SWAZILAND GOVERNMENT

SWAZILAND MILLENNIUM DEVELOPMENT GOALS PROGRESS REPORT

"Improving The Lives Of The Present and Future Generations"

SEPTEMBER 2012

Ministry Of Economic Planning And Development

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ACRONYMS

AAA	Accra Agenda for Action
ACMS	Aid Coordination and Management Section
ACP	African, Caribbean and Pacific
ADB	African Development Bank
AGOA	African Growth and Opportunity Act
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
CASP	Comprehensive Agriculture Sector Policy
CBS	Central Bank of Swaziland
CEDAW	Convention on the Elimination of Discrimination against Women
CFC	ChloroFlouro-Carbon
CO2	Carbon Dioxide
COMESA	Common Market for Eastern and Southern Africa
CSO	Central Statistical Office
CSTL	Care and Support for Teaching and Learning
DAC	Development Assistance Committee
DBSA	Development Bank of South Africa
DFQF	Duty Free and Quota Free
DHS	Demographic and Health Survey
DOTS	Directly Observed Treatment Short Course
DPM	Deputy Prime Minister's Office
ECCD	Early Childhood Care and Development
EDF	European Development Fund
EDR	Economic Dependency Ratio
EFTA	European Free Trade Association
EIB	European Investment Bank
EMIS	Educational Management Information Systems
EPA	Economic Partnership Agreement
ERS	Economic Recovery Strategy
EOC	Emergency Obstetric Care
EU	European Union
FAO	Food and Agriculture Organisation of the United Nations
FDI	Foreign Direct Investment
FLAS	Family Life Association of Swaziland
FPE	Free Primary Education
FRA	Forest Resource Assessment
FSE&CC	Federation of Swaziland Employers and Chamber of Commerce
FTA	Free Trade Agreement
GBV	Gender Based Violence
GDP	Gross Domestic Product
GHG	Greenhouse Gas
GWh	Giga Watt Hour

HIV	Human Immunodeficiency Virus
IBRD	International Bank for Reconstruction and Development
ICNFEP	International Convention and National Forest and Environmental Policy
ICT	Information and Communication Technology
IDR	Income Gap Ratio
IEC	Information, Education and Communication
IEPA	Interim Economic Partnership Agreement
IFAD	International Fund for Agricultural Development
IMF	International Monetary Fund
ITU	International Telecommunications Union
IPCC	International Panel on Climate Change
IRS	Indoor Residual Spraying
IUCN	International Union for Conservation of Nature
KDDP	Komati Downstream Development Project
Kg	Kilograms
KT	Kilo Tonnes
KWh/m 2/day	Kilowatt hour per square metre per day
LFS	Labour Force Survey
LLIN	Long Lasting Insecticide-treated Nets
LPG	Liquefied Petroleum Gas
LRP	Lead Replacement Petrol
LUSIP	Lower Usuthu Smallholder Irrigation Project
M/s	Metres per second
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MDG TWTs	Millennium Development Goals Technical Writing Teams
MDR TB	Multiple Drug Resistant Tuberculosis
MEPD	Ministry of Economic Planning and Development
MFA	Multi-Fibre Agreement
MFN	Most Favoured Nation
MLSS	Ministry of Labour and Social Securities
MICS	Multiple Indicator Cluster Survey
MOA	Ministry of Agriculture
MOET	Ministry of Education and Training
MOF	Ministry of Finance
MOHSW	Ministry of Health and Social Welfare
MNRE	Ministry of Natural Resources and Energy
MTN	Mobile Telephone Network
MW	Mega Watts
N_2O	Nitrous Oxide
NCCU	National Children's Coordination Unit
NDS	National Development Strategy
NEPIS	National Energy Policy Implementation Strategy
NER	Net Enrolment Rate
NERCHA	National Emergency Response Council on HIV and AIDS
NES	National Export Strategy

NGOs	Non-Governmental Organizations
NICI	National Information and Communications Infrastructure
NIT	Net Intake Rate
NMC	National Maize Corporation
NNS	National Nutrition Survey
NQF	National Qualification Framework
NSF	National Multisectoral Strategic Framework on HIV and AIDS
NTCP	National Tuberculosis Control Programme
NUPE	Non-formal Universal Primary Education
ODA	Official Development Assistance
ODP	Ozone Depleting Potential
ODS	Ozone Depleting Substances
OECD	Organization for Economic Co-operation and Development
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PGR	Poverty Gap Ratio
PMTCT	Prevention of Mother-to-Child Transmission
POPs	Persistent Organic Pollutants
ProBEC	Programme for Basic Energy and Conservation
PRSAP	Poverty Reduction Strategy and Action Program
PSDS	Private Sector Development Strategy
PTA	Preferential Trade Agreement
QPS	Quarantine Pre-Shipment
RMB	Rand Merchant Bank
RSA	Republic of South Africa
RSSC	Royal Swaziland Sugar Corporation
RSP	Royal Swaziland Police
SACMEQ	Southern African Consortium for Measuring Education Quality
SACU	Southern African Customs Union
SADC	Southern African Development Community
SCHS	Swaziland Community Health Survey
SCOT	Swaziland College of Technology
SDHS	Swaziland Demographic Health Survey
SEA	Swaziland Environmental Authority
SEC	Swaziland Electricity Company
SEPI	Swaziland Expanded Programme on Immunisation
SHDR	Swaziland Human Development Report
SHIES	Swaziland Household Income and Expenditure Survey
SIPA	Swaziland Investment Promotion Authority
SNMCP	Swaziland National Malaria Control Programme
SNTC	Swaziland National Trust Commission
SPHC	Swaziland Population and Housing Census
SPTC	Swaziland Post and Telecommunication Corporation
SRH	Sexual and Reproductive Health
SWSC	Swaziland Water Services Corporations
TB	Tuberculosis

TFTA	Tripartite Free trade Area
TIDCA	Trade, Investment and Development Cooperation Agreement
ULP	Unleaded Petrol
UN	United Nations
UNDP	United Nations Development Programme
UNEP	United Nations Environmental Policy
UNFCCC	United Nations Framework Convention on Climate Change
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV & AIDS
UNICEF	United Nations Children's Fund
UNISWA	University of Swaziland
USA	United States of America
VAC	Vulnerability Assessment Committee
WB	World Bank
WHO	World Health Organisation
WTO	World Trade Organisation
XDR TB	Extreme Drug Resistant Tuberculosis

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ACKNOWLEDGMENTS

This MDG progress report is a product of hard work by the various MDG Technical Writing Teams (MDG TWTs). The members of this team are listed in the Annexure. The participation of various other stakeholders which include development partners, non-state actors, the private sector, and others is hereby recognised and acknowledged.

We owe the success in preparing this report to the able-leadership of the Principal Secretary, Bertram B. Stewart, the Chief Economist, Lonkhululeko P. Magagula, and the Poverty Advisor, Kifle Tekleab, all from the Ministry of Economic Planning and Development (MEPD).

FOREWORD

The Kingdom of Swaziland is signatory to the United Nations Millennium Declaration of 2000 in which member nations pledged to reduce extreme poverty by setting up the Millennium Development Goals (MDGs) and time-bound targets to be met by 2015. All member states of the United Nations including Swaziland, periodically report on progress made towards achieving the MDGs. The Government of Swaziland has great pleasure to present the country's 2012 MDG progress report.
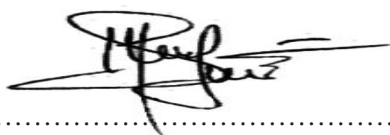
The MDG report is a product of intensive consultation with a wide range of stakeholders. In order to effectively and efficiently track progress on yearly basis on each MDG, the Government of Swaziland through the Ministry of Economic Planning and Development established MDG Technical Writing Teams (MDGTWTs). This was done to ensure national ownership in monitoring the implementation of the MDGs. It is an effort to assist the country in preparing and implementing MDG-based national development strategies and to identify the country's specific MDG indicators and targets.

The planning framework of the country is guided by the National Development Strategy (NDS) as well as the Poverty Reduction Strategy and Action Programme (PRSAP). The NDS is a long-term planning framework which sets the Vision and outlines strategies for achieving the vision. The PRSAP on the other hand, is one of the key documents for operationalising the NDS and to monitor the achievement of the MDGs.

Given the challenging socio economic conditions of the country resulting from the global crisis, which led to the huge decline in South African Custom Union (SACU) revenue, it became imperative for the country to develop an Economic Recovery Strategy (ERS) that will complement and support the NDS and PRASP as national planning frameworks that provide a platform for achieving Vision 2022. Although the country still has challenges in achieving an economic growth rate of five percent annually, which is a prerequisite to effectively implement the PRSAP and attain the MDGs targets by 2015, there has been considerable progress in other areas. These include amongst others: the adoption of the new Constitution, introduction of Free Primary Education, establishment of the Anti-Corruption Unit, introduction of Elderly Grants and establishment of the Revenue Authority.

Given the huge decline in Government revenue 2011/12 as a result of the drastic reduction in SACU revenue, achieving some of the MDGs is a challenge. However, with the support from development partners, the private sector and government's commitment, it is hoped that significant progress will be made in all the MDGs by 2015.

It is therefore my honour to present this document as Swaziland's 2012 MDG progress report and recommend it as a key source of information to feed into the next MDG progress report to be presented at the 2015 United Nations General Assembly.

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HRH Hon. Prince Hlangusemphi
Minister for Economic Planning and Development

STATUS AT A GLANCE

Goal 1:Eradicate extreme poverty and hunger	
Target 1.A: Halve, between 1990 and 2015, the proportion of population below national poverty line	**required**
Target 1.B: Achieve full and production employment and decent work for all, including women and young people	**Acceleration required**
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	**On Track**
Goal 2:Achieve universal primary education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete full course of primary schooling	**On Track**
Goal 3:Promote gender equality and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	**On Track**
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	**Acceleration required and more data required**
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	**Acceleration required**
Target 5.B: Achieve, by 2015, universal access to reproductive health	**On Track**
Goal 6:Combact HIV/AIDS, malaria and other diseases	
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	**On Track**
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	**On Track**
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other diseases	**On Track**
Goal 7:Ensure environmental sustainability	
Target 7.A: Integrate the principle of sustainable development in to country policies and programmes and reverse the loss of environmental resources	**On Track**

Target 7.B:Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	**Acceleration required**
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation	**On Track**
Goal 8: Develop a global partnership for development	
Target 8.A: Develop further an open, rule based predictable, Non-discriminatory trading and financial system	
Target 8.B: Address the special needs of the least developed countries	
Target 8.C: Address the special needs of landlocked and small island developing states	

EXECUTIVE SUMMARY

The Kingdom of Swaziland signed the United Nations Millennium Declaration in 2000 to embrace the Millennium Development Goals (MDGs) thereby making a commitment to achieve them by 2015. The country strongly believes that achieving the goals would significantly improve the welfare of Swazi people. Twelve years after signing the Millennium Declaration, and in spite of mounting challenges, the country still remains fully committed to fulfilling its obligation and pledge. The country has since produced three consecutive MDG reports in 2003, 2007 and 2010 with each succeeding report showing significant improvement over the previous. The 2012 report shows far more progress towards the realisation of the goals than the previous three reports.

The current report owes its success to several factors such as the establishment of the National Development Strategy (NDS) and the Poverty Reduction Strategy and Action Programme (PRSAP). The two initiatives complement the development ideals of the MDGs. The 2012 report is the product of the MDG Technical Writing Teams (TWTs) members of which are drawn from all stakeholders and interest groups that include the Government of Swaziland, NGOs, civil society, private sector, donor community, and development partners.

The report reveals that the country has made significant progress and is on course to achieve Goals 2, 3, 6, 7 and 8 but lagging behind in Goals 1, 4 and 5. Specifically, the country is on track to meet the following targets.

Target 1 C – Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete full course of primary schooling.

Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS.

Target 7.A: Integrate the principle of sustainable development in to country policies and programmes and reverse the loss of environmental resources.

Target 7.B: Reduce biodiversity loss, achieving by 2010, a significant reduction in the rate of loss.

Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation.

The country is also on track with Goal 8 with increasing inflow of Overseas Development Assistance (ODA) into Swaziland over the years except for the decline between the 2009/10 and

2010/11 fiscal years. The country experienced steady ODA inflows in spite of the global financial and economic meltdown that adversely affected the Organisation for Economic Co-operation and Development (OECD) countries, the main providers of ODA to the country.

The country lags behind in Goals 1, 4, and 5 and needs to accelerate the pace of its efforts to achieve the targets. The specific targets of the laggard goals that require immediate and serious attention are:

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

Target 1.B: Achieve full and production employment and decent work for all, including women and young people.

Target 4.A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate.

Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.

While Swaziland has made significant progress on the MDGs, it acknowledges that challenges still exist and there is need to step up the pace of development in recognition that challenges act as decelerators to progress. Slow economic growth and continued menace of HIV/AIDS have been highlighted as major bottlenecks to progress. The government continues to innovate and create programmes that selectively target vulnerable groups such as orphans, women, children and the elderly as a strategy to correct social imbalances to meet the targets by 2015.

INTRODUCTION

Background to the MDGs

In 2000, the Kingdom of Swaziland signed the United Nations Millennium Declaration and in so doing, embraced the Millennium Development Goals (MDGs) and the challenge of achieving them by 2015. These inter-related and mutually-reinforcing goals centred on important development priorities pertaining to poverty eradication, education, gender equality, health, HIV/AIDS, environmental sustainability, and a global partnership for development. The country believes that the achievement of the goals will lead to a significant improvement in the welfare of the Swazi people. A decade after the Millennium Declaration, the country still remains fully committed to fulfilling this pledge.

The Country's Platform for Development

Swaziland is guided by the National Development Strategy (NDS) and the Poverty Reduction Strategy and Action Programme (PRSAP), both of which complement the development ideals of the MDGs. The NDS was developed in 1997 and encompasses the country's long-term vision of being among the top 10 percent of Medium Human Development Countries by 2022. The PRSAP officially launched in 2008, kicked off the NDS and is the overarching framework for achieving Vision 2022. However, it became imperative for the country to develop an Economic Recovery Strategy (ERS) as a result of the global economic crisis which led to the huge decline in South African Custom Union (SACU) revenue. The ERS does not seek to replace the NDS, PRSAP or the Fiscal Adjustment Roadmap (FAR) but rather complements and supports these and other national frameworks in delivering accelerated socio-economic growth.

Swaziland's 2012 MDG

The country has developed three consecutive reports during the years 2003, 2007 and 2010. During these reporting periods, significant progress was observed in each succeeding period in almost all the MDGs. In the 2012 report, more progress has been made and yet further acceleration is required to ensure the realisation of all the MDG targets by 2015.

The report highlights a number of important achievements in the country, such as the introduction of the State Funded Primary Education Programme in 2010. It's however notes they many challenges that tend to march progress towards the goals, which include slow economic growth and the continued high incidence of HIV/AIDS. It seeks to deepen national understanding of why progress is being made in some MDG indicators but not in others, and proposes the means for advancement. In this way, the report serves as a key document for stakeholders to expedite action towards the timely achievement of the MDGs.

The Report-Writing Process

The report writing process involved a number of stages, the first being the establishment of MDG Technical Writing Teams (TWTs). Members of the MDG TWTs were drawn from all stakeholders, which include, Government of Swaziland, NGOs, civil society, private sector, donor community, and development partners. After the establishment of the MDG TWTs, a workshop was held to officially launch the 2012 report development process. This was followed by data collection and consultations with stakeholders led by the MDG TWT. This process culminated in the production of a first draft MDG report which served as the basis for further stakeholder discussions. This final report is a product of a validation workshop in which all stakeholders participated.

Organisation of the Report

The report is organised according to the UN guidelines on MDG country reports. It begins with a "2012 MDG Status and trends". This presents the baseline for each of the MDGs, the current status, and the target by 2015.

It also presents all the eight MDGs with their targets and indicators as well as progress made thus far. This is followed by the inequality analysis of each MDG, the supportive environment that exists to ensure achievement of the goals, as well as key bottlenecks constraining progress and how the country can address them.

MDG 1
ERADICATE EXTREME POVERTY AND HUNGER

MDG 1: ERADICATE EXTREME POVERTY AND HUNGER

Table .1 Status and Trends

MDG INDICATORS	BASELINEFIGURE	STATUS IN 2012	2015 TARGET	STATUS AT A GLANCE
TARGET 1.A HALVE, BETWEEN 1990 AND 2015, THE PROPORTION OF POPULATION BELOW NATIONAL POVERTY LINE				
1.1 Poverty Head Count Ratio	69 (2001)	*63* (2010)	30	Acceleration required
1.2 Poverty Gap Ratio	32.4 (2001)	30.4 (2010)	24	On track
1.3 Share of Poorest Quintile in National Consumption	4.3 (2000)	1.39 (2010)	8	Acceleration required
TARGET 1B ACHIEVE FULL AND PRODUCTIVE EMPLOYMENT AND DECENT WORK FOR ALL, INCLUDING WOMEN AND YOUNG PEOPLE				
1.5 Employment to population ratio	37.2 (2007)	33.6 (2010)	80	Acceleration needed
1.6 Proportion of employed people living below the poverty line	49.5 (2007)	37.4 (2010)	20	On Track
1.7 Proportion of own account and contributing family workers in employment	4.09 (2007)	3.19 (2010)		
TARGET 1C HALVE, BETWEEN 1990 AND 2015, THE PROPORTION OF PEOPLE WHO SUFFER FROM HUNGER				
1.8 Prevalence of underweight Children under five years of age	11 (1990)	5.8 (2010)	5	On Track
1.9 Proportion of the population below minimum Level of Dietary Energy Consumption	18 (2004)	11.3 (2008)	9	On Track

TARGET 1.A HALVE, BETWEEN 1990 AND 2015, THE PROPORTION OF POPULATION BELOW THE NATIONAL POVERTY LINE.

Indicator 1.1: Proportion of the population below the national poverty line.

The prevalence of poverty as measured by the proportion of population living below the poverty line increased from 66 percent in 1995 to 69 percent in 2000 (CSO; SHIES, 2001). However, a six percentage decline was observed between 2000/01 and 2009/10, which reduced the prevalence to 63 percent.

