



Status and Trends

A survey undertaken by the CSO, Swaziland, in 2000, indicate that 10 percent of children under the age of five are underweight. 2 percent are classified as severely underweight. The same survey suggests that 30 percent of children are stunted, (indicating a worsening of the situation compared to the 27 percent rate found by the 1995 SHIES), and that 3 percent were thin for their height. In 1997, an estimated 46 percent of the population experienced Vitamin A deficiency.

Table 3 U5 Underweight Children

U5 UNDERWEIGHT CHILDREN	
Status in Figures:	2000
U5 underweight Children (%)	10%

The 1994-95 SHIES demonstrated that household food production, as a proportion of total food consumption, for rural people was 30 percent. This implies that a significant portion of the rural populations livelihood is derived from elsewhere, possibly from payments from relatives working in urban areas in Swaziland or abroad. Households that do not have this alternative source of income face deprivation and hunger when crops fail.

In 1995, 48 percent of the population fell below the food datum line. Maize production recorded a decline of 18.3 percent to 118,000 tons in 1998-99, increased again to 124,000 in 1999-2000 before declining in 2000 to 86,000 tones.

During the year 2002, crop production was 18 percent lower than the previous year's harvest and 33 percent below the five-year average, precipitating a food crisis that has not subsided. The WFP estimates that at the peak of the food crisis, 265,000 people will need food aid. This peak figure represents 24 percent of the population. The dramatic increase in food prices over the past six months has pushed even more people below the poverty line.

According to the CSO, in 1996, SNL contributed only 1 percent of the GDP. A large proportion of the Swazi population, about 90,000 households, is still engaged in small-scale agriculture.

At the household level, food security is threatened by HIV/AIDS, as women are drawn into home-based caring for ill relatives, thereby affecting domestic food production.

There has been a recent policy shift to incorporate food security, owing to the failure of an earlier policy to guarantee against hunger and malnutrition. The main thrust of the policy is to attain food security through employment and income generation from agricultural sources, raising agricultural productivity on SNL as well as attaining food security from a combination of home grown food, proper food storage and cash generated from other activities.

Government, in its pursuit of food security, initiated plans for agricultural diversification into small stock farming, including fish, pigs, chicken, goats and other small livestock.

Major Challenges

- ◆ The main challenge is for government to find innovative ways to change rigid inhibiting attitudes towards alternative drought-resistant crops.
- ◆ Change the land tenure system which currently prevents individuals from using SNL as collateral for securing loans.
- ◆ Provide access to irrigation water for SNL smallholders.
- ◆ Disaster preparedness - improve the functioning of the national disaster task force.
- ◆ Unaffordability of agricultural inputs, lack of savings, unemployment, limited capacity building for SNL farmers leading to a vicious circle of food insecurity.

Supportive Environment

- ◆ The NDS recognizes the need for making the attainment of food security a central objective of government policy.
- ◆ The government's policy on food production/agriculture aims to achieve food security in the rural sector through a combination of homegrown food, proper food storage and cash generated from other activities.
- ◆ If the government's bill to create 99-year land leases on SNL is approved, this may encourage the poor to invest in the land, preserve it, and use it as security for obtaining credit for food production.

Priorities For Development Assistance

- ◆ More financial assistance is required to address the multi-faceted nature of the problem of poverty and food security.
- ◆ In view of the drought-prone situation, the government needs up-scaled financial and technical support towards intensifying the campaign for diversification to drought-resistant food crops and seed multiplication. Research and training institutions must be strengthened and deepened.
- ◆ Promotion of high value crops for exports.
- ◆ Support for diversification into animal farming for small-scale farmers, such as rearing fish, chickens, pigs, goats, etc, for income generation. Investigate and implement other innovative approaches to agriculture.

Goal 2 Achieve Universal Primary Education

Target: Achieve universal access to primary education by 2015.
Indicator: Net primary enrolment rate, proportion of children starting Grade 1 who would reach Grade 5; literacy rate or 15-24 year olds.

STATUS AT A GLANCE

Will the Goal/Target be Met

Potentially Unlikely Insufficient Data

State of Supportive Environment

Strong Fair Weak but improving Weak

Tracking improvements in Primary Education: Monitoring and Evaluation Environment

Elements of monitoring environment	Assessment		
	Strong	Fair	Weak
Data gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanism	Strong	Fair	Weak
Monitoring and evaluation mechanisms	Strong	Fair	Weak

Status and Trends

The overall primary school enrolment rate was 70.1 percent in 1998, a decline from 79.7 percent in 1990. In the year 2000, more than 20 percent of children who were supposed to be in school were not in school. Education statistics also suggest that in the 1996-2001 period, enrolment rates continue to be higher for boys than girls at the primary level, and that the secondary level enrolment rates are nearly gender equal.

The proportion of children completing primary education is also on the decline. In 1997, only 61 percent of children who started primary school completed the full primary school cycle, the remainder dropped out due to high repetition rates, above average age and financial difficulties. The completion rate dropped to 60 percent in 2000. In the same year, there were wide gender disparities within the 10-19 age group, where 25 percent of all girls dropped out of school, as opposed to only 15 percent of boys. The high dropout rate for girls is largely due to high pregnancy rates and socio-cultural factors that constrain girls from pursuing education.