The decline was not evenly distributed across the four administrative regions of the country. The Hhohho and Lubombo regions have shown minimal differences in their decline while the Manzini and Shiselweni regions realised significant declines. However, the Lubombo and Shiselweni regions remain the poorest as their poverty levels are still high compared with the others. Figure 1.1 shows that the country has begun a downward trend towards the right path although the rate of decline needs to be increased. The Income Poverty Line in 2010 was E461.00 (US$66) per month per adult or adult equivalent. The targeted 30 percent by 2015 will require a massive injection of corrective measures and initiatives to be fully implemented for the target's realisation.

The drop in poverty prevalence is attributed to a number of factors, among others; improvements in social service delivery such as subsidized health services, introduction of the Free Primary Education (FPE), the Orphaned and Vulnerable Children (OVC) educational grant, social welfare and elderly grants. Other factors include the marginal private consumption coupled with the low national economic growth rate, attained over the last decade, against the minimum desired growth rate of at least 5 percent annually for the country to achieve the MDG goals.

Figure 1.1 Proportion of Population Below $1 (PPP) Per Day 1990-2015
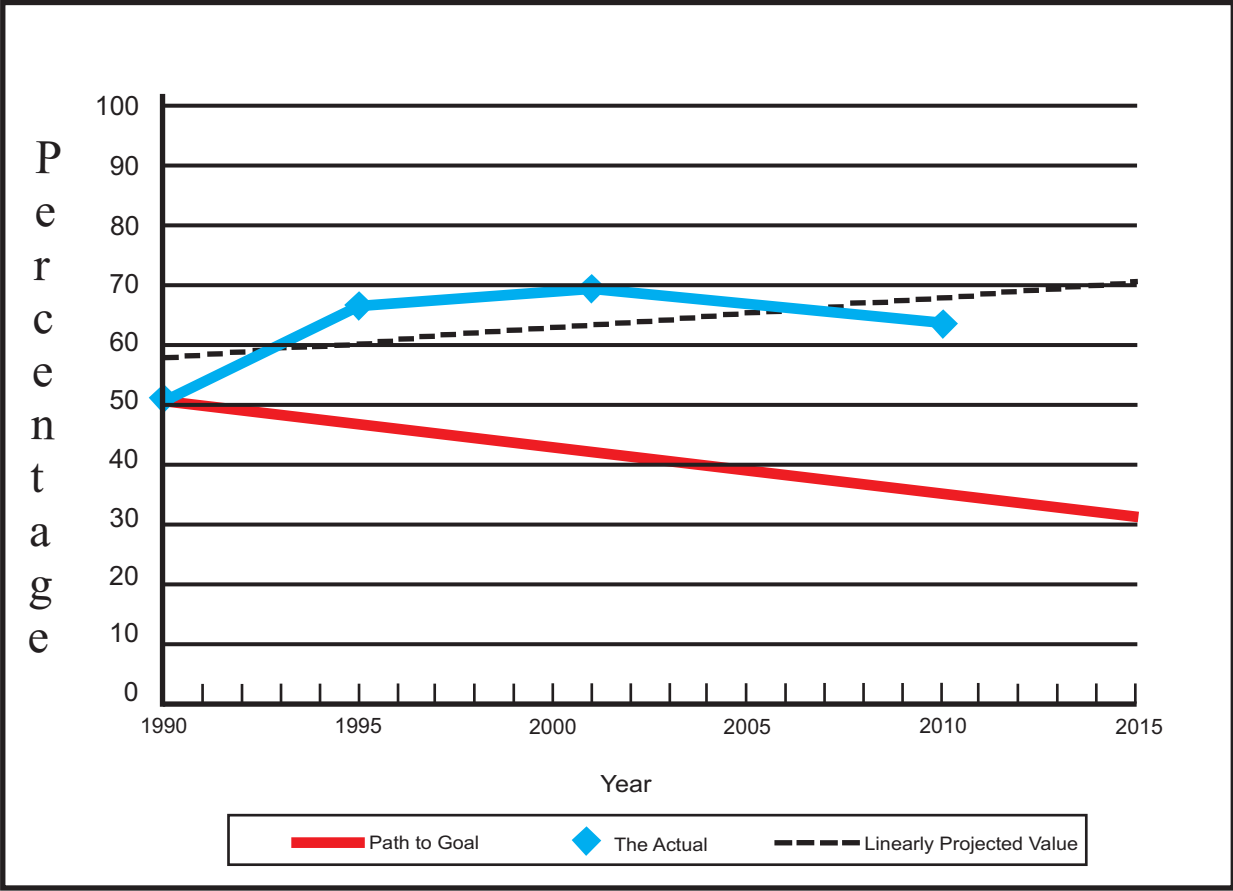
Source: CSO; SHIES (1995, 2001&2010)

Indicator 1.2: Poverty gap ratio

The Poverty Gap Ratio (PGR) is the proportion by which the average consumption level of the poor households fall below the poverty line. The indicator measures the "poverty deficit" of the entire population where the poverty deficit is the per capita amount of resources that would be needed to bring all poor people above the poverty line.

Figure 1.2 shows that in 2001 PGR was 32.4 percent reflecting a high rate relative to the population size of the country. On the other hand in 2010, there was a reduction to 30.4 percent, indicating a more than 10 percent decline in urban areas from 20 percent to 10.3 percent whilst there was an improvement of 0.2 percent in rural areas from 37 to 37.2 percent (CSO; SHIES, 2010). This shows that the country still needs to inject more resource to uplift the poor to be above the poverty line.

Figure 1.2 Poverty Gap Ratio 1990-2015
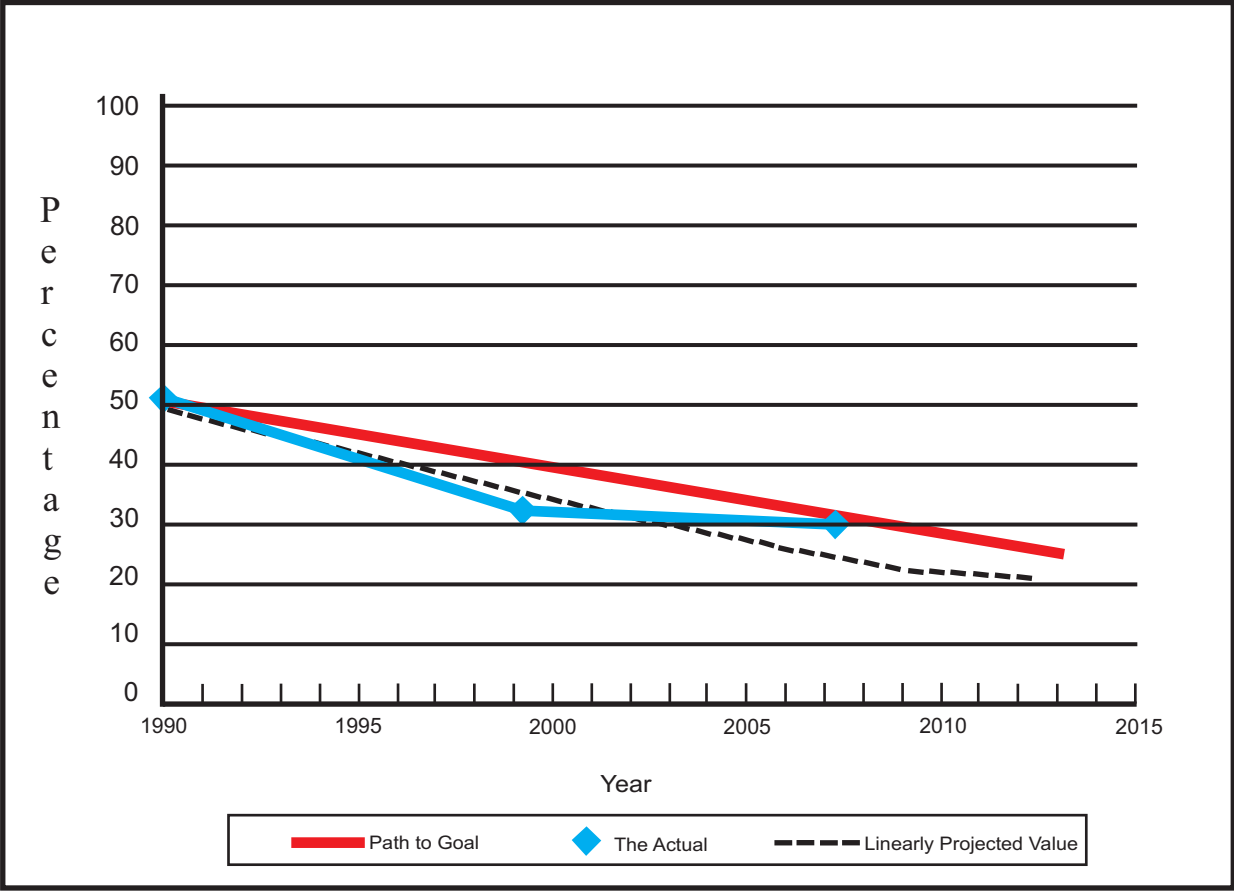
Source: CSO; SHIES (2001& 2010)

Indicator 1.3: Share of poorest quintile in national consumption

The share of the poorest quintile in national consumption is the income that accrues to the poorest fifth of the population. The consumption of the poorest fifth is expressed as a percentage of total household consumption (or income) and it gives a relative inequality measure.

The poorest quintile accounted for 1.7 percent of the country's total consumption in 2001, which further declined to 1.39 percent in 2010. This indicates a worse-off situation for the poor and this makes them unable to make meaningful contribution to economic growth. The richest quintile is consuming more than half of national consumption thus widening the inequality in the country.

Figure 1.3 Share of Poorest Quintile in national Consumption 1990-2015
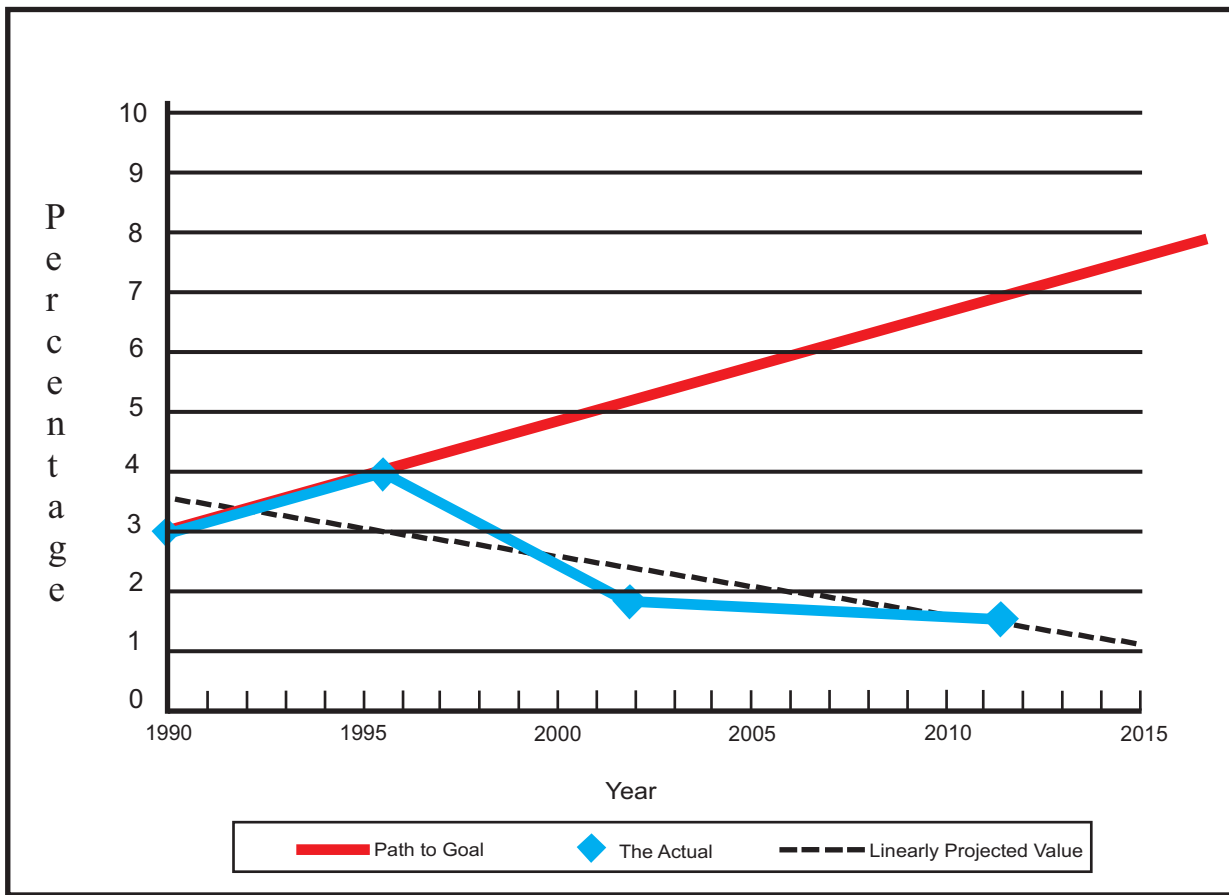
Source: CSO; SHIES (2001& 2010)

TARGET 1B: ACHIEVE FULL AND PRODUCTIVE EMPLOYMENT AND DECENT WORK FOR ALL, INCLUDING WOMEN AND YOUNG PEOPLE

Indicator 1.5: Employment to population ratio

The employment to population ratio is the proportion of the country's working age population that is employed. The ratio in the country shows a steady decline from 2000, indicating that there are less people of the working age group that are employed. In 2007 the ratio was 37.2 percent but it further declined to 33.6 percent in 2010 (Figure 1.4).

Figure 1.4 Employment to Population Ratio 1990-2015

Source: MOLSS; LFS (2007&2010)

The proportion of employed people living below the poverty line is the percentage of employed people living below the poverty line, sometimes referred to as the working poor. According to the Labour Force Survey (LFS) of 2010, the country attained a positive trend between 2007 and 2010 decreasing from 49.5 to 37.4 percent (Figure 1.5).
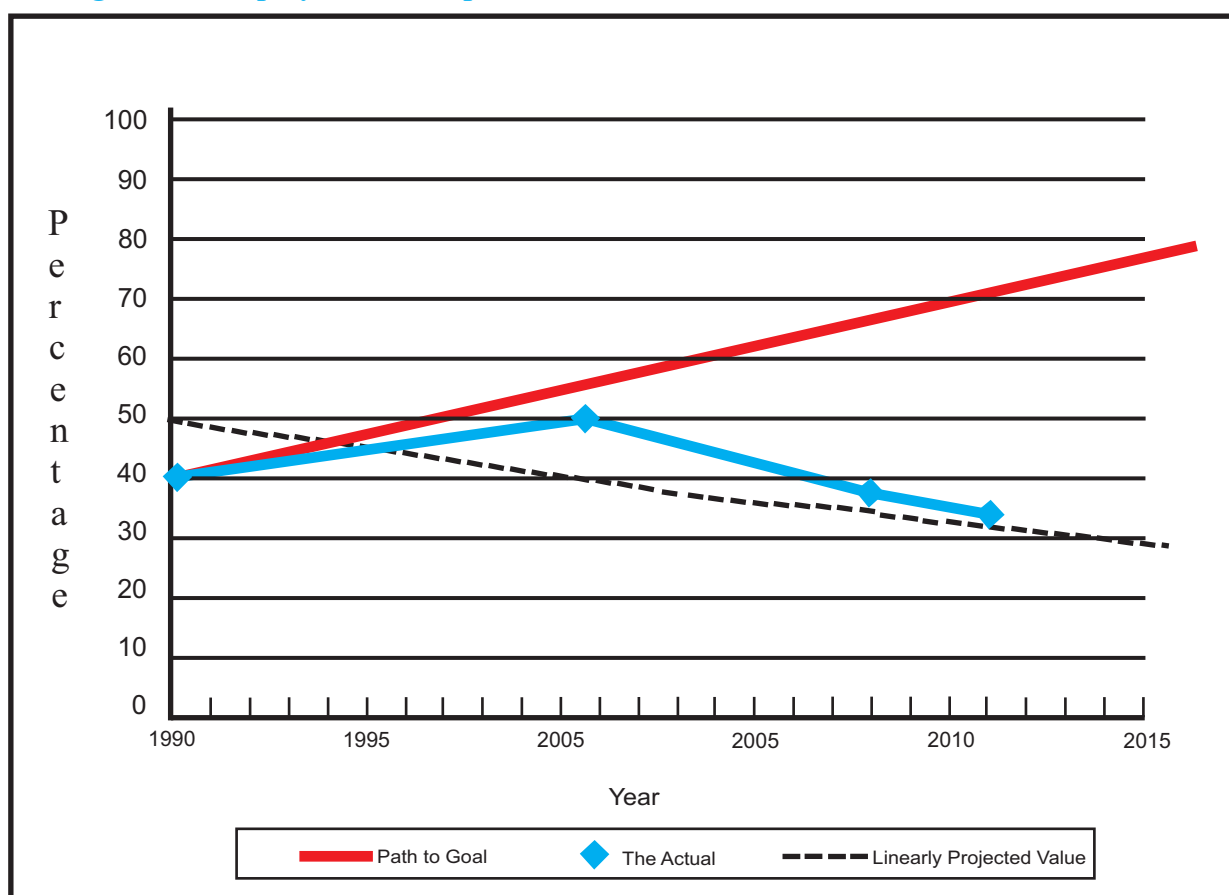
Figure 1.5 Proportion of Employed People Living Below $1per Day
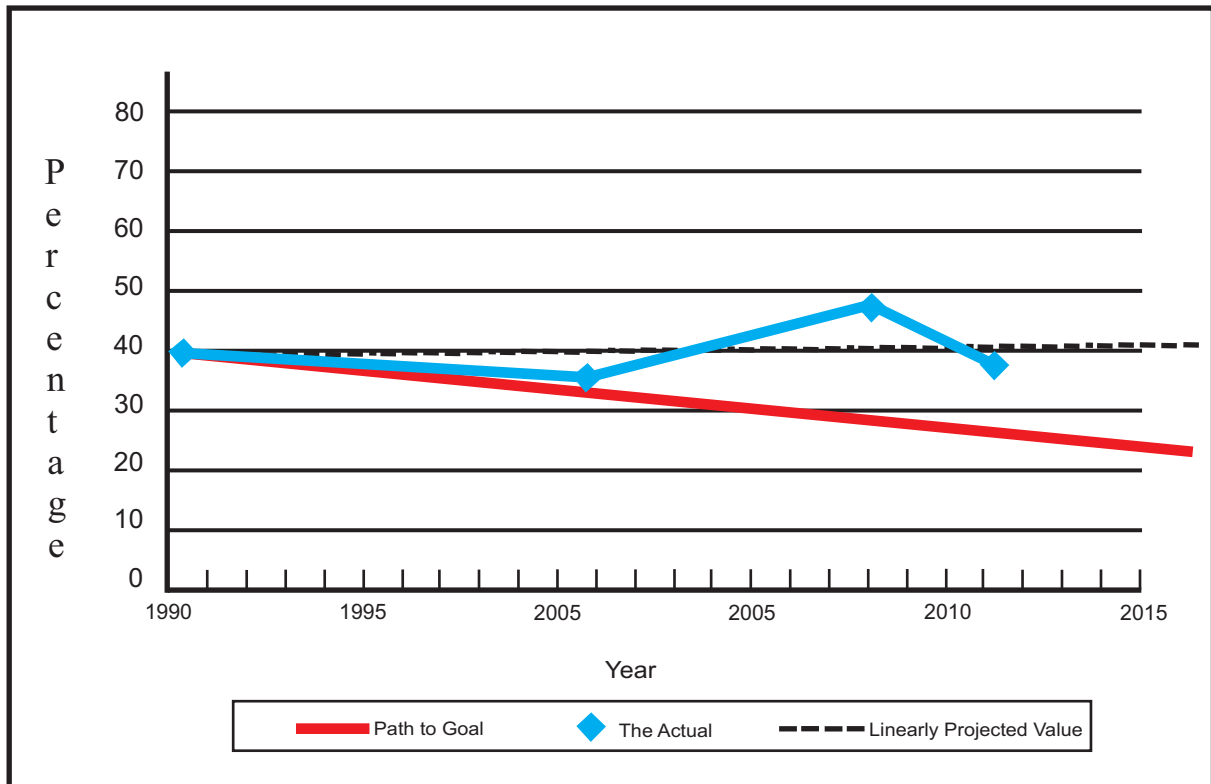
Source: MOLSS; LFS (2007&2010)

Indicator 1.7: Proportion of own-account and contributing family workers in total employment

This indicator is sometimes referred to as vulnerable employment rate. It is the rate of self-employed workers and the relatives of the self-employed working in the establishment. According to the LFS, the rate fell from about 4 percent in 2007 to about 3 percent in 2010, indicating a slightly falling trend against what would normally be expected (Figure 1.6).

Figure 1.6   Proportion of Own-account and Contributing Family workers in Total Employment 1990-2015
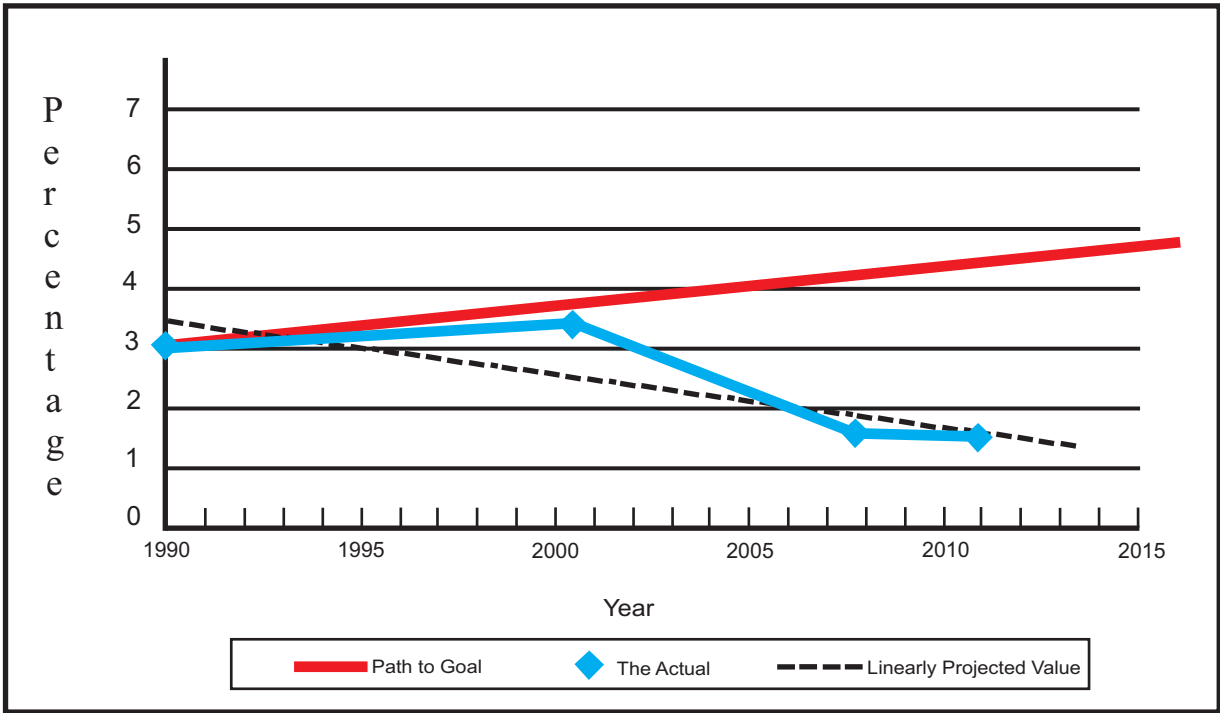
Source: MOLSS; LFS (2007& 2010)

TARGET 1 C: HALVE, BETWEEN 1990 AND 2015 THE PROPORTION OF PEOPLE FOR SUFFER FROM HUNGER

Indicators 1.8 : **Prevalence of underweight children under five years of age.**

Table 1.2 Prevalence of Underweight Children Under Five Years of Age

Year	2000	2007	2008	2009	2010	2015
Prevalence of under-weight children	10	5	7.2	6.6	5.8	5

Source: CSO; MICS (2000 & 2010), SDHS (2007), MOH; NNS (2008) & DPM; SVAC (2009)

Prevalence of underweight in children under five years of age is defined as the percentage of children whose weight for age is less than minus two standard deviations from the median for the international reference population aged 0-59 months.

The country has achieved meaningful results in reducing the rate of underweight children and is approaching the MDG target of 5 percent by 2015 as illustrated in Figure 1.7.

Severe underweight was at 1 percent in 2010 with rural children slightly more affected than urban children.

Wasting (acute malnutrition) has shown a downward trend from 3 percent in 2000 to 0.8 percent in 2010. Stunting has remained almost stagnant between 2000 (30 percent) and 2010 (31 percent) indicating high levels of chronic malnutrition in the country.

Figure 1.7 Prevalence of Underweight Children Under Five Years of Age 1990-2015
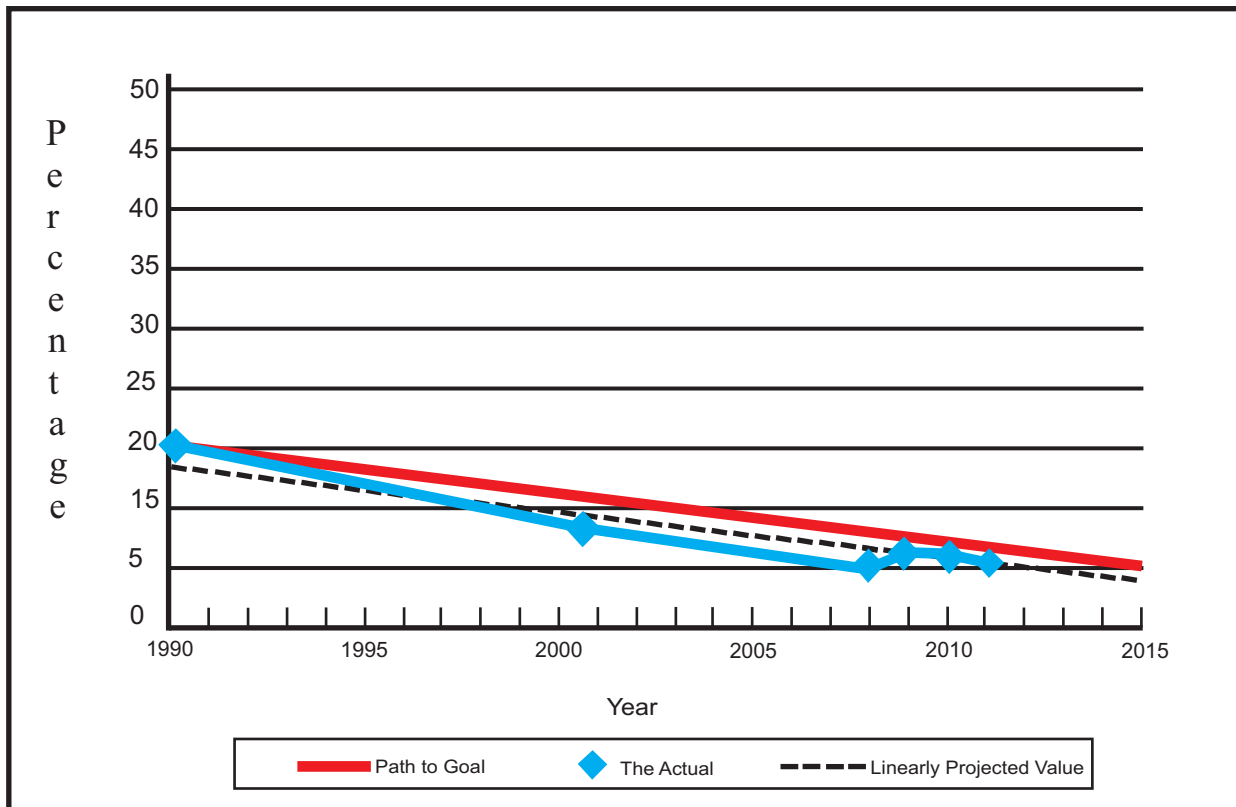
Source: MOH; NNS (2000 &2008), CSO; MICS (2010), DHS (2007), DPM; SVAC (2009)

Indicator 1.9:   Proportion of population below minimum level of dietary energy consumption

The proportion of population below minimum level of dietary energy consumption is defined as the percentage of the population whose food intake falls below the minimum level of dietary energy requirement of 2100 kilocalories per person per day.

According to the 2008 National Nutrion Survey (NNS), about 11.3 percent of the population fell below the minimum level of dietary energy requirement based on the two categories of poor food consumption and borderline food consumption. Poor food consumption is the consumption of only cereals and vegetables on a daily basis whilst borderline food consumption is the consumption of cereals, vegetables, oils and pulses where the nutritive value is less than 2100 kcal.

Maize is the staple food crop for the country and its production is used as a measure of food availability. Food production for the country declined between 2004/5 and 2006/7 as shown in Table 1.3.   In 2004/05 total production was 68, 565 metric tonnes declining to 46,604 metric tonnes in 2006/07.The period from 2008/09 to 2010/11 had a steady increase with a high of 84, 686 metric tonnes in 2010/11. Production estimates for 2011/12 show a 12% decline to 76,091 metric tons. This could be attributed to poor seasonal rainfall patterns and lack of adequate inputs for production. This level is still below the Gross Domestic Requirement which currently stands at 115,376 metric tonnes (MOA, Food Balance Sheet 2012). The shortage of maize, which is a staple food, leads to an increase in the population that falls below minimum level of dietary energy consumption.

Table 1.3 Maize Production 2204/05-2010/11 in Mt

Year	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Total	68,565	65,836	46,604	61,994	70,067	75,067	84,686	76,091

Source: DPM; SVAC (2011)

The consideration of all the pillars of food security is critical in an effort to understand household food dynamics. The availability through own production, access through material and financial means, and the utilization aspects all need to be taken into account to get a comprehensive understanding of the underlying issues.

Table 1.4 Food Deficit Population Projection Projections 2002 to 2011 ('000)

Year	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
SVAC	297	217	262	223	299	345	287	256	161	89

Source: DPM; SVAC, (2011)

According to the Swazi VAC reports, more than 200,000 people needed food aid every year from 2002 to 2009. However, a declining trend was observed between 2010 and 2011 reaching below 100,000 in 2011. The reduction is due to the utilisation of latest tools developed for targeting the food insecure population in a bid to address the food aid dependency syndrome. Most of the time, food aid is given to people who have no other means to cope on their own and most of these people are the ones on Anti Retroviral Therapy (ART), the vulnerable and the destitute.

Maize prices are used as a measure of food access in the country and this is an indication of whether households will be able to meet their food needs. Figure 1.8 shows the trend in maize prices per tonne from 2007 to 2012. A sharp increase was observed between the periods 2010 and 2012 due to high shortages in domestic production. This allows for market forces to be at play as high demand triggers high prices given limited supply.

While high prices made people struggle to purchase the staple food they needed, it is also important to note that the farmers who managed to grow enough and were able to sell surplus benefitted from this price increase and this could have improved their household income and livelihoods.

Figure 1.8 Maize Prices in Emalangeni Per Metric Ton
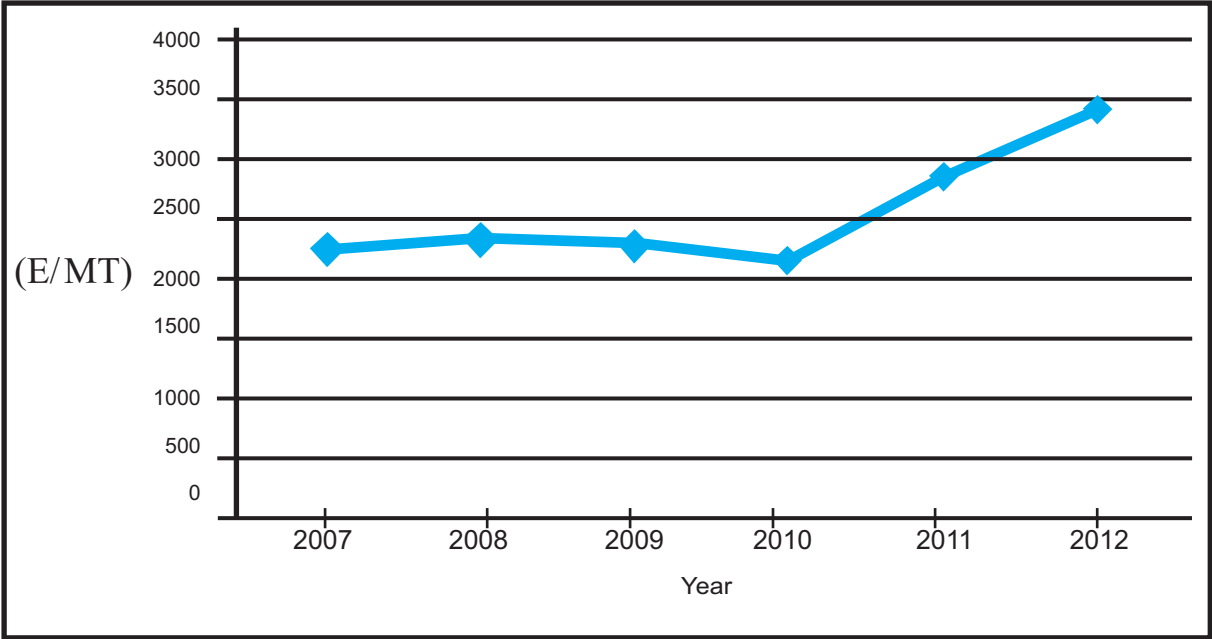
Source: NMC (2012)

Fuel Prices

Fuel price is the driver for the commodity prices in the market and Figure 1.9 shows an upward trend for the period 2009 to 2012. This trend has translated to an increase in the price of food basket commodities rendering poor households more food insecure. All these factors have led to an increase in the population that falls below the minimum level of dietary energy consumption.

Figure 1.9 Fuel Prices 2007-2012
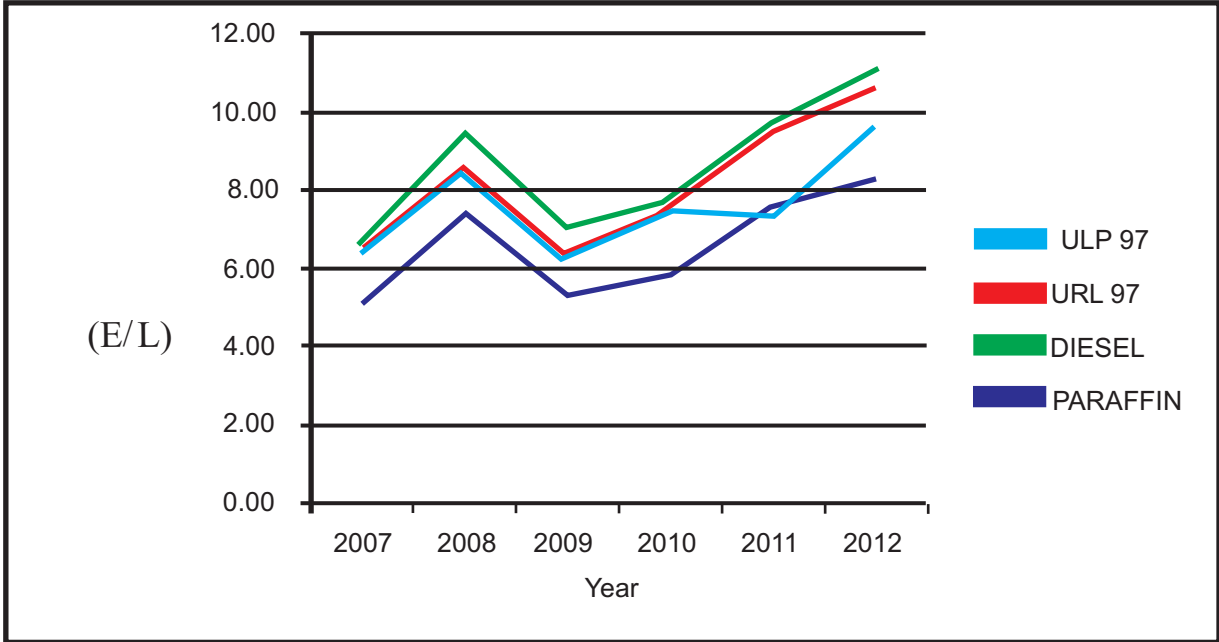
Source: MNR; Energy Department (2012)

COUNTRY SPECIFIC INDICATORS

Indicator 1.10   Economic dependency ratio

The Economic Dependency Ratio (EDR) is the ratio of the total employed expressed as a percentage of the total population.