The literacy rate is an estimated 80 percent. Literacy rates are higher in urban than rural areas. Males generally have higher levels of literacy and educational attainment than females (80.4 percent males versus 78.1 percent females). The primary school pupil: teacher ratio was 33:1 in 1997. By year 2000, it had increased to 45:1, exceeding the national benchmark of 40:1.

The government is implementing both the Universal Declaration on Education, and the Dakar Declaration.

Table 4 Net Enrolment Ratio, %

1990	88
1997	77
1998	70.1

Source: CCA Report, 2000.

Ratio, %	Combined GER	Primary GER	Primary NER
National	82.8	91.6	70.1
<i>Gender specific</i>			
Male	85.5	95	70.1
Female	80.2	88.4	70.1
<i>Regional</i>			
Hhohho	83.4	90.6	69.7
Lubombo	78.8	89.5	66.6
Manzini	84.5	94.6	73.3
Shiselweni	83.6	91.1	69.7

Source: CSO (1998) Census 1997

Budget allocation for the MOE continues to dominate government expenditure, averaging 25 percent of the budget and accounting for 7.3 percent of GDP, thereby suggesting a firm national commitment to education.

Despite substantial increases in budgetary allocations in recent years, there are great disparities in terms of quality, access, gender, and between rural and urban areas, and between the rich and poor.

Major Challenges

- ◆ Reducing high repetition and dropout rates.
- ◆ The inability of households to pay fees may increase due to HIV/AIDS and unemployment.
- ◆ The need to expedite plans for the introduction of informal education at primary level.
- ◆ Updating the existing curriculum to make it more relevant to Swaziland's needs.
- ◆ With the increase in HIV/AIDS prevalence in the country, the number of orphans and vulnerable children who need financial support to be in school is also increasing.

Supportive Environment

- ◆ The country subscribes to the Universal Declaration on Human Rights, which stipulates that everyone has a right to education.

- ◆ The NDS attach great importance to education and training as key elements of human resource development.

- ◆ The 1999 National Education Policy formalizes the government's position as firmly supporting the importance of consolidating past achievements as well as addressing crucial issues of quality, relevance and affordability of education. It also underlines the importance of vocational education and special education.

- ◆ Swaziland signed the convention on the rights of the child in 1990 (ratified in 1995) and in 1992 produced the National Programme of Action for the Children of Swaziland (1993-2000). In doing so, the country renewed its commitment to ensuring the improved standards for the education and welfare of children.

- ◆ The PRS aims to provide free primary education and reduce subsidies on post secondary expenditure.

- ◆ Swaziland is a signatory to the Dakar 2000 Declaration on Education for All.

- ◆ Swaziland is gradually moving towards providing free primary education as part of the goal for Education For All.

Priority Areas For Development Assistance

- ◆ There is need to expand physical infrastructure, to improve the quality of education, and to expand distance education.

- ◆ There is a need for support to expand bursary schemes to needy and orphaned children during the transition period toward free primary education.

- ◆ Diversifying the curricular to incorporate technical subjects and improve/upgrade existing vocational education institutions.

- ◆ Capacity building to mitigate the effects of HIV/AIDS on education.

- ◆ Consider ICT as a channel for electronic learning.

Goal 3

Promote Gender Equality and Empower Women

Target: Eliminate gender disparity in primary and secondary education by 2005 and in all levels of education by 2015.

Indicator: Ratio of girls to boy's primary education.

STATUS AT A GLANCE

Will the Goal/Target be Met

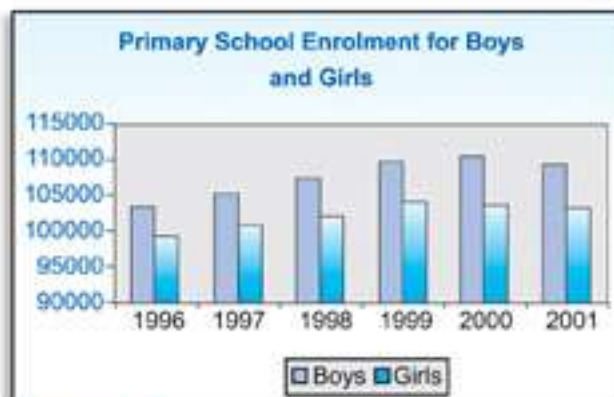
Potentially Unlikely Insufficient Data

State of Supportive Environment

Strong Fair Weak but improving Weak

Tracking improvements in Primary Education: Monitoring and Evaluation Environment

Elements of monitoring environment	Assessment		
Data gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanism	Strong	Fair	Weak
Monitoring and evaluation mechanisms	Strong	Fair	Weak



Source: CSO.

Status and Trends

The minority status of women has had an adverse effect on women's ability to gain access to productive resources such as land and credit. Ironically, some studies suggest that women are the major economic providers for their families, accounting for the bulk of agricultural labour. Of the approximate 88,000 rural households in Swaziland, women head more than 30 percent. Women head 25 percent of households in urban areas (CSO, Poverty Profile of Swaziland, 1995).