The EDR is high in the country as total labour force in gainful employment is far less than the burden of people dependent on them. In other words, there are many people in the country that are dependant on the few people that are in employment drawing them below the poverty line. This is shown by the existence of a high percentage of the working poor, which are the people in employment but due to a lot of people dependent on them, they cannot meet their basic needs. According to the 2007 LFS, 19 economically inactive people are dependent on 10 economically active individuals compared to the current (2010) levels of 23 economically inactive persons per 10 economically active individuals.

Indicator 1.11 Income gap ratio

The Income Gap Ratio (IGR) is the proportion by which the average income level of the poor falls below the poverty line. The average consumption among the poor in 2009/10 was 48.3 percent below the poverty line of which 50.5 percent are in rural areas compared to 33.1 percent in urban areas. On the other hand, the 2001 SHIES Report indicated that IGR was 47 percent nationally with urban and rural areas having 35.2 and 48.7 percent respectively.

Indicator 1.12 GiniCoefficient

The Gini Coefficient is the extent to which income distribution deviates from a perfectly normal distribution within the country. According to the SHIES report, the coefficient increased from 0.48 in 2007 to 0.51 in 2010. This means that the country has the relatively higher income inequality given that the internationally acceptable level is 0.3 percent.

Indicator 1.13 Extreme poverty incidence

Extreme Poverty Incidence or food poverty is the proportion of the population that is unable to meet the daily nutritional requirement of 2100kcl.According to the SHIES 2010, the incidence stood at 30 percent in 2001 and declined to 29 percent in 2010. A significant improvement has been observed in the Shiselweni region and the opposite is true for the Lubombo region. One in two people who are poor in the country also suffer from food poverty.

Indicator 1.14 Labour underutilization

Under-employment is defined based on three categorizes, the strictly unemployed, the discouraged and hours worked. Figure 1.10 shows a high rate of 48 percent of the labour force that is underulitized with a trifling reduction in 2010 to 45 percent. This is a very high rate for a country with a population of just above a million and producing over 2000 graduates every year.

Figure 1.10 Labour under utilisation 1990-2015
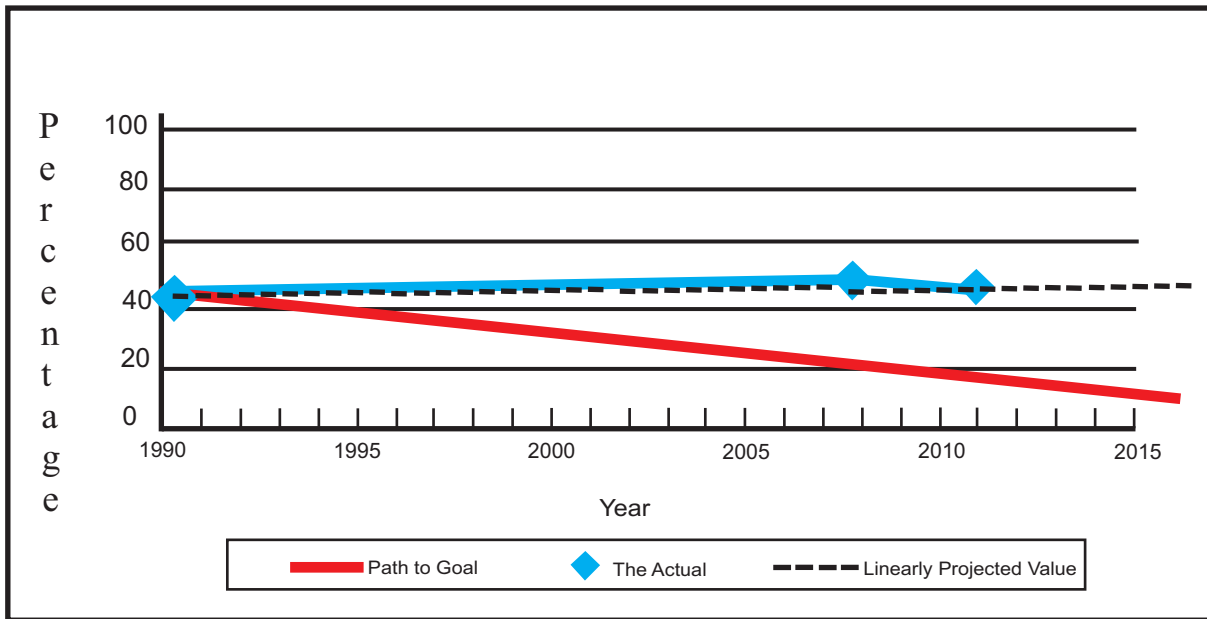
Source: MOLSS; LFS (2007& 2010)

Indicator 1.15Youth unemployment

Youth unemployment is defined as the number of youths aged between 15 and 24 who are without a job and are available for a job. In 2007, 53 percent of the youth was unemployed and that figure increased to 64 percent in 2010. Within the two periods, the highest levels were observed in the rural areas (58 percent in 2007 and 73 percent in 2010) than in urban areas (46 percent in 2007 and 45 percent in 2010). Given that the youth make up most of the country's population and

that the bulk of the country's population resides in rural areas, there is need to prioritise investment to focus on youth development.

INEQUALITY ANALYSIS

Poverty incidence is higher in rural areas than in urban areas in the country. The Lubombo and Shiselweni regions remain the poorest in the country. In view of this, there is need to target and prioritise them in development interventions.

Table 1.5 Proportion of Population Below $1 per day by Administrative Region

Year	Hhohho	Manzini	Shiselweni	Lubombo	National
2010	61	58	68	69	63
2001	60	66	82	71	69

Source: CSO; SHIES (2010)

Food security remains a challenge in the country with the Lubombo region showing the highest number of people (33,111) classified as vulnerable to food insecurity (DPM; SVAC, 2011). Consequently interventions towards achieving food security should be selective and should target the two regions.

Table 1.6. Population Vulnerable to Food Insecurity by Administrative Region

Year	Hhohho	Manzini	Shiselweni	Lubombo	National
2011	10,781	4,507	6, 695	33,111	55, 095
2010	38,217	34,167	25,368	63,237	160,989
2009	67 008	65 400	44 951	79 024	256,383
2008	69 238	67, 194	50, 041	79, 024	265 497

Source: DPM; SVAC (2008-2011)

The Lubombo and Shiselweni regions are still the lowest maize producing regions in the country. There is therefore a need for concentration of diversification of crop production in the two regions to meet household food needs.

The situations in other areas of the economy are summarised in the succeeding section.

The country is doing very well on the control of prevalence of underweight children. However, stunting still presents chronic malnutrition which posses a threat to future populations.

Youth unemployment remains a challenge in the country and the fact that most of the coutry's population is young calls for increased initiatives that target the youth.

The country has a huge income inequality gap, indicating that an extremely rich population coexists with an extremely poor population. Therefore there is a need to bridge the gap in income inequality.

There is a large labour force in the country but its utilization is limited. Therefore employment creation initiatives have to be selective and prioritised.

The share of the poorest quintile in national consumption continues to decline as less income accrues to the poor.

SUPPORTIVE ENVIRONMENT

Interventions to address food insecurity among poor and vulnerable households have been undertaken by government. In addition, a number of sectoral policies aligned to the national development policy framework have been developed to enhance the implementation of programmes targeted at reducing poverty and hunger in line with the MDG targets.

One of the policies is the Comprehensive Agriculture Sector Policy (CASP). The policy focuses on the contribution of the agricultural sector to the realization of the country's Vision 2022 and to the achievement of national development goals.

Commitment to resource allocation and fiscal discipline is key to achievement of the set targets. The regional and international protocols such as the Maputo Declaration on Food Security in 2003and the Abuja Declaration on Health in 2001, which encourage national governments to dedicate10 percent and 15 percent respectively of their national budgets to these sectors are other guiding principles.

The availability of technical capacity within various institutions (both government and non-government) is another major resource that is essential for the implementation of planned programmes.

Establishment of institutions like Swaziland Investment Promotion Authority (SIPA) creates a condusive environment to attract investors into the country to create the much needed employment opportunities.

Existence of the National Nutrition Council which monitors the nutrition status of children in the country.

The process of finalising the Land Policy is on-going and has reached advanced levels.

Water resources availability for productive use is prioritised. In the Water Act 2003, water for primary purposes is made available without the need to apply for a water permit.

KEY BOTTLENECKS CONSTRAINING PROGRESS AND HOW TO ADDRESS THEM

The major bottlenecks that tend to hinder the country's achievements are hereby highlighted. The major bottlenecks that tend to hinder the country's achievements are hereby highlighted.

There is a general lack of a coordinated approach in the fight against poverty. This has resulted in fragmentation of efforts thereby compromising effective delivery.

The unfavourable terms for agricultural credit particularly for commodities that do not have very organized marketing channels are bottlenecks.

The high risk associated with agricultural production is also a major limitation in enhancing the sector's contribution to job creation and economic growth.

Diminishing foreign direct investment (FDI) has resulted in reduced employment opportunities.

The small size of the economy and the inability of the labour market to absorb available human resource in the country constitute major constraints to development.

HOW SWAZILAND WILL ACCELERATE PROGRESS IN ACHIEVING THIS MDG

In order to maintain the momentum and accelerate the pace of development to achieve the goals and their targets, the country must embark on the following:

Co-ordinated implementation of the Poverty Reduction Strategy and Action Programme and the other sector policies.

Give more priority to agriculture by allocating resources and by encouraging civil society and other agencies to invest in in the sector.

Full implementation of employment creation initiatives, the Investor Road Map and allocating resources for the implementation of the Economic Recovery Strategy (ERS).

MDG 2
ACHIEVE UNIVERSAL PRIMARY EDUCATION

MDG 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Table .1 Status and Trends

MDG INDICATORS	BASELINE FIGURE	CURRENT STATUS 2012	2015 TARGET	STATUS AT A GLANCE
TARGET 2.A ENSURE THAT, BY 2015, CHILDREN EVERYWHERE, BOYS AND GIRLS ALIKE, WILL BE ABLE TO COMPLETE A FULL COURSE OF PRIMARY SCHOOLING				
2.1 Net Enrolment Ratio in Primary Education	79.2 (2000)	92.0 (2010)	100	On track
2.2 Proportion of Pupils Starting Grade 1 who Reach Last Grade of Primary (%)	59.8 (2007)	73.9 (2010)	100	On track
2.3 Literacy Rate of 1524 Year-Olds, Women and Men (%)	83.7 (1986)	95.4 (2007)	100	On track

TARGET 2A: ENSURE THAT, BY 2015, ALL BOYS AND GIRLS COMPLETE A FULL COURSE OF PRIMARY SCHOOLING

Indicator 2.1: Net enrolment ratio in primary school

The Net Enrolment Ratio (NER) is the number of children of official primary school-age that are enrolled in primary school over the total population of children of official primary school-age. Data for this indicator is presented in Table 2.2.

Table 2.2 Trends in Primary School Enrolment and Net Enrolment Ratio, 2000-2010

Year	Primary School Enrolment			Net Enrolment Ratio
	Boys	**Girls**	**Total**	
2000	110 444	103 542	213 986	79.2
2002	107 490	101 508	208 998	72.1
2004	112 807	105 545	218 352	81.9
2006	119 287	110 399	229 686	85.1
2008	–	–	229 650	–
2009	121 289	110 160	231 449	85.9
2010	126 541	114 690	241 231	92.0

Source: MOET; EMIS Survey Report (2008), Free Primary Education Handbook (2008), Annual Education Census (2009 & 2010), CSO; Education Statistics (2000-2006), Swaziland Population Projections 2007-2030 (2011)

Table 2.2 indicates that both primary school enrolment and the Net Enrolment Ratio have increased significantly since 2002, having previously experienced a decline. The rise in primary school enrolment is a particularly impressive achievement given the decrease in the primary school-aged population between 1997 and 2010 (CSO, 2011) and is a reflection of increasing efforts by the Government of Swaziland to ensure all children have access to education irrespective of their socio-economic status. This widening of access to primary education began in 2002 with the introduction of the Orphaned and Vulnerable Children (OVC) initiative, by which the Government provides bursaries to OVC in order to make primary school more affordable. Funding for the OVC initiative has increased substantially since its inception, rising from E20.6 million in 2004/05 to a budgeted E170.5 million in 2012/13 (MOF, 2012), and a total of 140,170 OVC were enrolled in primary schools in 2010, including 84,731 orphans (MOET, 2010). To further improve access to and the

quality of primary education, feeding schemes have been introduced and stationery (text books and exercise books) are now free in primary schools. A Care and Support for Teaching and Learning (CSTL)

Programme has also been initiated to enhance both enrolment and retention, whilst selected primary schools are benefitting from a School Capitation Grant Scheme.

A major milestone took place in 2010 with the launching of the State Funded Primary Education Programme for Grades 1 and 2, which saw government absorb the financial costs of education for these grades. Table 2.3 indicates the programme has had a significant positive impact on primary school enrolment, with the number of children enrolled in Grades 1 and 2 increasing by over 5,000 in 2010. The programme has since been rolled out to Grade 3 in January 2011 and Grade 4 in January 2012, and has been designed to include a new grade each year so that by 2015 all primary school grades are covered.

Table 2.3 Primary School Enrolment in Grades 1 and 2, 2009 and 2010

Year	Enrolment in Grade 1		Enrolment in Grade 2		Total Enrolment in Grades 1 & 2
	Boys	**Girls**	**Boys**	**Girls**	
2009	19 865	17 271	19 293	16 563	72 992
2010	22 220	19 204	19 832	16 967	78 223
% Increase	11.9%	11.2%	2.8%	2.4%	7.2%

Source: MOET; Annual Education Census (2009 & 2010)

The above interventions have resulted in an increase in the Net Enrolment Ratio from 72 percent in 2002 to 92 percent in 2010, which is a very laudable achievement. However, this still implies that 8 percent of children of primary school-age were not in school in 2010, which translates into an un-enrolled

primary school-age population of around 14,700 children. Figure 2.1 provides a graphical representation of trends in the primary school NER since 2000 and indicates the progress being made towards reaching the target of 100 percent by 2015.

Figure 2.1: Net Enrolment Ratio in Primary Education
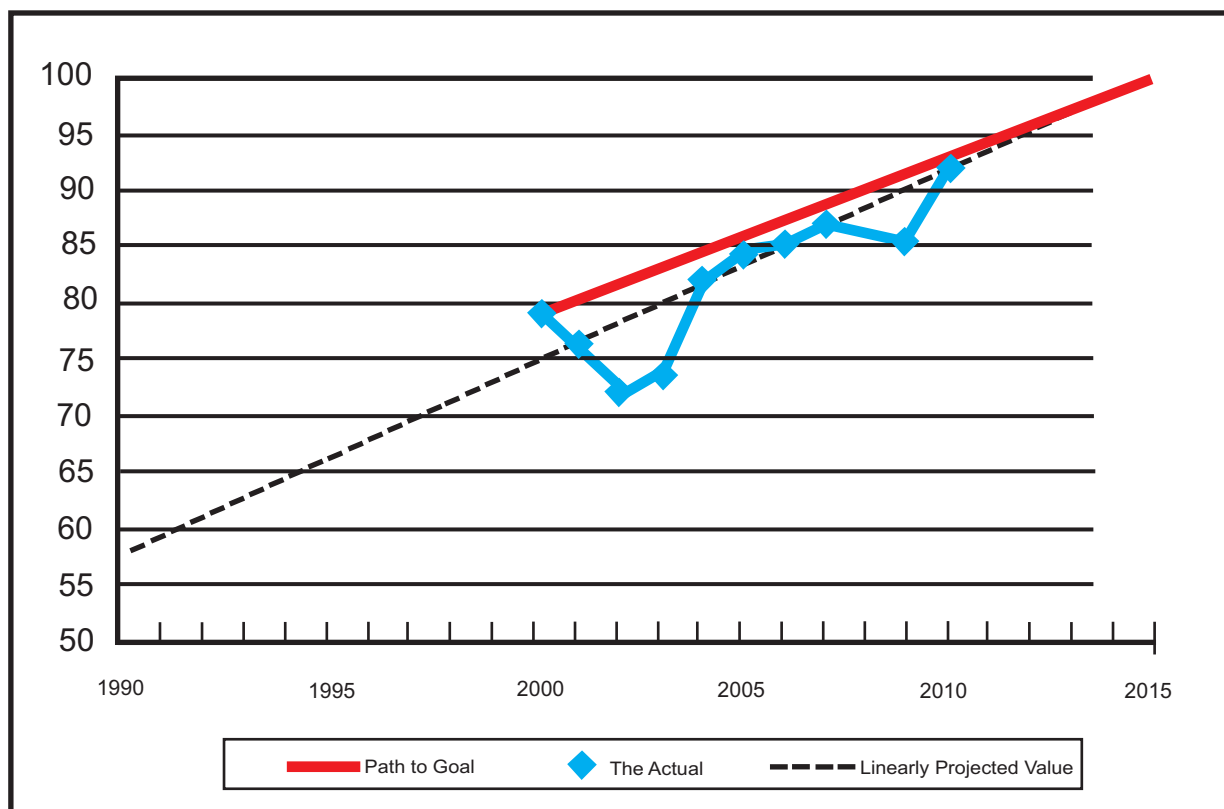
Source: MOET; Free Primary Education Handbook (2008), Annual Education Census (2009 & 2010), CSO; Swaziland Population Projections 2007-2030 (2011)

Indicator 2.2: Proportion of pupils starting grade 1 who reach the last grade of primary school

The proportion of children who start Grade 1 and reach Grade 7, having not repeated more than twice, was estimated at 73.9 percent in 2009/10 compared to 59.8 percent in 2006/07 (MOET, 2010). This figure of 73.9 percent rises to 85.4 percent if children who have repeated more than twice are included, although it should be noted that both these figures are likely to be overstated since they capture children who have re-entered (as well as entered) the primary education system following the advent of state funded primary education in 2010. Additional data pertaining to this MDG indicator is presented in Table 2.4.