Certain customary practices have adverse implications for women's productive capacities. These practices also pose serious threats to women's ability to assert their sexual reproductive rights in the light of the HIV/AIDS pandemic. Cultural attitudes and practices also discourage women from participating in public life. As a result, few women occupy political decision-making positions.

School enrolment rates at the primary level are higher for boys than girls. Enrolment rates show only slight differences between girls and boys in secondary school enrolment figures. Several studies note that girls face additional problems at home, in school, and in their community's.

There has been an increase in the proportion of women in employment in both the public and private sectors. In 1992, women employment in the private sector stood at 29.8 percent whilst in the public sector the figure stood at 39.3 percent (CCA 2000). It should also be noted that women dominate the lower salary ranks where they occupy more support-related activities, as opposed to the managerial ones, despite the existence of laws such as the Employment Act, which prohibits sexual discrimination. Males dominate formal paid employment. Women (59 percent) dominate the informal sector.

The NDS recognizes gender equality and women empowerment as pillars of development. The government has tried to foster gender equality through legislative measures such as the Employment Act, the creation of institutional support structures such as SCOGWA and the Gender Unit.

Current developments include the ratification of CEDAW.

Major Challenges

- ◆ Entrenching a fully engendered constitutional framework that will guide efforts towards gender equality and women empowerment.
- ◆ Aspects of culture and socialization that perpetuate women subordination are hard to change.
- ◆ The dual legal system poses major challenges requiring the need to address the legal aspects that adversely affect women.
- ◆ There are an inadequate number of gender specialists in the public, private and NGO sectors.
- ◆ Inadequate political will is signified by delay in the ratification of CEDAW and the implementation of the SADC Gender and Development Declaration of 1997.
- ◆ Lack of gender awareness amongst policy-makers.
- ◆ The need to strengthen institutional mechanisms for fostering gender equality, as stipulated in the Beijing Plus 5 commitment.

Supportive Environment

- ◆ The NDS places gender equality and the empowerment of women at the center of development.
- ◆ The Employment Act prohibits sexual discrimination.

- ◆ Swaziland is a signatory to the ILO conventions that prohibit gender-based discrimination at the workplace.
- ◆ In 1994 the government established SCOGWA, forums where all major stakeholders come together to formulate policies and programmes for national action.
- ◆ The Gender Unit in the ministry of Home Affairs facilitated the development of a gender policy that was promulgated in 2002 and is currently awaiting cabinet approval.
- ◆ There are also various initiatives by NGO's and community-based groups on gender sensitization and training and the mainstreaming of gender into their programmes.
- ◆ Research has been conducted on laws and other issues that affect women.
- ◆ In 1997, Swaziland, signed a SADC Declaration on Gender and Development Declaration. All signatories agreed to work towards achieving 30 percent women representation in decision-making positions by 2005.
- ◆ CEDAW was approved by parliament and is awaiting ratification. Sensitization on the CEDAW has been undertaken with UNDP assistance. Law reform is currently underway to remove the minority status of women.
- ◆ The draft constitution is supportive to human rights including the rights of women.

Priorities For Development Assistance

- ◆ There is a need to establish gender desks in public, private, and NGOs institutions, and to support the training of specialists to mainstream gender in all organizational activities and programmes.
- ◆ There is a need to educate all stakeholders the importance of gender issues in order to ensure political commitment to effective programmes and plans of action.
- ◆ Support and strengthen networking through technical support and equipment.
- ◆ Education for the creation of a critical mass to effectively engage with the gender issues and to bring about transformation.
- ◆ Strengthen the Gender unit in the MOHA.

Goal

4

Reduce Child Mortality

Target: Reduce under-five mortality by two thirds by 2015

Indicator: Under-five mortality rate

STATUS AT A GLANCE

Will the Goal/Target be Met

Potentially Unlikely Insufficient Data

State of Supportive Environment

Strong Fair Weak but improving Weak

Tracking Under-five Mortality Levels: Monitoring and Evaluation Environment

Elements of monitoring environment	Assessment		
Data gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanism	Strong	Fair	Weak
Monitoring and evaluation mechanisms	Strong	Fair	Weak



Source: World Bank and Staneck Projections.

Infant Mortality Rate per 100 000 Live Births	
1976	156
1986	99
1991	72
1997	78
2000	87

Source: CSO, report, 2000

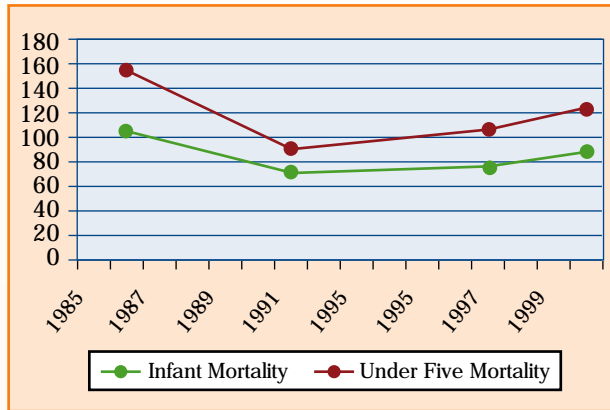
Status and Trends

In 1990 at the World Summit for Children, the government of Swaziland committed to a Declaration and Plan of Action to benefit Children. An initiative was then implemented in which the country committed to: reduce the infant and under-five mortality rate by one third between 1990 and 2000; reduce severe and moderate forms of malnutrition on children less than 5 years of age, provide universal access to safe drinking water and sanitary means of excreta disposal. By the year 2000, these goals had not been attained.

Under five mortality increased from 89 per 1000 in 1991 to 106 per 1000 in 1997 and to 122 per 1000 in 2000 (MICS, 2000). Infant mortality rate also rose from 72 per 1000 in 1991 to 78 per 1000 in 1997, rising from 87.7 per 1000 in 2000 (MICS, 2000). Underweight prevalence is 10 percent, among which the stunting prevalence is 30 percent. Access to safe drinking water is an estimated 51 percent. Sanitation is 72 percent. Birth weight below 2.5 kg is 5 percent while the exclusive breast-feeding rate is an estimated 31.2 percent (MICS, 2000). Diphtheria, pertussis and tetanus immuniza-

tion coverage is 77.2 percent. Measles immunization coverage by age 1 is 72.3 percent (CSO, Multiple Indicator Cluster Survey, 2000).

Chart 4 Infant and Under 5 Mortality



The increase in child mortality in the last decade is mainly accounted for by increased mother-to-child HIV infections, and the continued prevalence of water-borne and other infectious childhood diseases.

Major Challenges

- ◆ The advent of HIV/AIDS and its high prevalence accounts for a significant proportion of the increase in infant and child mortality. Childhood diseases such as diarrhea, water-borne disease, malnutrition and other infections also contribute to high child mortality.
- ◆ Inadequate skills to deal with major causes of morbidity and mortality among infants.
- ◆ The need to promote universal access to reproductive health care to prevent unwanted pregnancies.
- ◆ The lack of safe water and sanitation for the rural majority.

Supportive Environment

- ◆ Swaziland adopted the IMCI strategy in 1999 as a means to increase the capacity for the management of the major killer diseases in children, i.e. ARIs, diarrhea, measles, malaria, and malnutrition.
- ◆ A policy guide on the prevention of mother-to-child transmission of HIV/AIDS has been developed.

Priorities For Development Assistance

- ◆ Human resource capacities are critical; the country has few pediatricians and very few people properly trained on the IMCI strategy.
- ◆ Support is needed towards the scaling up of safe water and proper sanitation in the rural areas where there is a high prevalence of water borne diseases relating to poor sanitations.
- ◆ Support for nutrition and food security for mothers and children, particularly OVCs.
- ◆ Support for sustained immunization programmes.
- ◆ Support for the prevention of mother to child HIV/AIDS transmission.
- ◆ General support for OVCs.

Goal 5

Improve Maternal Health

Target: Reduce maternal mortality ratio by three-quarters by 2015.

Indicator: Maternal mortality ratio.

Will the Goal/Target be Met

Potentially Unlikely Insufficient Data

State of Supportive Environment

Strong Fair Weak but improving Weak

Tracking Maternal Mortality and Reproductive Health: Monitoring and Evaluation Environment

Elements of monitoring environment	Assessment		
	Strong	Fair	Weak
Data gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanism	Strong	Fair	Weak
Monitoring and evaluation mechanisms	Strong	Fair	Weak

Maternal Mortality Rate per 100 000 Live Births

1991	110
1995	229

Source: CSO, report, 2000

Status and Trends

Maternal death is high in Swaziland. The overall maternal mortality increased from 110 per 100,000 live births in 1991 to 229 per 100,000 live births in 2002 (Poverty Extract, 2002).

It is estimated that 98 percent of women attend antenatal care. The contraceptive prevalence rate is approximately 42 percent. 25 percent of clients delivering in health facilities are teenagers, and 86.5 percent of clients are within an hour of travel time to a health facility (MICS, 2000). In terms of childbirth care, it is estimated that the proportion of births attended by skilled health person-

nel is 72 percent (MICS, 2000). The figure increases to 97.8 percent if single qualified nurses (nurses who are not trained as mid-wives) and nursing assistants are included.

The sharp increase in maternal death is attributed to preventable or treatable diseases such as hemorrhage, hypertensive diseases, unsafe abortion and lack of clinical skills in handling obstetric and abortion emergencies. The Ministry of Health records suggest that every year more than 3,000 mothers develop long lasting disabilities following labour and delivery; most of these disabilities are preventable and would be curable with improved access to quality care.

In the peri-urban and rural areas, health facilities are not easily accessible especially in cases of emergency; mainly due to the shortage of health centers and health facilities.

The advent of HIV/AIDS has led to an increase in MMR, posing added challenges in the country's efforts towards achieving the set goal by 2015.