Table 2.4 Proportion of Children Starting Grade 1 Who Reach Grade 5, 2000-2007

Year	2000/ 2001	2001/ 2002	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	Average over period
Those who repeated no more than two times	71.1%	71.4%	73.3%	85.4%	77.4%	–	78.5%	76.2%

Source: MOET; EMIS (2010), MEPD; Swaziland MDG Report (2007)

Between 2000 and 2007 about 76.2 percent of children who started Grade 1 managed to reach Grade 5, implying student retention in the primary education system is a serious challenge. Such a low figure can be explained by the country's high repetition and dropout rates, which have long been a feature of the primary education system in the country. For instance, 8 percent of Grade 6 students and 14 percent of Grade 7 students dropped out of school in 2007 (MOET, 2007). An analysis of dropouts reveals that sickness, death, pregnancy, school fees, family reasons, absconding, and disciplinary factors are all major contributing factors to the high dropout

rates. Long-term projections by the Ministry of Economic Planning and Development indicate that the proportion of pupils who start Grade 1 and reach Grade 7 will remain low in the foreseeable future if no policy interventions are made to address the challenges (MEPD, 2010).

Teachers also have an important influence on the quality of education a child receives. In 2010, the country had a pupil-teacher ratio of 32:1 (MOET, 2010), which is below the national primary school benchmark of 40 pupils to a teacher, although this ratio includes head teachers and deputies who do not always teach. Teacher absenteeism is also an issue with an estimated 10 percent of teachers not at work on an average school day (World Bank, 2006). Moreover, not all teachers are appropriately qualified to teach at the primary school level. The pupil-qualified teacher ratio rises to 44:1 (MOET, 2010) if these teachers are excluded.

Indicator 2.3: Literacy rate of 15 to 24 year olds

The literacy rate of 15 to 24 year olds - also termed the youth literacy rate - is the percentage of the population aged 15 to 24 years who can read and write, with understanding, a short simple statement in any language.

Table 2.5 indicates that literacy rates for 15 to 24 year olds have risen steadily over the past two decades. The youth literacy rate increased from 83.7 percent in 1986 to 91.7 percent in 1997 before further improving to 95.4 percent in 2007 (CSO; SPHC, 1986, 1997 & 2007).

Table 2.5 Literacy Rates of 15-24 Year Olds, 1986-2007

Year	1986	1997	2007
15-19	86.1%	92.6%	96.1%
20-24	80.6%	90.7%	94.5%
15-24	**83.7%**	**91.7%**	**95.4%**

Source: CSO; SPHC (1986, 1997 & 2007 Vol. 1)

Indicator 2.3: Literacy rate of 15-24 year olds

This youth literacy rate of 95.4 percent is higher than the overall literacy rate in the country, which stood at 89.1 percent in 2007 (CSO; SPHC, 2007) and encapsulates improvements the country has made in terms of education. Youth literacy has the potential to increase further as education becomes more accessible and of better quality. It is important here to not ignore those children and young adults who have altogether missed out on primary education and are now over-aged. Rural education centres need to be adequately supported along with Sebenta which offers non-formal universal primary education (NUPE). Figure 2.2 shows a graphical representation of the literacy rates of 15 to 24 year olds between 1986 and 2007.

Figure 2.2: Literacy rate of 15-24 year olds
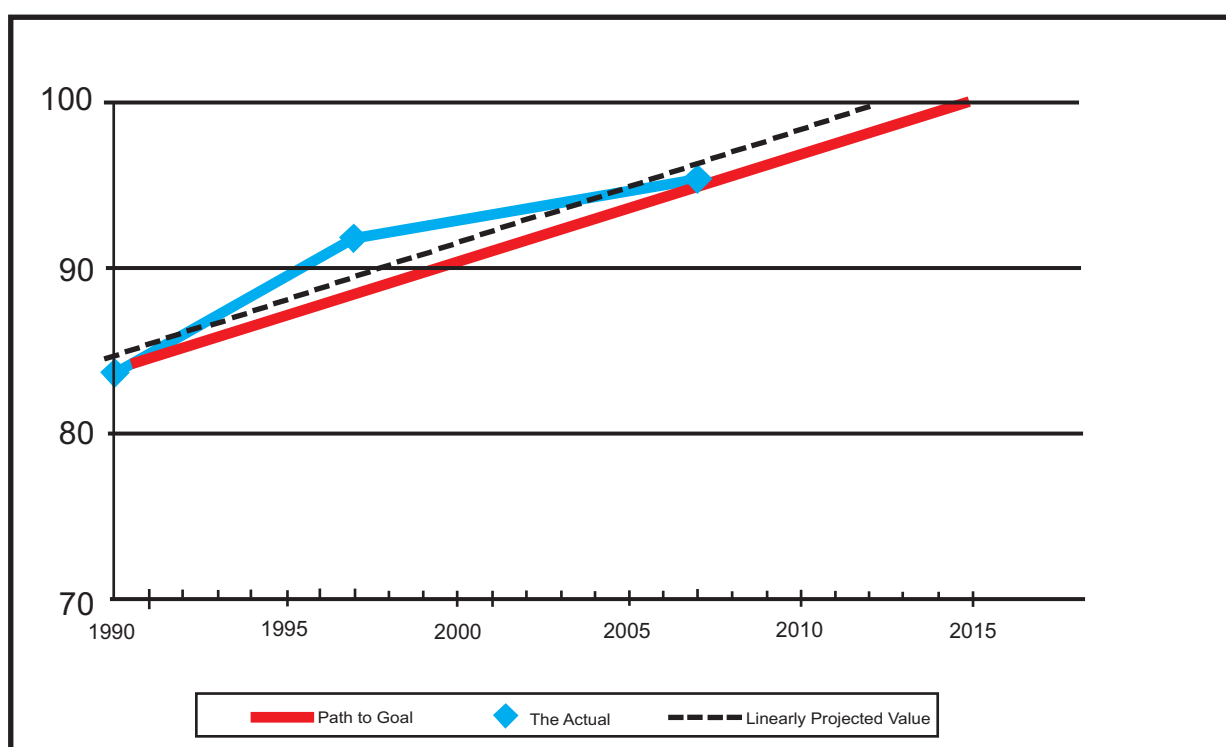
Source: CSO; SPHC (1986, 1997 & 2007)
Note: 1986 figure used for 1990

COUNTRY SPECIFIC MDG INDICATORS

Indicator 2.4: Primary school repetition rate

The primary school repetition rate is the proportion of children enrolled in primary school who are studying in the same grade as they were in the previous school year. In 2009, the primary school repetition rate was a very high 15.8 percent, with over 36,000 children repeating a grade in 2010 (MOET, 2010). Repetition rates appear highest in Grade 3 and lowest in Grade 7, as shown in Table 2.6.

Table 2.6 Primary School Repetition Rate in 2009 by Grade

	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7
Repetition Rate (%)	16.3	15.3	19.4	16.7	16.7	16.1	6.5

Source: MOET; Annual Education Census (2009 & 2010)

Over the past decade, little progress has been made in reducing repetition rates, which have always been above 15 percent (Table 2.7). Strong corrective action is needed to ensure the primary education system becomes more efficient, and hence the inclusion of this country-specific indicator in the MDG monitoring process.

Table 2.7 Annual Primary School Repetition Rates, 2000-2009

	2000	2001	2002	2003	2004	2005	2008	2009
Repetition Rate (%)	16.5	15.3	16.1	16.9	17.6	17.1	17.0	15.8

Source: MOET; EMIS Survey Report (2008), Annual Education Census (2009 & 2010), CSO; Education Statistics (2000-2006)

INEQUALITY ANALYSIS

Gender Inequality

With regard to the Net Enrolment Ratio, boys outperformed girls in both 2009 and 2010, as depicted in Table 2.8. Yet, for both these years, girls had a higher Net Intake Rate (NIR) compared to boys (44.3 percent versus 41.0 percent, in 2010), which may indicate greater access to primary education at the primary school-entrance age.

Table 2.8 Primary School Enrolment and Net Enrolment Ratio by Gender, 2009 and 2010

Year	Boys		Girls	
	Primary School Enrolment	**NER**	**Primary School Enrolment**	**NER**
2009	121 289	87.3	110 160	84.5
2010	126 541	93.4	114 690	90.7

Source: MOET; Annual Education Census (2009 & 2010), CSO; Swaziland Population Projections 2007-2030 (2011)

Though data on the proportion of children who start Grade 1 and reach Grade 7 is not disaggregated by gender, national survey data indicates that boys dropped out more in the first three grades whilst girls generally had a higher dropout rate for the subsequent four grades of primary school (CSO; SDHS, 2007).

In terms of the primary school repetition rate, repetition rates are higher among boys than girls, as illustrated in Table 2.9. In 2010, 21,630 boys were repeating a grade, compared to 14,844 girls (MOET, 2010).

Table 2.9 Primary School Repetition Rates by Gender, 2000-2009

Year	Boys	Girls
2000	18.5%	14.3%
2002	18.4%	13.7%
2004	19.8%	15.2%
2005	19.6%	14.5%
2009	17.8%	13.5%

Source: MOET; Annual Education Census (2009 & 2010), CSO; Education Statistics (2000-2006)

With regard to youth literacy, females continue to possess a marginally higher literacy rate than their male counterparts, as shown in Table 2.10. There is also evidence

of a gender dimension in terms of subject choice in schools (CEDAW, 2010). Home Economics, for example, is popular among girls only, while boys are more likely to choose Technical Drawing.

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Source: MOET; Annual Education Census (2009 & 2010), CSO; Education Statistics (2000-2006)

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Table 2.10 Literacy Rates of 15-24 Year Olds by Gender, 1986-2007

Age	Hhohho	Manzini	Shiselweni	Lubombo
15-19	96.3%	97.3%	96.4%	93.9%
20-24	94.9%	96.8%	94.4%	90.4%

Source: CSO; SPHC (2007 Vol. 1)

Table 2.12 Literacy Rates of 15-24 Year Olds by Region, 1986-1997

Year	Hhohho	Manzini	Shiselweni	Lubombo
1986	85.0%	90.7%	86.7%	**70.7%**
1997	92.2%	94.8%	92.3%	**85.7%**

Source: CSO; SPHC (1986 & 1997)

In relation to the Net Enrolment Ratio, Shiselweni was the lowest performing region in the country, followed by Lubombo (CSO; SDHS, 2007). More recent data, computed from the country's population projections and Annual Education Census 2010, is provided in Table 2.13. Shiselweni continues to perform worst but there does not appear to be significant differences between the four regions.

Table 2.13 Primary School Net Enrolment Ratio by Region in 2010

Year	Region			
	Hhohho	Manzini	Shiselweni	Lubombo
2010	90.9	92.8	90.8	93.6

Source: MOET; Annual Education Census (2010), CSO; Swaziland Population Projections 2007-2030 (2011)

Shiselweni also performed poorly in terms of dropout rates. For every single primary school grade, a greater percentage of children dropped out in Shiselweni than in any other region (CSO; SDHS, 2007). Lubombo experienced the highest repetition rates.

Urban and Rural Inequality

Youths living in urban areas are likely to be more literate than youths residing in rural areas, with the literacy rates for these two groups of youths being 97.3 percent and 95.1 percent respectively (CSO; SPHC, 2007). A similar situation existed in 1997 when urban youths had a literacy rate of 94.3 percent compared to 90.8 percent for their rural counterparts (CSO; SPHC, 1997). The under-performance of rural youth in literacy applies to rural adults as well.

Rural areas also have a lower Net Enrolment Ratio as well as higher repetition rates for every single primary school grade (CSO; SDHS, 2007). Dropout rates were higher in rural areas for the first three grades of primary school (CSO; SDHS, 2007).

The pupil-teacher ratio of 32:1 reported earlier was simply an average that masks evident differences across the country. Urban and peri-urban areas tend to have much higher ratios which at times exceed 90 students per teacher, while some rural areas can have less than 10 pupils per teacher. There are also notable urban-rural imbalances in terms of the distribution of qualified teachers. It is heavily skewed in favour of urban schools due to poor facilities in many rural and remote schools.

SUPPORTIVE ENVIRONMENT

The following have supported efforts to achieve MDG 2:-

- The country's new constitution that made free primary education in public schools an explicit constitutional right for every child in Swaziland.

- The State Funded Primary Education Programme, which should be extended to all primary school grades by 2015.

- The OVC initiative that continues to support disadvantaged children.

- The country's new Education and Training Sector Policy adopted in April 2011, which has comprehensively addressed prevailing issues in the education and training sector and replaced the out-dated Education Policy of 1999.

KEY BOTTLENECKS CONSTRAINING PROGRESS AND HOW TO ADDRESS THEM

The key bottlenecks that contribute to underachievement in this MDG are summarised below:-

Due to an absence of explicit criteria for awarding OVC grants, a number of undeserving children have benefitted from the scheme since its inception, leading to unnecessary expenditure by government. A clear definition of an OVC that is tailored to the Swazi context is needed and the OVC eligibility criteria should be incorporated into (secondary) legislation. Furthermore, the classification of children as OVC or non-OVC should not be a once-off event since children can just as easily fall out of the OVC category as they can fall into it (for example, when an unemployed parent finds employment).

- Government's efforts to make primary education more accessible have been compromised, to some extent, by the charging of top-up fees by some schools, which should be avoided. In 2010, 330 Grade 1 and 2 students dropped out of primary school because of school fees (MOET, 2010).

- The country's constitution states that a child has "the right to free education in public schools at least up to the end of primary education". Yet in 2010, there were an estimated 14, 700 primary school-aged children not attending primary school. There is thus a need to develop an instrument that enforces parents or guardians to take their child to school.

- The high repetition rates, which contribute to dropouts, represent a major challenge. A repetition policy exists which allows for no more than 10 percent of students in a class to repeat a grade, and this policy needs to be enforced. A thorough investigation of the various and complex reasons for high repetition and dropout rates is required.

- Despite progress made over the past decade, high levels of poverty are still a reality in the country. Poor households often need child labour for domestic and economic purposes which, in addition to prohibitive financial costs, reduces the demand for education. Tackling the deep-rooted causes of poverty, particularly in Shiselweni and Lubombo, will enhance the chances of progress in this MDG.

- A high number of Grade 1 children either drop out or repeat every year, suggesting that many enter Grade 1 without the requisite primary school readiness, especially children from disadvantaged backgrounds. More investment is needed in Early Childhood Care and Development (ECCD) to make it accessible to every child.

- The country's Education Sector Policy states no child should walk more than five-seven kilometres to attend primary school, which is currently not the case particularly in rural areas. This hinders access to education since many children, especially the young, are not able to travel such long distances on a daily basis. There is a need to identify those areas where this policy does not apply and for appropriate action to be taken.

- One of the reasons for girls (and boys) dropping out of primary education is pregnancy, especially for those in Grades 5, 6 and 7. According to a nationwide survey conducted in 2007, five percent of women aged 20 to 49 had given birth by age 15 years, and 32.1 percent by the age of 18 (CSO; SDHS, 2007). Reproductive health needs to be taught effectively in primary schools.

- The Government of Swaziland has provided a number of new classrooms in recent years to accommodate increases in primary school enrolment. However, in 2009, 63,000 primary school children were enrolled in classes with more than 50 pupils (MOET, 2009). Such large class sizes create an unconducive learning environment and a more aggressive expansion in classroom numbers will improve the situation.

- Whist there has been improvement in recent years, there is a need for school facilities to be further upgraded. Several schools still lack electricity, an adequate number of desks and chairs, as well as access to water and sanitation. Targeting rural and remote areas for improvement may encourage more qualified teachers to teach in those areas.

- There have been many instances of children not attending school merely because of the high cost of school uniforms. Interventions are required to prevent such hindrances.

- Monitoring and evaluation structures for education need strengthening so that policy makers can better design and target policies. This requires increasing capacity for data collection and analysis, particularly in the Central Statistical Office (CSO) and Ministry of Education and Training.

- The school curricula needs to be revised based on labour market information so that they become more relevant to the economic needs of the country. Given the large numbers of children who do not progress onto secondary education, career guidance and vocational training could begin at the primary school level.

MDG 3
PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

MDG 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Table 3.1 Status and Trends

MDG INDICATORS	BASELINE FIGURE	STATUS IN 2012	2015 TARGET	STATUS AT GLANCE
TARGET 3A: ELIMINATE GENDER DISPARITY IN PRIMARY AND SECONDARY EDUCATION, PREFERABLY BY 2005, AND IN ALL LEVELS OF EDUCATION NO LATER THAN 2015				
3.1 Ratio of girls to boys:				
i) Primary	0.99 (1990)	0.91 (2010)	1.01	On track
ii) Secondary	0.99 (1990)	0.98 (2010)	1.06	On track
iii) Tertiary education	1.03 (2004)	1.21 (2010)		Not applicable
3.2 Share of women in wage employment in the non-agricultural sector	30 *(1990)*	29.6 *(2008)*	50	Acceleration needed
3.3 Proportions of seats held by women in National Parliament	20	22	30	On track

TARGET 3.A   ELIMINATE GENDER DISPARITY IN PRIMARY AND SECONDARY EDUCATION PREFERABLY BY 2005, AND IN ALL LEVELS OF EDUCATION NO LATER THAN 2015

Indicator 3.1: Ratio of girls to boys in Primary, Secondary and Tertiary education

The ratio of girls to boys in primary, secondary and tertiary education is the number of female students enrolled at that level to the number of male students enrolled. Table 3.1 shows the respective ratios for all levels of education.

Table 3.2 Ratio of Girls to Boys in Primary, Secondary and Tertiary Education

Indicator	Year											
	1990	2000	2001	2002	2003	2004	2005	2006	2007	2009	2010	2015
Ratio of girls to boys in primary	0.99	0.94	0.95	0.94	0.94	0.94	0.94	0.92	0.92	0.91	0.91	1.01
Ratio of girls to boys in secondary	0.99	1.01	1.01	1.01	1.00	1.01	1.01	1.01	1.01	0.99	0.98	1.06
Ratio of girls to boys in tertiary education	-	-	-	-	-	1.03	1.05	1.03	1.06	1.13	1.21	-

Source: CSO; Annual Statistics Bulletin (1990), MOET; Education Statistics (2000-2010)

Since 2000, the ratio of girls to boys in primary education has remained almost constant, averaging 0.93. The figures show that there are more boys enrolled in primary school than girls. However, there are more girls of school going age than boys(1552 more girls not enrolled), and the target ratio is 1.01. Hence, at this level of education, boys are more advantaged than girls.

On the other hand, secondary education shows that there are slightly more girls enrolled than boys and hence the ratio is greater than 1. However given the population demographics of the country whereby there are more girls of secondary school age than boys, with 5,194 more girls not enrolled, girls are still disadvantaged at this level. At tertiary level there are more females than males as observed during the period 2004 to 2010 (Table 3.2).