Major Challenges

- ◆ The inadequate number of skilled personnel and limited knowledge base in Swaziland, especially pertaining to essential and emergency obstetric care.
- ◆ Inadequate referral and communication services. This delays timely management of complications.
- ◆ Increasing HIV prevalence among women of reproductive age and PMTCT.
- ◆ Limited or no access to ARV treatment to pregnant women who have undergone voluntary counseling and testing.
- ◆ High Poverty rates in some parts of the country and high unemployment rates contribute to poor health seeking behaviour.
- ◆ Limited male involvement in reproductive health issues needs to be addressed. There is a need for strategic family planning, education programming and the promotion and distribution of female condoms.
- ◆ Data gathering capacity also needs to be strengthened, including the registration of major events such birth, marriage and death.
- ◆ In availability of Youth Drop-in Centres in all regions.

Supportive Environment

- ◆ The country has a SHR unit within the MOHSW.
- ◆ The national Reproductive Health Policy is being developed.
- ◆ Protocols on the management of obstetrical emergencies have been developed.
- ◆ Contraceptive use has been encouraged and is widely promoted through the provision of user-friendly services.

Priorities For Development Assistance

- ◆ Support is needed to address the shortage of skilled personnel.
- ◆ There is a need to strengthen health centers and to provide mobile clinics for reproductive health services.
- ◆ Improve referral and communication system for timely referral and management of complications.
- ◆ Support for education of adolescents and expansion of youth friendly service centers for reproductive health care.
- ◆ Investigate the usage of IT (e-medicine) to improve outreach programmes on emergency obstetric care to rural and peri-urban areas.
- ◆ Support implementation of PMTCT.
- ◆ Develop Strategy to involve men in SRH.

Goal 6

Combat HIV/AIDS, Malaria & Other Diseases

Target: Reverse the spread of HIV/AIDS and other diseases by 2015.

Indicator: HIV/AIDS prevalence (15-49 years) rate; number of anti-natal care (ANC) clients that are HIV positive; death rates associated with tuberculosis; number of children orphaned by HIV/AIDS.

STATUS AT A GLANCE

Will the Goal/Target be Met

Potentially Unlikely Insufficient Data

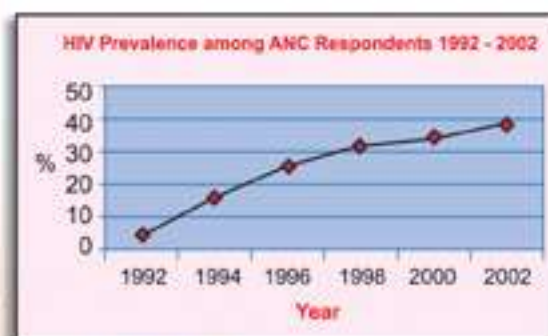
State of Supportive Environment

Strong Fair Weak but improving Weak

Tracking Maternal Mortality and Reproductive Health: Monitoring and Evaluation Environment

Elements of monitoring environment	Assessment		
	Strong	Fair	Weak
Data gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanism	Strong	Fair	Weak
Monitoring and evaluation mechanisms	Strong	Fair	Weak

Women are not only being infected with HIV more frequently than men, they are also becoming infected at a younger age. The vulnerability of women is also increased by the marginalized status of women, the majority being unable to negotiate safer sex and many other socio-economic factors.



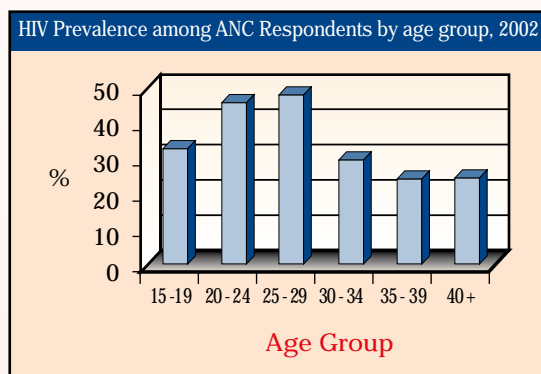
Source: MHSW 2002.

Status and Trends

Swaziland has one of the highest prevalence rates in the world. According to the 2002 National Sero-Surveillance Report, 38.6 percent of women attending ANC were HIV positive. There is nearly a 50 percent infection prevalence in the age range 23-28. HIV prevalence rate among antenatal care clients has been rising at an alarming rate from a low of 3.9 percent in 1992 to the current rate of 38.6 per cent. Women are the most vulnerable group.

The number of orphaned children is estimated to be approximately 60,000 (2003 projections). The number of orphans is projected to rise at an average of 10,000 per year for the next 10 years. Child-headed and elderly-headed households are becoming more prevalent.

The effects of HIV/AIDS are felt at every level of society and in every sector of the economy. HIV/AIDS is felt not only in the health system but also in the household, education, agricultural sectors as well as in the general economy in terms of eroded capacity and lost productivity due to ill health and premature death.



Source: MHSW 2002.

Malaria is a major public health problem in Swaziland with between 20,000 and 32,000 clinical malaria cases occurring each year. An estimated 32% of the population is at risk of malaria. Malaria transmission is unstable and, hence, there is a high risk of epidemics. The burden of malaria is greatest in Lowveld and Lubombo plateau regions of the country. However, outbreaks and epidemics can occur in the other regions of the country following above normal rainfall and temperatures. Malaria control efforts, principally IRHS and case management, have reduced malaria morbidity and mortality to near acceptable levels.

The principles and goal of RBM – the global partnership to control malaria – were adopted by Swaziland in 1999. Since then the country has been going through the RBM inception process to build consensus and partnerships, establish an evidence-base, and prepare a strategic plan. Swaziland has put in place a strategic plan for malaria with clear targets to be achieved in 2007. The strategic plan aims to concretise the Abuja targets for Swaziland and give clear direction for malaria control over the next five years.

Major Challenges

The major challenge in Swaziland is to address both the health and wider development related causes for

high rates of infection. Some of the reasons for the high prevalence rate in Swaziland include the high rate of sexually transmitted disease, multiple sexual partners, migrant labour, poverty, the breakdown of traditional norms and gender power relations between men and women.

- ◆ The promotion of the use of ITNs.
- ◆ The minority status of women renders women virtually powerless to negotiate safe sex with their partners, or even to decline having sex with an infected partner.
- ◆ Increase health resources, infrastructure and health personnel, including home based care services. The rapid spread of HIV/AIDS puts extreme pressure on health care services, in terms of available hospital beds and health personnel. In the year 2000, the two major cities, Manzini and Mbabane reported that 70-80 percent of bed occupancy was occupied by patients with HIV/AIDS.
- ◆ Increased demand for home-based care services.
- ◆ Strengthening the absorptive capacity of existing institutions to enhance their capability of utilizing up-scaled financial resources to be availed through the Global AIDS Fund.
- ◆ Scaling up VCT services to meet ART.
- ◆ Stigma and discrimination. People seem reluctant to be HIV/AIDS tested for fear of isolation and discrimination if they test positive.
- ◆ Behaviour change: The people are generally well-versed on HIV/AIDS and its modes of transmission. The challenge is in changing established behaviour patterns among the general public.

Supportive Environment

Political Commitment and Leadership

- ◆ The declaration of HIV/AIDS as a national crisis by his Majesty King Mswati III in 1999. There is also a RICA that has been formed.
- ◆ The formation of a Cabinet Committee on HIV/AIDS, chaired by the Deputy Prime Minister, the

Multi-Sectoral CMTC on HIV/AIDS and AMICAALL and NERCHA appointed in 2002 in order to coordinate organizations focusing on HIV/AIDS response. A sum of US\$ 52 million has been made available to NERCHA over five years, from the Global Fund.

- ◆ Global fund resources have raised to procure 16000 ITNs.
- ◆ Swaziland has adopted the goals and principles of RBM.
- ◆ The country has a strategic plan in place for malaria.

National Response to HIV/AIDS

The Swazi Government has formulated appropriate policies and strategic interventions that bring together NGO's, private sector, community based organizations and other stakeholders in combating HIV/AIDS.

- ◆ The National Strategic Plan for HIV/AIDS (2000-2005) which outlines the following priorities: risk reduction, coordination of all activities aimed at combating HIV/AIDS, and impact mitigation.
- ◆ Mainstreaming HIV/AIDS in the PRS is in progress.
- ◆ There is SNAP in place which was established in 1987.
- ◆ The MOHSW developed specific health sector response and policies on critical issues such as PMTCT, ARV and VCT, which are awaiting approval.

- ◆ Availability of care and treatment of opportunistic infections and ART programme.

- ◆ MOHSW is scaling up VCT services and ART in the country.

- ◆ There are active organizations for People living With HIV and AIDS.

- ◆ There are various programmes by all stakeholders, employers, workers, donors, government and NGOs on HIV and AIDS.

Priorities For Development Assistance

- ◆ Human resource development and retention needs to be addressed in order to win the battle against HIV/AIDS and TB.

- ◆ The country needs assistance to improve access to care, improving the health system, scaling-up programmes and procuring appropriate medications.

- ◆ Support for adequate food security and nutrition is needed to boost immune levels and to delay the onset of full blown AIDS.

- ◆ Explore the use of ICT to replace lost capacity.

- ◆ Training women and children to use ITNs.

Goal 7 Environmental Sustainability

Target: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.

Indicator: Development and implementation of a national strategy for sustainable development by 2015; proportion of land area covered by forests; ratio of area protected to maintain biological diversity to surface area; proportion of population using solid fuel as major source of energy; proportion of the population with access to improved water source (urban/rural); proportion of the population with improved sanitation (urban/rural); and, proportion of households with access to secure tenure.