Indicator 3.2   Share of women in wage employment in the non-agricultural sector

In the country, wage employment data is differentiated by private and public sectors. The share of women in wage employment in the non-agricultural sector is the share of female workers in wage employment in the non-agricultural sector expressed as a percentage of total wage employment in the sector.

Figure 3.1 shows that the private sector has not been performing well towards the target as expected. In the years 2000-2008, there was a downward trend reaching a low of 29 percent. However in 2010 wage employment showed marked improvement rising from 29 percent to 33 percent (MOLSS; LFS, 2010).

Figure 3.1 Share of Women in Wage Employment in the Formal Private Non-agricultural Sector 1990-2015
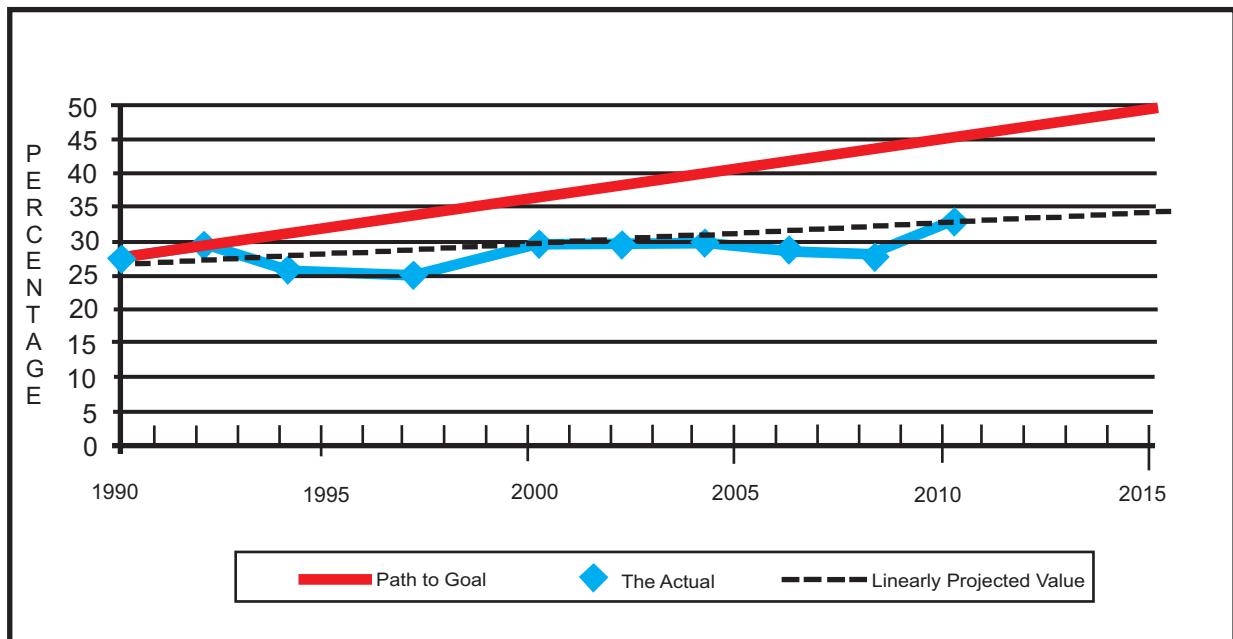
Source: MOLSS; LFS (2007&2010), CSO; employment and wages (1990-2006)

Indicator 3.3   Proportion of seats held by women in National Parliament

The proportion of seats held by women in national parliament is the total number of seats held by women members in the houses of Assembly and Senate of national parliament expressed as a percentage of all occupied seats.

Swaziland is making considerable progress as indicated in Figure 3.2. It is therefore possible to achieve the target of 30 percent according to the country's constitution by 2015, given that the country's next elections are in 2013 and positive changes are anticipated. However, the Southern Africa Development Community (SADC), the African Union (AU) and other international bodies are advocating for a 50 percent representation.

Figure 3.2 Proportion of Seats Held by Women in National Parliament 1990-2015
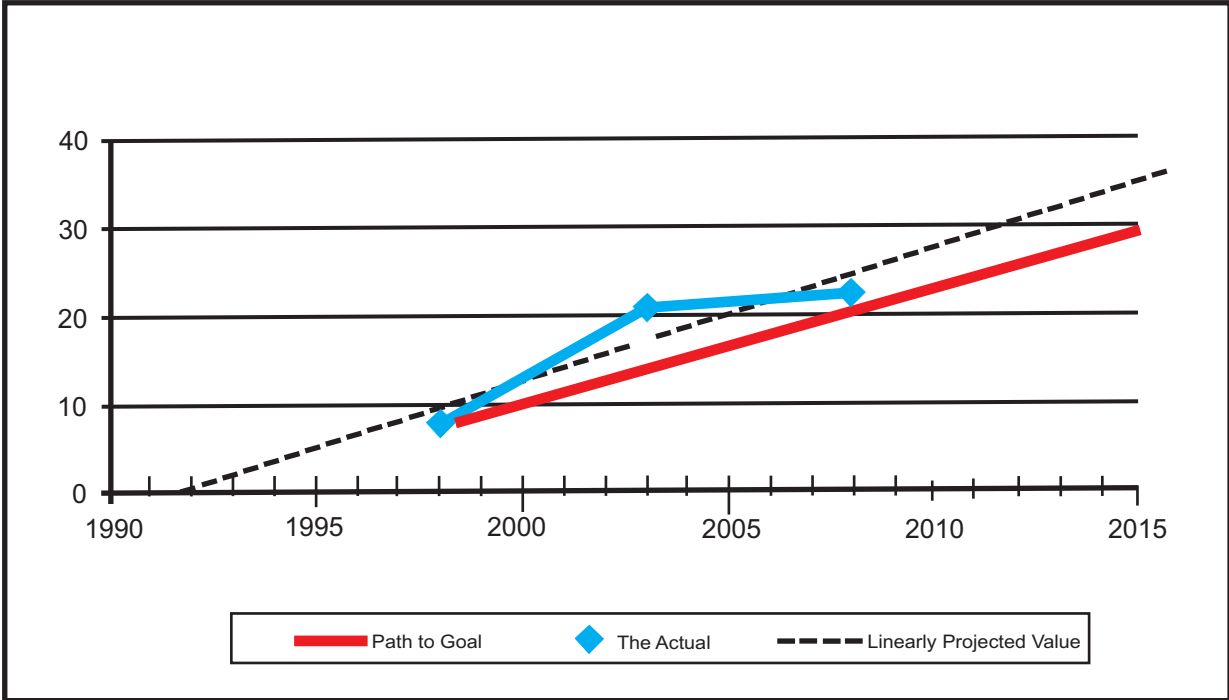
Source: CSO; Swazi Info (2009)

COUNTRY SPECIFIC MDG INDICATORS

Indicator 3.4 Number of gender based violence cases reported

Table 3.3 shows the number of Gender Based Violence(GBV) offences or cases reported, which include; rape, indecent assault, statutory rapes, sodomy, incest, physical abuse (assault), murder/homicide, abduction and kidnaping. The total number of cases/offences has increased over the years since 2007 with rape and physical abuse/assault recording the highest number of cases.

Current data is not desegregated according to sex. The general increase in reported cases is mainly attributed to community sensitization on gender based violence, crime prevention, case referral system, and introduction of the toll free lines. Cases like incest do not reflect the true picture as they are sensitive and kept within the family.

The ultimate target is to have all GBV cases reported and successfully tried and offenders convicted. However, the current challenges are attributed to delays in trying and conclusion of cases (passing judgements), withdrawal of cases by the plaintiff, as well as delayed enactment of the Sexual Offences and Domestic Violence Bill. The House of Assembly has approved the Bill but is still awaiting approval from the House of Senate.

Table 3.3 Number of Gender Based Violence Cases Reported

Age Group (Years)	Year	Rape	Statutory Rape	Indecent Assault	Sodomy	Incest	Physical Abuse/Assault	Murder/Homicide	Abduction	Kidnapping	Total
0-11	2007	154	-	32	9	-	15	2	1	-	**213**
	2008	138	-	36	2	-	16	5	-	5	**202**
	2009	130	-	37	4	-	33	5	-	1	**210**
	2010	146	-	55	2	-	25	10	-	3	**241**
12-17	2007	227	87	34	2	1	56	3	43	2	**455**
	2008	218	84	40	-	1	55		59	5	**462**
	2009	211	87	61	2	2	67	1	47	4	**482**
	2010	211	109	55	3	2	85	1	67	1	**534**
18+	2007	282	-	73	2	-	347	20	4	4	**732**
	2008	283	4	62	1	-	386	31	11	5	**783**
	2009	283	1	65	3	4	485	22	13	3	**879**
	2010	231	9	82	-	-	639	14	16	2	**993**
	TOTAL	**2514**	**381**	**632**	**30**	**10**	**2209**	**114**	**261**	**35**	**6186**

Source: RSP; Annual Report (2007-2010)

Indicator 3.5 Proportion of girls enrolled in technical fields

This indicator tracks the enrolment of girls in technical and science subjects. These include maths, science, and engineering (mechanical, electrical, quantity surveying, etc.). It should be noted that nursing science has been omitted in this calculation as the nursing discipline is fairly well represented.

The administration of student records at University of Swaziland (UNISWA) is automated. Hence errors in gender registration are minimal. Figure 3.3 shows the intake of Swaziland college of Technology (SCOT) and UNISWA with the intake of girls averaging just below 40 percent between the periods 2007 and 2011. To increase girls' enrolment in this field, there should be vigorous interventions from government to promote technical and science subjects at an early age. Career guidance should be available in schools especially when it comes to the choice of subjects.

Figure 3.3Ratio of Women to Men Enrolled in Technical Fields 1990-2015
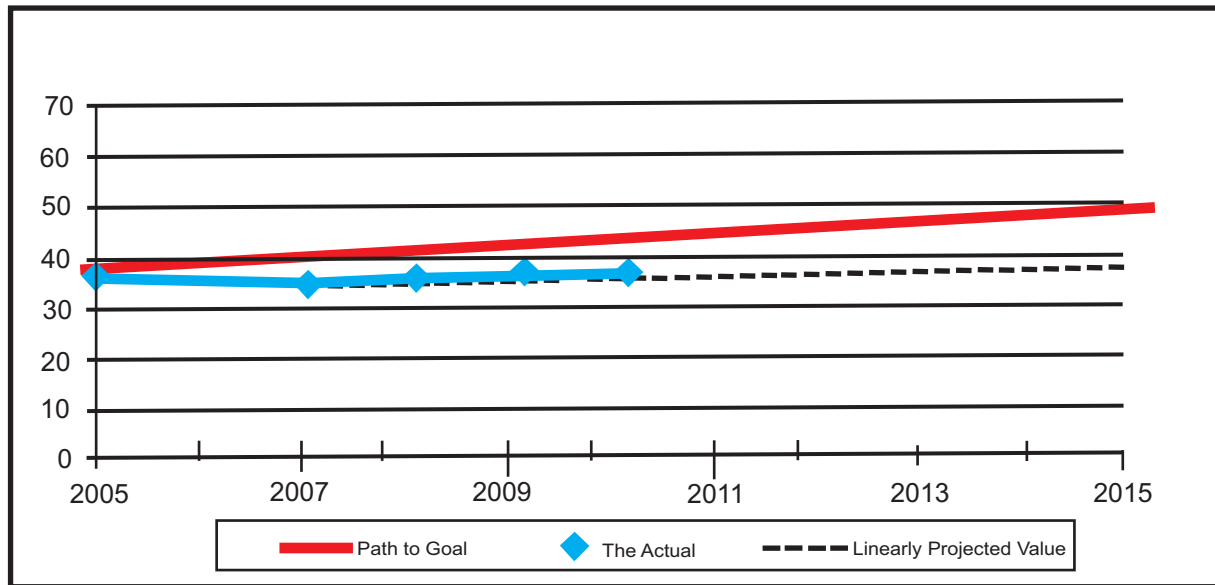
Source: UNISWA; administrative records (2005-2010), SCOT; administrative records (2005-2010)

Indicator 3.6 Number of women in decision making positions

The total labour force in the country in 2007 was 310 450 of which 143 049 were females whilst in 2010 the total force was 327 467 and 172 152 were females. A shift from the normal was observed in the labour force where the number of men declined from 167 401 in 2007 to 155 315 in 2010 indicating that more females were added in the labour force than males. In Table 3.4, it is observed that most females are employed in jobs like clerks, service workers/market sales and elementary occupation.

Despite progress made in this indicator, there is still need to further explore other leadership roles in the public sector. In the current cabinet's tenure lasting 2008-2013, there has been a significant improvement in female ministers accounting for a 25% representation compared to the 20% in the former cabinet tenure period (2003-2008). This shows that leadership positions in government are still male dominated and there is a need to ensure that capable females and males are given equal opportunities.

Table 3.4 Number of Women in Decision Making Position

OCCUPATION	2007		2010	
	MALE	FEMALE	MALE	FEMALE
Legislators, senior officials, managers	5109	3192	6245	3524
Professionals	8599	8391	11650	51010
Technicians and associate professionals	6615	6961	4308	2291
Clerks	7589	13760	2880	4700
Service worker, shops and market sales	15841	11336	18046	24641
Skilled agricultural and service workers	8290	6000	3219	1971
Craft and related trade workers	24060	17667	17795	11089
Plant and machines assemblers	18538	3950	13635	5590
Elementary occupation	31280	28065	24535	23529

Source: MLSS; LFS (2007&2010)

SUPPORTIVE ENVIRONMENT

✎ The following are considered the key contributors to the success so far made towards achieving the MDGs in the country.

The strategic positioning of the Gender and Family Issues Unit in the Deputy Prime Minister's Office is a major contributor to the progress made towards achieving this goal.

His Majesty the King signed the SADC Protocol on Gender and Development, which shows the country's commitment to promotion of gender equality and equity

The National Gender Policy has been approved and is operational.

The Domestic Violence Child Protection and Sexual Offences Unit have been established in all 24 police stations, one police post, and preparations to include other posts are underway.

The establishments of the toll free lines, 9664 for education, 999 for police, and 975 for human trafficking have all assisted in curbing gender-related violence.

Placement of career guidance officers at the regional offices has helped improve gender sensitivity.

KEY BOTTLENECKS
CONSTRAINING PROGRESS
AND HOW TO ADDRESS THEM

The constraining factors to progress and the strategies for addressing them are hereby highlighted.

Violence against female children: According to a UNICEF's Study on Violence against Children in Swaziland (2007), violence against female children is prevalent. Approximately 1 in 3 females experienced some form of sexual violence as a child; nearly 1 in 4 female's experienced physical violence as a child; and approximately 3 in 10 females experienced emotional abuse as a child. However, 1 in 7 survivors will report a case. Boyfriends and husbands were the frequent perpetrators of sexual violence; male relatives (other than the victims' fathers) were the frequent perpetrators of physical violence; and female relatives were the frequent perpetrators of emotional abuse. Incidences of sexual violence frequently occurred in the home of the respondent, friend, relative or neighbour. Strengthening of the National children coordinating Unit (NCCU) in both human and financial resources as well as enforcing stakeholder participation will enhance progress in dealing with children's issues.

? **Gender-based violence (GBV):** Women and girls as well as orphans and vulnerable children are marginalized in the political and socio-economic environments. Such treatments make them susceptible to HIV/AIDS, incest, abuse and rape. Women are more likely to become infected than men through sexual contact and as primary care givers. Gender disparities exacerbate the problem by reducing women's voice and choice in issues such as safe sex negotiations as well as sexual and reproductive rights.

Legislation: Several pieces of legislation not yet enacted are hindering progress in terms of dealing with disparities that exist. Some of the Acts that are not yet finalised include the Sexual Offences and Domestic Violence Bill, the Administration of Deceased Estate Act, and the Marriage Act. Lack of such legal frameworks limits guidance and development of appropriate strategies in these areas leading to feminization of poverty.

Legal Access: Although women legal rights are recognised by the 2005 constitution. However, women married in community of property still face limitations. Such marriage classifies them as minors and therefore they cannot register and own land in their own names. This issue has been addressed in the Deeds Registry Bill which has recently received the King's Assent. Much still needs to be done to sensitise the traditional leaders about constitutional provisions on land in order to improve women's access to Swazi Nation Land.

Lack of Data: There is a general lack of data in the field of gender especially gender disaggregated data. There is need to undertake gender specific research to procure this data for better programming.

Inadequate Gender Management Systems: Gender mainstreaming systems are weak. There is need for strengthening institutional mechanisms for gender mainstreaming at national level in all tiers of government and in the private sector.

Lack of Forensic laboratories in the country causes delays as all samples are taken to South Africa for analysis.

HOW SWAZILAND WILL ACCELERATE PROGRESS IN THIS MDG

The private sector and civil society need support government initiatives by also investing in gender issues in the country.

The Gender Unit should be strengthened with the injecting of human and financial resources as well as institutionalisation of the gender focal points in both private and public sectors.

There is a need to establish career guidance teaching posts in all schools.

Gender responsive planning and budgeting is required to encourage gender-responsive expenditure at all levels to ensure equal benefits from service delivery.

MDG 4: REDUCE CHILD MORTALITY

Table 4.1 Status and Trends

MDG INDICATORS		BASELINE FIGURE	STATUS IN 2012	2015 TARGET	STATUS AT GLANCE
TARGET 4. A: REDUCE BY THREE QUARTERS, BETWEEN 1990 AND 2015, THE UNDERFIVE MORTALITY RATE					
4.1 Under-five mortality rate		89 (1991)	104 (2010)	30	Acceleration needed
4.2 Infant mortality rate		72 (1990)	79 (2010)	24	Acceleration needed
4.3 Proportion of 1 year- old children immunised against measles		85 (1990)	80 (2011)	80	Achieved

TARGET 4.A REDUCE BY TWO-THIRDS, BETWEEN 1990 AND 2015, THE UNDER-FIVE MORTALITY RATE

Table 4.2 Mortality and Immunization, Actual and Target 1990-2015

Mortality Group	Year										
	1990	1991	1997	2000	2003	2007	2008	2009	2010	2011	2015
4.1 Under-five mortality rate Per 1000 live births		89	106	122		120			104		30
4.2 Infant mortality rate		72	78	87		85			79		24
4.3 Proportion of 1 year-old children immunised against measles	85		94	72	94	60	68.7	72	77	80	100

Sources: CSO; SDHS (1991 & 2007), SPHC (1997), MICS (2000&2010), MOH; SEPI Annual Reports, UNICEF (2010)

The under-five mortality rate (UMR) is the probability (expressed as a rate per 1,000 live births) of a child born in a specified year dying before reaching the age of five if subject to current age-specific mortality rates.