STATUS AT A GLANCE

Will the Goal/Target be Met

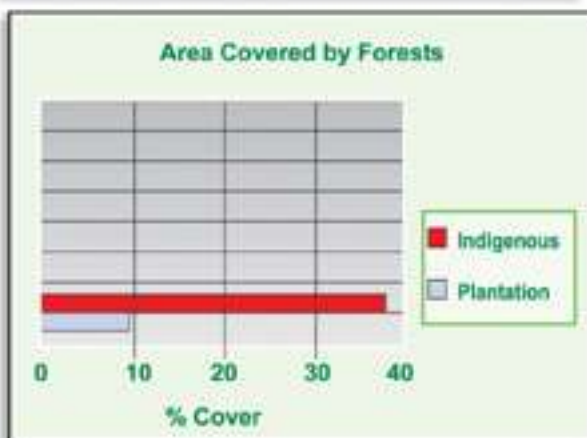
Potentially Unlikely Insufficient Data

State of Supportive Environment

Strong Fair Weak but improving Weak

Tracking the Goal for Environmental Resources: Monitoring and Evaluation Environment

Elements of monitoring environment	Assessment		
Data gathering capacities	Strong	Fair	Weak
Quality of recent survey information	Strong	Fair	Weak
Statistical tracking capacities	Strong	Fair	Weak
Statistical analysis capacities	Strong	Fair	Weak
Capacity to incorporate statistical analysis into policy, planning and resource allocation mechanism	Strong	Fair	Weak
Monitoring and evaluation mechanisms	Strong	Fair	Weak



Status and Trends

Swaziland covers an area of 17,364 km², of which 11 percent is arable. Both the NDS and SEAP reiterate the Government's commitment to "provide a climate and infrastructure that will progressively maximise the quality and security of the life of the people of Swaziland and make the best use of the country's

natural and human resources". About 49 percent of the total land area is vulnerable to desertification and degradation. Erosion is prevalent in all the agro-ecological zones, but more so in communal grazing Swazi Nation Lands. Overstocking and cattle movement are the major contributing factors to this problem. A programme for the improvement of degraded Swazi Nation Land involving communities, the Government, non-governmental organizations and a team of experts from the JICA has initiated programmes in 3 target pilot areas covering 618 km².

Emphasis is on income generation for communities, improvement of living conditions and environment conservation in and around communities in the target areas. Specific projects are: community gardens, grazing control, soil conservation, forest management, water source protection and technology transfer for efficient energy use.

Since 1994, approximately 4 percent of total land area is protected for bio-diversity. Recent surveys and recommendations have identified protection worthy areas, which, if proclaimed, would result in a total of 10 percent protected land area. According to the Forestry Department of the Ministry of Agriculture and Cooperatives, forests cover 45 percent of total surface area.

Data from the 1995 SHIES suggests that the proportion of the population using wood fuel as the main source of energy for heating and cooking stood at 65 percent and 66 percent respectively. Rural homesteads were the highest users at 92 and 93 percent. The Swaziland Environmental Authority estimates that by 2010, the use of wood fuel will increase by 33 percent.

Access to sanitation has fluctuated between 63-80 percent between 1985-1998. Access to water has declined from 60 percent in the mid-1990s to 56 percent in 1998. Trends for rural water and sanitation suggest an improvement.

In overall, an estimated 49 percent of the population does not have access to safe water, and 30 percent lack proper sanitation, leading to high incidence of water-borne disease (MICS 2000). National data on a disaggregated level is not available.

The NHDR 2000, estimates that of the 30 percent who live in urban areas, over 60 percent live in unplanned townships, without safe water and sewerage. Government is committed to improve the housing.

Year	Water		Sanitation
	Urban	Rural	Rural
1997	89	40	40
2000	84	48	4
2001	84	49	51
2002	84	50	50

It is estimated that 30 percent of Swazi households have low standard of accommodation. There are significant differences between rural and urban housing standards. However, since the inception of the Urban Development Programme, up to 100,000 people have benefited from improved housing and service provision.

Major Challenges

Existing Challenges on Environmental Issues are:

- ◆ Limited of collaboration between government sectors concerned with water, sanitation and health.
- ◆ Inadequate planning of grazing, farming and habitats, and lack of enforcement of legislation. There is need for improved early warning system to improve on food security.
- ◆ Limited utilisation of indigenous knowledge systems in central planning and management activities.

- ◆ A lack of baseline information which can be used to gauge the impact of biodiversity interventions that have been put in place.
- ◆ Worsening environmental degradation and lack of awareness on environmental issues.
- ◆ The preparation of a solid waste management strategy needs to be expedited in order to halt environmental damage attributed to unsafe waste disposal.
- ◆ The protected land area is 4 percent, which has been stagnant; the goal is 6 percent.
- ◆ Land covered by forests is low and declining.
- ◆ Increased risk posed by disposal of condoms, gloves, disposable napkins in the advent of HIV/AIDS.

Supportive Environment

- ◆ The country has an environmental policy in place and a Department of Environmental Health in the Ministry of Health and Social Welfare.
- ◆ The government formulated SEAP, in support of sound environmental management and to honor its commitment to the environment through Agenda 21.

- ◆ Swaziland is a signatory to a number of International Conventions such as the UNCCD, UNCCC, UNCBD, Montreal Protocol, Vienna Convention, CITES and Prohibition of Chemical Weapons and Land Mines. A national steering committee on the UNCCD is established.

Priorities For Development

- ◆ Development of water supply schemes in rural areas.
- ◆ Capacity building for environmental management and monitoring especially statistical data collection and analysis.
- ◆ Financial resources needed to extend and replicate the programme for up-grading peri-urban and other residential areas and improve service provision.
- ◆ Up-scaling programmes for land rehabilitation and involvement of communities.

Goal 8 Global Partnership For Development

Target: Address the special needs of landlocked countries and small island developing countries.

Indicator: Proportion of exports admitted free of duties and quotas; proportion of overseas development assistance provided to help build trade capacity.

STATUS AT A GLANCE

Will the Goal/Target be Met

Potentially Unlikely Insufficient Data

State of Supportive Environment

Strong Fair Weak but improving Weak

Status and Trends

In 1999 the ratio exports to GDP was 68 percent, which decreased to approximately 65 percent in 2000. This openness means the economy is heavily influenced by international developments, both within and outside the region, thereby drawing importance to the nature and depth of regional and global partnerships.

Real growth in GDP began to slow in the mid 1990s, following improvements in the political and business environments in South Africa and Mozambique. This brought about increased competition for FDI. Some businesses restructured their operations, others closed, leading to increased unemployment. These developments made it imperative for the country to forge global partnership to maximize benefits.

Table 8 Economic Indicators for Swaziland

Indicator	1999	2000	2001	2002
Real GDP at Factor Cost (E' mil)	1,452	1,481	1,5057	+1,529
GDP Growth Rate	3.5	2.0	1.8	1.6
Merch. Exports	5,723	6,281	8,951	10,287
-to RSA	3,445	3,327	3,089	4,521
-other	2,267	2,943	3,865	5,655
Merch. Imports	-8,526	-7,225	-9,587	-10,884
-RSA	5,124	5,957	8,343	9,145
-other	998	1,266	1,244	1,229
Trade Balance	(803)	(945)	(636)	(597)
Exchange Rates				
E: US\$	6.1578	7.5687	12.0050	11.4400

Source: Central Bank of Swaziland

Regional Integration

The small size of the Swazi economy made trade an important cornerstone of the economy. The SACU brought about strong trade relations with South Africa whilst the CMA has cemented financial partnership between the two countries. Other regional economic groups to which Swaziland is a member include the SADC and COMESA. Swaziland is also a beneficiary of the Lomé convention, receiving preferences from GSP and is eligible for AGOA where it benefits from operations of a number of foreign companies mainly in the textile industry. A total of 12 new companies started operations by end 2001 with a total of E157 million worth of investment. More than 30 companies, employing approximately 20,000 people now benefit from AGOA.

Oda

Due to the country's classification as a lower middle-income developing country, the level of ODA received has been relatively lower than levels experienced in other Sub-Saharan African countries. In 1996, total ODA to Swaziland was estimated at US\$41.8 million while in 2000 it rose to US\$45.2 million. The rate of increase could have been higher had a number of donor agencies not closed office during this period. Overall, the ratio of ODA to GDP in Swaziland is estimated at 3.2 percent, which represents about US\$45 per capita. In 2000, ODA to the country originated from 10 multilateral donors, 12 bilateral donors and 18 international NGOs.

Debt

Between the years 1995-2000, Swaziland's total public external debt more than doubled, to E2.7 billion, with debt from multilateral sources showing the fastest growth. The main factors contributing to the increase in the country's debt are the rate of disbursement on public sector loans and the continued depreciation of the local currency. Despite this large increase, Swaziland's external debt to GDP remains relatively low at 18 percent in 2000. The debt service ratio is also low; it is an estimated 2.3 percent in 2000.

Forging Global Partnerships

The country is soliciting partners to assist with its MDGs obtainment. Most of the efforts are directed towards resource mobilization through the Donor Round-Table process, the SMART Partnership Summit/dialogue as well as regional and continental initiatives such, as NEPAD. The UN system remains Swaziland's most supportive partner. Support from UN agencies has contributed towards policy advisory and institution capacity building. UNAIDS is a partner in the fight against HIV/AIDS.

Major Challenges

- ◆ The single major challenge facing the country is its classification as a lower middle-income

country (LMIC), all the while 66 percent of the Swaziland's population lives below the poverty line. This status disqualifies Swaziland for concessionary lending. It is, therefore, imperative for the government to strengthen partnerships aimed at micro- enterprise development.

- ◆ There is a need for broadening and diversifying the country's revenue base.
- ◆ Restore investor confidence and broaden donor support base.
- ◆ Increased institutional capacity dealing with trade and industrial policy to ensure maximum returns.

Supporting Environment

- ◆ The amendment of the Company's Act of 1912 is a positive development toward a better working environment. The long awaited Securities Bill is currently at a drafting stage. The bill is expected to promote the development of the capital market in Swaziland through the mobilization of finances.
- ◆ The Ministry of Economic Planning and Development formulated an aid policy. The unit also monitors aid flow and disbursement.
- ◆ The SIPA plays a major role in promoting the country and forging investment partnerships in a highly competitive global environment.

Priorities For Development Assistance

- ◆ Swaziland needs support for capacity building in trade policy formulation, review and negotiation.
- ◆ The country also requires technical assistance in the study of possibilities to account for other country specific considerations with regard to its classification as a LMIC.





United Nations
Country Team
SWAZILAND

United Nations
Country Team

5th Floor of Lilunga House
Gilfillan Street
Mbabane
Swaziland.

P.O. Box 261
Mbabane
Swaziland
H100

www.undp.org