Although UMR remains high, there was a great improvement in this indicator in 2010 as illustrated in Figure 4.1. The country was able to reduce UMR by 16 deaths per 1000 live births from 120 in 2007 to 104 in 2010, which was the first significant decline since 1990. Major contributing factors include the intensification of the delivery of high impact child survival interventions such as immunization. The interventions include introduction of new vaccines, Vitamin A supplementation, universal Long Lasting Treated Insecticide Nets (LLTIN), Tuberculosis (TB) interventions such as provision of IHN, education on feeding practices of TB infected breastfeeding mothers. It also includes making pregnant women take HIV/AIDS test, which is the entry point to Prevention of Mother to Child Transmission (PMTCT) of HIV. This has also contributed to the decline in HIV incidence among the reproductive age group (15 -49) from 2.82 percent in 2008 to 2.66 percent in 2009(UNAIDS, 2010).The country needs to strengthen and scale-up all high impact health interventions in order to reduce the UMR to the targeted 30 deaths per 1000 live births by 2015.

Figure 4.1 Under Five Mortality Rate (Number of Deaths per 1000 Live Births) 1990-2015
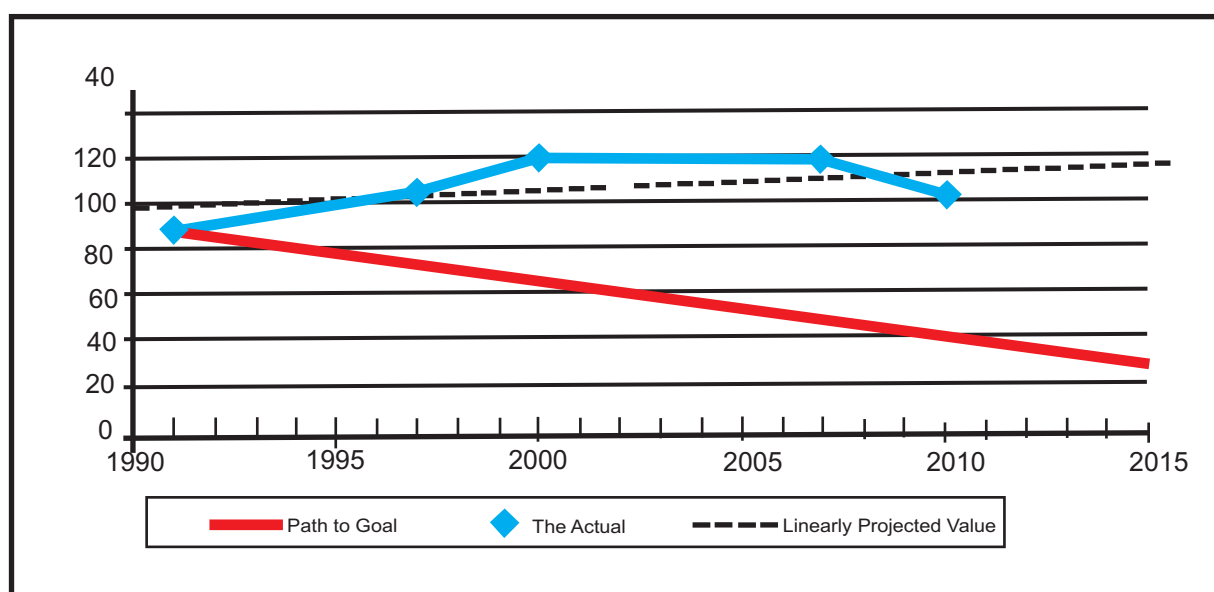
Sources: CSO; SDHS (1991 & 2007), SPHC (1997), MICS (2000&2010), MOH; SEPI Annual Reports, UNICEF 2010

Infant mortality rates (IMR) is the probability of dying between birth and exactly one year of age expressed per 1,000 live births. Causes of UMR and IMR are similar and so are the interventions targeted at reducing them. There was a decline in IMR in 2010 by 6 deaths per 1000 live

births to 79 deaths compared to 85 deaths in 2007(Figure 4.2). HIV/AIDS, infectious diseases (pneumonia), diarrhoea, and neonatal conditions are still the main causes of both UMR and IMR. In order to achieve the target of two-thirds IMR by 2015, the country needs to reduce infant deaths by 55 per 1000 births.

Figure 4.2 Infant Mortality Rate (Number of Deaths per 1000 Births) 1990-2015
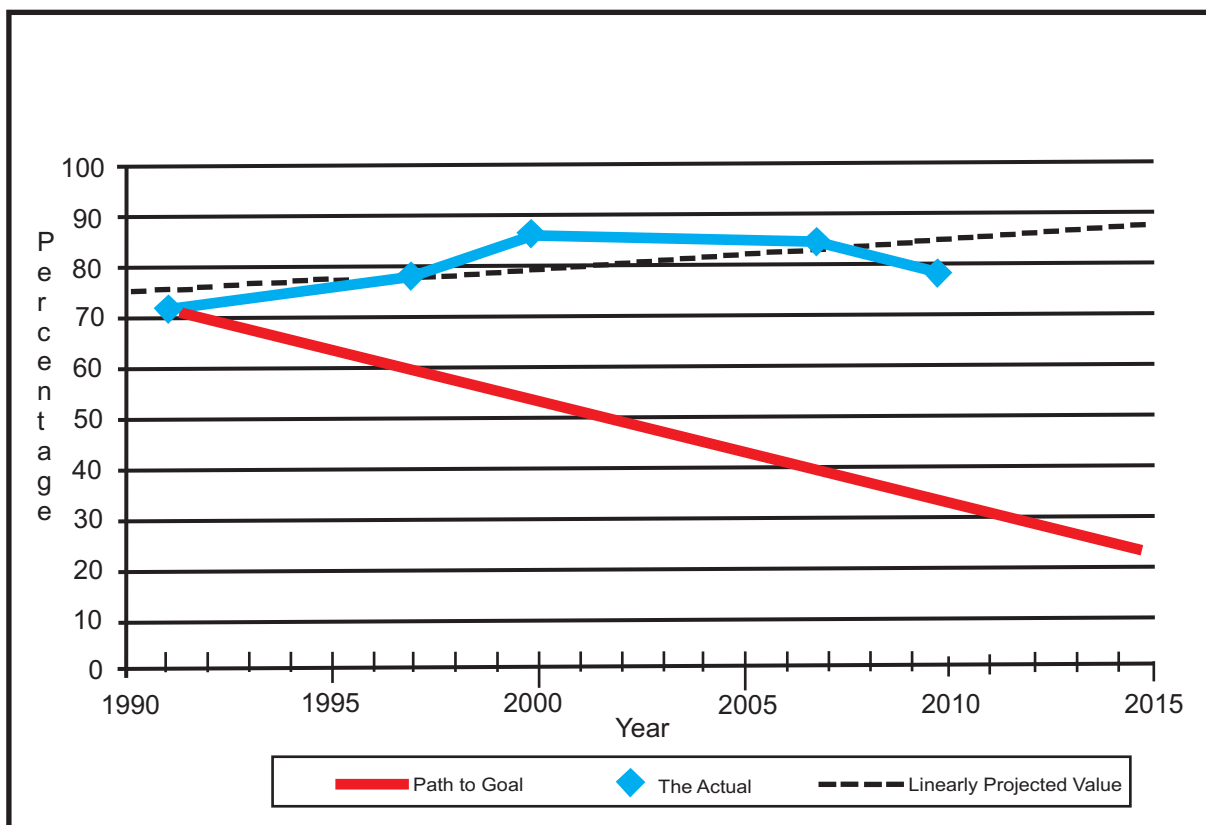
Sources: CSO; SDHS (1991 & 2007), SPHC (1997), MICS (2000& 2010), MOH; SEPI Annual Reports, UNICEF (2010)

There has been an increase in the proportion of infants who received measles vaccine since 2008 as illustrated in Figure 4.3 where a minimum set target of 80% was achieved in 2011. The trend necessitates that the country

maintains the increase in measles coverage in order to reach the new target of 100 percent by 2015 through implementation of the measles elimination strategy 2012 – 2020.

Figure 4.3 Proportion of One Year-Old Children Immunised Against Measles 1990-2015
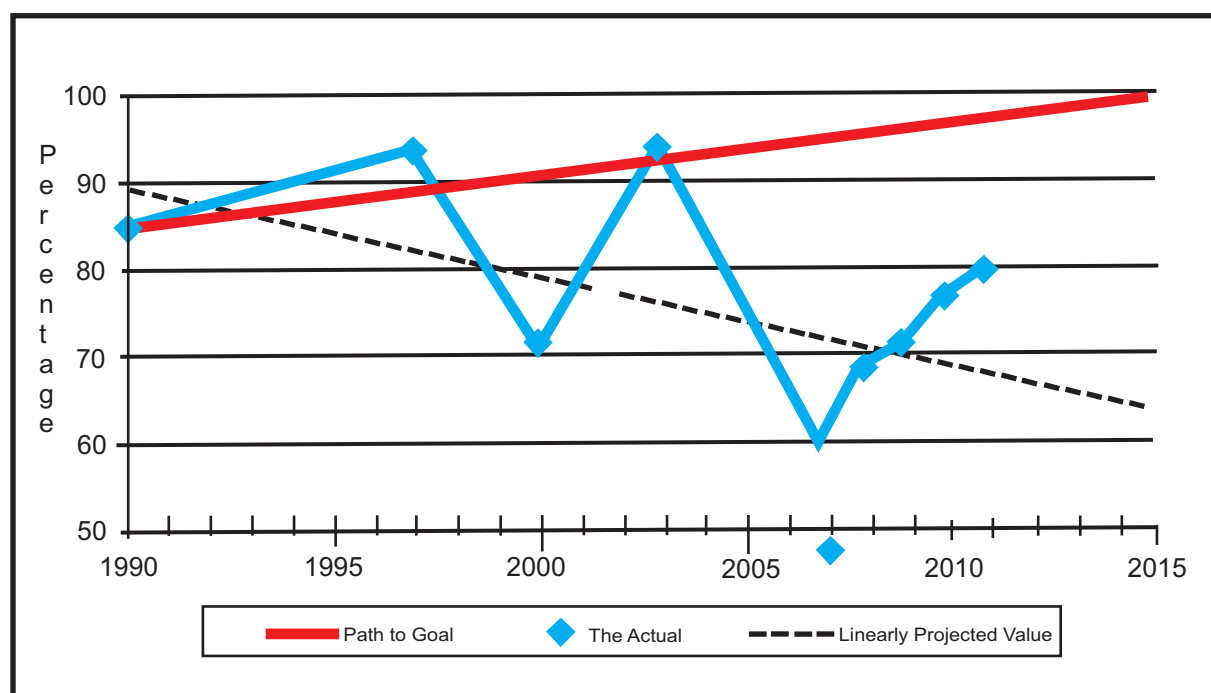
Sources: CSO; SDHS (1991 &2007), SPHC (1997), MICS (2000 & 2010), MOH; SEPI Annual Reports, UNICEF (2010)

COUNTRY'S SPECIFIC MDG INDICATORS

Table 4.3 Impatient Admissions for Diarrhea and Pneumonia Cases for Children (0-5 Years)

Disease cases	Year										
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2015
4.4 Diarrhoea cases among children	377	162	148	114	112	163	165	175	211	234	188
4.6 Pneumonia cases among children	1250	934	1214	1210	1292	1446	1319	1094	1354	1366	625

Source: MOH; M&E database (2011)

Pneumonia is an inflammation of the lungs caused by bacteria, viruses or chemical irritants. It is a serious infection in which air sacs in the lungs fill with pus and other liquids. Diarrhoea is the condition of having three or more loose or liquid bowel movements per day.

Figure 4.4 Inpatient Admissions for Diarrhea and Pneumonia Cases for Children (0-5 Year-Olds)
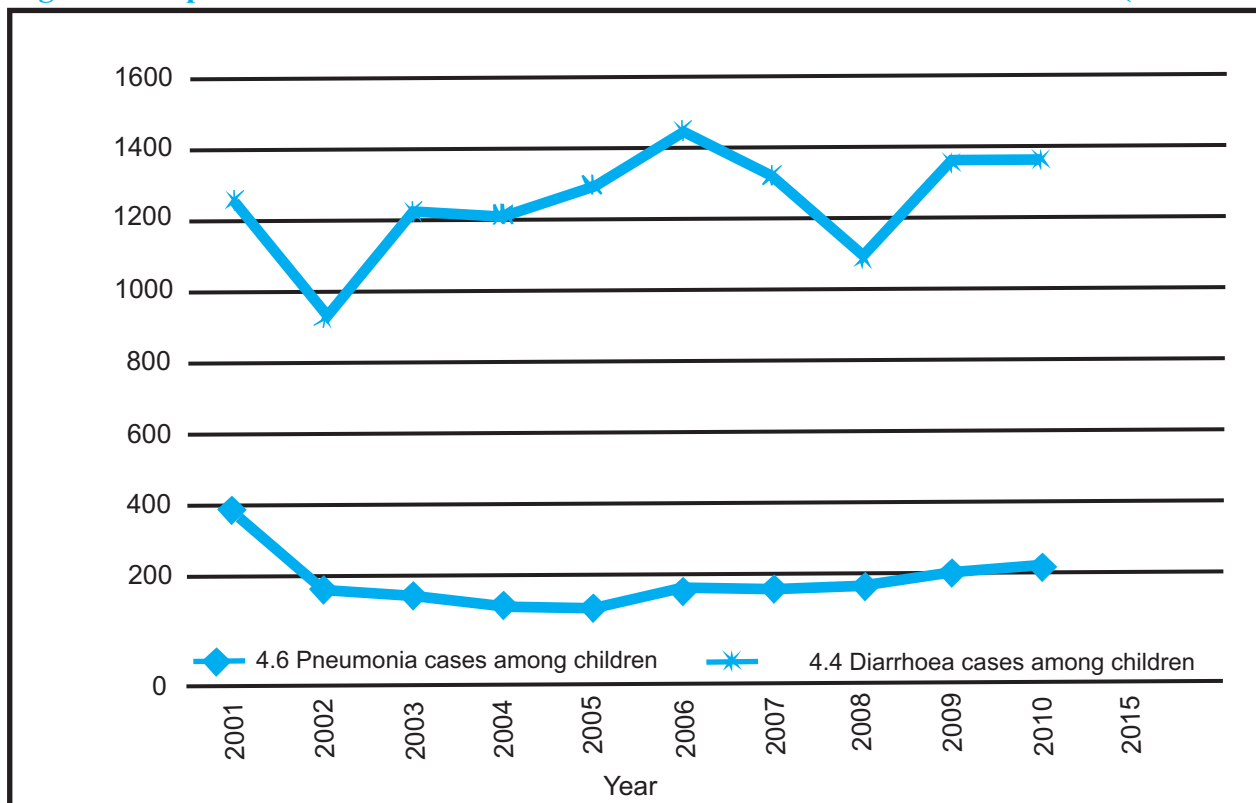
Source: MOH; M&E database (2011)

In view of the population and size of the country, pneumonia and diarrhoea cases are high compared to world standards. In 2002, there was a major decline in the number of cases for diarrhoea and pneumonia. A visible increase in pneumonia cases was observed during the period 2008 to 2010 when cases of the disease rose from 1094 to 1366 respectively (Figure 4.4).

Indicator 4.5: Reduce child mortality associated with diarrhoea and pneumonia

Diarrhoea and pneumoia are common causes of infant deaths in developing countries and the second most common cause of infant deaths worldwide. The loss of fluids through diarrhoea can cause dehydration and electrolyte imbalances.

As indicated in Table 4.4, between 2005 and 2006 deaths associated with diarrhoea rose from 9 to 43 and pneumonia of 248 to 313 respectively among children within the age of 0 to 5 years. Significant improvements in death reduction for pneumonia were realised in 2010 with a drop from 377 in 2009 to 283 in 2010. However, the opposite is true in diarrhoea cases where there was an increase from 20 in 2009 to 24 in 2010.

Table 4.4 Impatient Deaths Associated with Diarrhea and Pneumonia among Children (0-5 Years)

Years	Deaths associated with Diarrhoea among children	Deaths associated with Pneumonia and other lung infections among children	Total
2001	30	245	275
2002	13	153	166
2003	9	260	269
2004	8	252	260
2005	9	248	257
2006	43	313	356
2007	36	303	339
2008	29	179	208
2009	20	377	397
2010	24	283	307
2015	15	123	

Source: MOH; M&E database (2011)

INEQUALITY ANALYSIS

Table 4.5 IMR and UMR Across Regions

Region	Infant mortality rate	Under-five mortality rate
Hhohho	57	78
Manzini	86	114
Shiselweni	81	108
Lubombo	73	94
Residence		
Urban	77	102
Rural	74	98

Source: CSO (2010a)

The MICS 2010 report showed that there is no significant difference in IMR and UMR according to rural and urban settings, implying that the risk of dying early remains the same in both settings. Differentials in mortality levels by region are somewhat larger. Manzini has the highest mortality levels in both UMR (114 deaths per 1000 live births) and IMR (86 deaths per 1000 live births) whilst Hhohho has the lowest for both UMR (78 deaths per 1000 live births) and IMR (57 deaths per 1000 live births (Table4.5). This could be the result of low post-neonatal mortality rates in the latter region.

Table 4.6 Preparation of one Year Old Children Immunised Against Measles

Region	Proportion of 1 year old children immunised against measles (%)
Hhohho	78
Manzini	78
Shiselweni	95
Lubombo	75

Source: MOH; SEPI Annual Report. (2011)

The immunisation rate for the three regions Hhohho, Manzini, and Lubombo are below the minimum level of 80 per cent, which raises predisposes the regions to the risk of measles virus transmission. Shiselweni has highest (95 per cent) coverage of infants immunised against measles (Table 4.6). One of the contributing factors towards this high coverage stems from maximising the use of available resources within the region to reach all infants by using an integrated package of immunisation services.

Deaths associated with diarrhoea and pneumonia among children

Swaziland as a developing country is still facing the same challenges of cases and deaths associated with diarrhoea and pneumonia as other developing countries in the sub-Saharan region. Although there are improvements, there is still need to intensify initiatives aimed at reaching the target of 123 deaths by 2015 and to reverse the situation in deaths associated with diarrhoea to attain the targeted number of 15 deaths.

SUPPORTIVE ENVIRONMENT

Among the supportive policies and actions that have contributed positively to the country's performance include:

The presence of the National Health Policy, Health Sector Strategic Plan and Annual Action Plans gives the required framework to address issues of child mortality.

Integrated Child Survival Interventions have been defined and are being followed where possible.

There is universal access to PMTCT services that are critical in the reduction of child and infant mortality.

Establishment of structures for delivery of child survival interventions.

Introduction of Essential Health Care packages for children according to levels.

There have been challenges on the drug chain management system. Efforts to address this problem have been instituted. These include the introduction of pharmacists at the lower levels to effectively address and manage medicine supply, strengthen the procurement unit to fast-track the procurement of medicines and pharmaceuticals. The expansion of the electronic drug management system to cover all medicine and pharmaceutical supplies have enhanced the management of medicines resulting in reduced stock-outs.

KEY BOTTLENECKS CONSTRAINING PROGRESS AND HOW TO ADDRESS THEM

Access to outreach services: The non-regular access to outreach services is a challenge and there is need to make sure that budget allocation covers this area to ensure that the rural population has access to these services.

NEW CHALLENGES

In spite of the achievements so far made, there are still new challenges, which include the following:

Epidemics (new and re-emerging childhood communicable diseases) such as measles and TB. There is need to increase awareness and epidemic preparedness and responses.

HIV/AIDS pandemic has worsened child and infant mortality cases. The continued fight against HIV/AIDS is critical in the fight against child and infant mortality.

Capacity to deal with issues of child and infant mortality has been further weakened by the recent global economic recession.

HOW SWAZILAND WILL ACCELERATE PROGRESS IN THIS MDG

In order to maintain the path of progress, the country plans to:

Accelerate the pace of implementation of High Impact Child Survival Interventions which have proven to work well as far as reducing infant and child mortality is concerned.

Implement the Integrated Community Management of Childhood illnesses to improve delivery of child survival interventions to disadvantaged populations.

Increase the advocacy of communication and social mobilisation of child survival integrated services.

Review and strengthen Primary Health Care Strategy and Programming.

Intensify surveillance of epidemic prone childhood diseases such as measles, TB and A/H1N1.

Monitoring and evaluation of all health interventions.

Improve health infrastructure for effective health service delivery.

MDG 5
IMPROVE MATERNAL HEALTH

MDG5: IMPROVE MATERNAL HEALTH

Table 5.1 Status and Trends

MDG INDICATORS	BASELINE FIGURE	2012 STATUS	2015 TARGET	STATUS AT GLANCE
TARGET 5.A: REDUCE BY THREE QUARTERS BETWEEN 1990 AND 2015, THE MATERNAL MORTALITY RATIO				
5.1 Maternal mortality ratio per 100 000 live births	370 (1995)	320 (2010)	92	Acceleration Required
5.2 Proportion of births attended by skilled health personnel (%)	70 (2000)	82 (2010)	100	On track
TARGET 5.B ACHIEVE, BY 2015, UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH				
5.3 Contraceptive prevalence rate: Married or in union	59.3 (2007)	65.2 (2010)	-	-
5.4 Adolescent birth rate	111 (2007)	89 (2010)	-	-
5.5 Antenatal care coverage (at least one visit and at least four visits)	97 (2007)	96 (2010)	100	On track
5.6 Unmet need for family planning	-	13 (2010)	-	-

TARGET 5: REDUCE BY THREE-QUARTERS, BETWEEN 1990 AND 2015, THE MATERNAL MORTALITY RATIO

Table 5.2 Status of Mortality and Immunization, Actual and Targets 1995-2015

Indicator	Year					
	1995	2000	2002	2007	2010	2015*
5.1 Maternal mortality ratio per 100,000 live Births	370	370	229	589	320	92
5.2 Proportion of births attended by skilled health personnel (%)	-	71.5	74.0	74.3	82.0	100
5.3 Contraceptiveprevalence rate: Married or in union	-	88.7	-	59.3	65.2	-
5.4 Adolescent birth rate	-	-	-	111	89	-
5.5 Antenatal care coverage (at least one visit and at least four visits)	-	-	-	96.9	96.8	-
5.6 Unmet need for family planning	-	-	-		13.0	-

Source: UN; HDR 2003, UNICEF (2004), CSO: MICS (2000& 2010), SDHS (2007), Inter-Agency Group for Maternal Mortality Estimates; WHO, UNICEF, UNFPA and the World Bank (2010)

Indicator 5.1: Maternal mortality ratio

The Maternal Mortality Ratio (MMR) is the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births.

MMR in the country is still high when compared with other countries in the Sub-Saharan region and by world standards. Figure 5.1 shows that in 2007, there were 589 deaths per 100,000 live births up from 370 deaths in 1995. In order to meet the target, MMR should at least be reduced to 92 deaths

by 2015. The sharp increase in 2007 could be attributed to the high level of HIV/AIDS (26.1 percent) amongst the reproductive age group (15-49). Other causes include severe bleeding after childbirth, infections, hypertensive disorders and unsafe abortions. However, estimates developed by the Inter-Agency Group for Maternal Mortality Estimates (WHO, UNICEF, UNFPA, and the World Bank, 2010) indicate a great improvement. MMR decreased to 320 deaths in 2010, due to increased intervention measures implemented by government, development partners, and other key players after the 2007 climax.

Figure 5.1 Maternal Mortality Ratio (Per 100,000 Live Births) 1990-2015
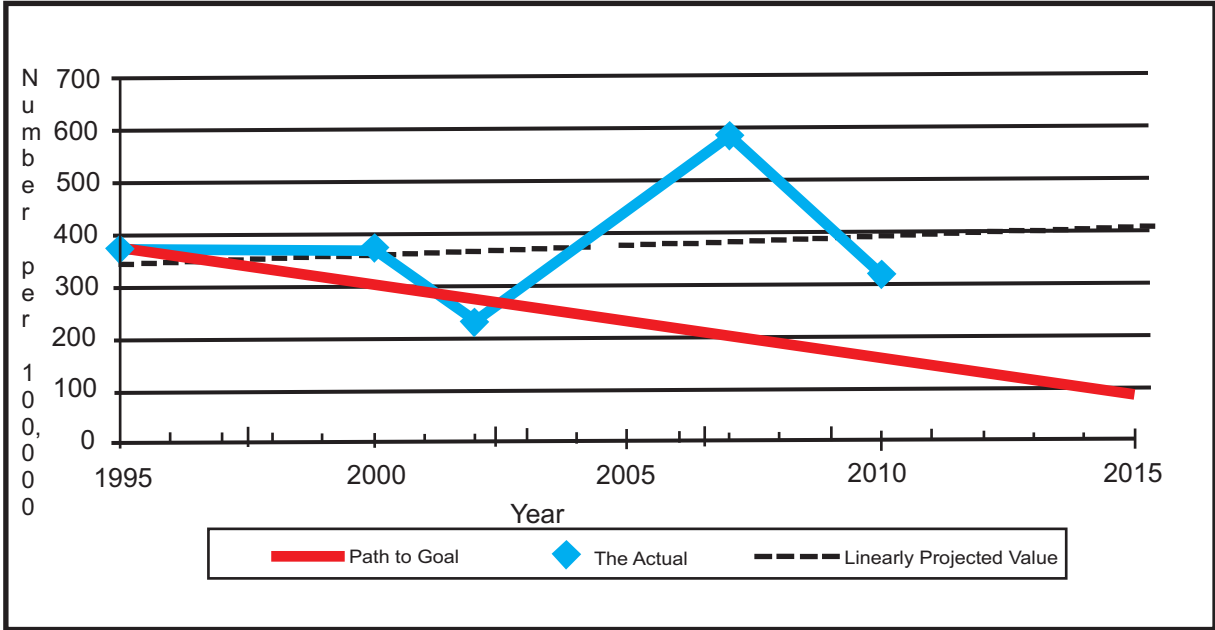
Source: UN; HDR (2003), UNICEF (2004), CSO; MICS (2000& 2010), SDHS (2007), Inter-Agency Group for Maternal Mortality Estimates; WHO, UNICEF, UNFPA and the World Bank (2010)

Indicator 5.2: Proportion of births attended by skilled health personnel

Percentage of births attended by skilled health personnel (doctors, nurses or midwives) is the proportion of deliveries attended by health personnel trained in providing lifesaving obstetric care, including giving the necessary supervision, care and advice to women during pregnancy, labour and the post-partum period.

The proportion of births attended by skilled health personnel improved significantly from 74.3 percent in 2007 to 82 percent in 2010. This is by far the highest percentage the country has recorded since 2000. The improvement made over the three year period, in increasing the percentage by 7.7 indicates that the country has the potential to reach the 100 percent target by 2015. The increase in the proportion of births attended by skilled personnel has contributed to the decline in maternal mortality.

Figure 5.2 Proportion of Births Attended by Skilled Health Personnel (% of Total) 1990-2015
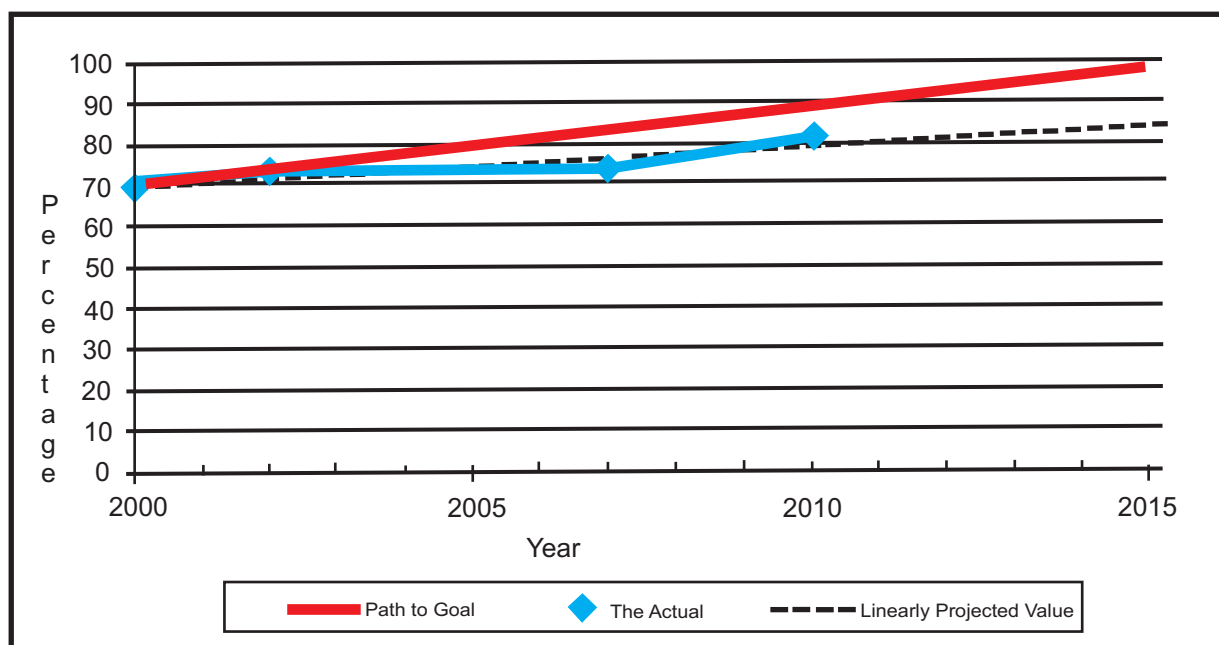
Source: CSO; SPHC VOL.4, (1994), SDHS (2007),MICS (2000 & 2010)

TARGET 5.B ACHIEVE, BY 2015, UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH

Indicator 5.3 Contraceptive prevalence rate

Contraceptive prevalence rate is the proportion of women, married or in union, of reproductive age (15 to 49 years) using a contraceptive method.

Indicator 5.4 Adolescent Birth Rate

The Adolescent Birth Rate (ABR) measures the annual number of births to women 15 to 19 years of age per 1,000 women in that age group. It is also referred to as the age-specific fertility rate for women aged 15-19 years.
In 2007 it was reported that 23 percent (CSO; SDHS, 2007) of teenagers have started childbearing; 19 percent have had a live birth and 4 percent are pregnant with their first

Table 5.3 shows that contraceptive prevalence rate was 51 percent for the married group and 68 percent for the sexually active unmarried women (CSO: SDHS, 2007). This could be attributed to the greater use of the male condoms. However recent data from the Multiple Indicator Cluster Survey (CSO: MICS, 2010) shows a slight decline to 49.3 percent.

child. In total, the country has 45 percent of teenagers who are either mothers or pregnant with their first child. Latest data from (CSO; MICS, 2010) indicates that ABR is 89 percent. When one considers that teenage pregnancy is associated with higher morbidity and mortality, reducing it will have positive effect on both MDGs 4 and 5.

Indicator 5.5 Antenatal care coverage

Antenatal care coverage (ANC) is the percentage of women who used antenatal care provided by skilled health personnel for reasons related to pregnancy at least once during pregnancy, as a percentage of live births in a given time period.

The country is likely to achieve the 100 percent target by 2015 although recent data shows a slight decline. In 2007 ANC was 96.9 percent (CSO;SDHS, 2007) and dropped slightly to 96.8 in 2010 (CSO; MICS, 2010). ANC has an effect in reducing child and maternal mortality as it constitutes screening for health and socioeconomic conditions likely to increase the possibility of specific adverse pregnancy outcomes, providing therapeutic interventions known to be effective, educating pregnant women about planning for safe birth, emergencies during pregnancy, and how to deal with them.

Indicator 5.6 Unmet need for family planning

The unmet need for contraception refers to fecund women who are not using any method of contraception, but who wish to postpone the next birth or wish to stop child bearing altogether.

According to the 2010 MICS, the overall unmet need for contraception is 13.0 percent for women who are currently married (in union), fecund (are currently pregnant or they think they are physically able to become pregnant), currently not using contraception, and want to limit their births.

INEQUALITY ANALYSIS

Table 5.3 Contraceptive Prevalence Rates, Proportion of Births Attended by Skilled Health Personnel (%) and Unmet Family Planning Need

Region	Contraceptive prevalence rate		Proportion of births attended by skilled health personnel (%)	Unmet need for family planning
	Married or in union	**All women**		
Hhohho	62.7	48.7	82.2	13.8
Manzini	69.1	53.5	90.3	11.4
Shiselweni	63.7	45.6	78.4	14.3
Lubombo	63.3	47.3	72.3	13.7
Residence				
Urban	71.6	56.0	89.3	-
Rural	62.5	46.6	79.6	-

Source: CSO; MICS (2010)

The contraceptive prevalence rate is high among women married or in union in the regions and among rural and urban dwellers. The access to family planning services and distribution of health skilled personnel is however biased towards the urban areas due to relatively more facilities. Hhohho and Manzini regions both have high proportion of births attended by skilled health personnel and are better equipped compared to the other regions.

SUPPORTIVE ENVIRONMENT

Several factors have contributed to the progress the country has made towards achieving the goals. Among these factors are:

The prioritization of the health sector places the health MDGs at an advantage with respect to budget support and financial resources mobilization.

The launch of the CARMMS in 2010 coupled with procurement of equipment to facilities of focus.

Training for emergency on obstetric care and guidelines for health care workers have been developed.

There is maternal and child health for the vulnerable populations' project.

There is maternal and child health for the vulnerable populations' project.

There is the PhilaUphephe project on linking HIV and sexual and reproductive health in the country.

Reviving the practice of circumcision practice. Circumcision has been scientifically proven to significantly reduce chances of one getting HIV through sex.

There is political will on the part of government to work on this MDG.

Existance of the Health Sector Policy and Health Sector Strategic Plan

Successful and proven interventions that deal with Maternal Health implemented by the sector

Abolishment of antenatal and postnatal care charges at the Public Health Centres.

The country has set up a monitoring system where all maternal deaths are reported and a formal audit of the cause of death is instituted. This has enhanced corrective interventions to minimise the deaths. The country has further introduced transportation vouchers for pregnant women when labour starts. This reduces home deliveries and minimises maternal deaths.

KEY BOTTLENECKS CONSTRAINING PROGRESS AND HOW TO ADDRESS THEM

The areas where bottlenecks have been experienced in achieving this goal in the country are highlighted in the succeeding section.

Distance to the health facilities: The standard distance to a health facility should be at most within an 8 km radius. However, this is not the case in some rural areas. The longer the distance a pregnant woman travels before reaching a health facility, the higher the risk of maternal mortality especially during delivery periods. The Government has made remarkable efforts but there is need to intensify the implementation of this activity.

NEW CHALLENGES

HIV and AIDS have been identified as posing new challenges. The disease is seen to have

HOW SWAZILAND WILL ACCELERATE PROGRESS IN THIS MDG

To accelerate and maintain the pace of progress the country plans to embark on:

Access to health care: Some women cannot access health care beyond the stipulated health facility operating hours. The government is in a process of establishing police posts to offer security which will allow for the provision of health services for 24 hours.

Maternity units: Maternity units in some rural areas lack basic equipment and supplies for emergency obstetric care. The government and her partners have made concerted efforts to improve the status of maternity units by providing maternity equipment to rural clinics. This is work in progress.

Limited Skilled Human resource: inadequate human resource to manage obstetric emergences.

great impact on maternal mortality and remains a challenge. Thus, there is a need to strengthen the integrated approaches that have been developed to deal with it.

Training of midwives at advanced level;

Staffing of health facilities according to the national staffing norms;

Mentoring of service providers on maternal care.

MDG 6
COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

MDG 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Table 6.1 Status and Trends

MDG INDICATORS	BASELINE FIGURE	STATUS IN 2012	2015 TARGET	STATUS AT GLANCE
TARGET 6.A: HAVE HALTED BY 2015 AND BEGAN TO REVERSE THE SPREAD OF HIV/AIDS				
6.1 HIV prevalence among population aged 15-24 years	14.3 (2007)	-		Acceleration required
6.2 Condom use at last high risk among age group 15-24 years	62.3 (2007)	81.9 (2010)	100	On track
6.3 Proportion of population aged 15 – 24 years with comprehensive correct knowledge of HIV/AIDS	52.2 (2007)	56.7 (2010)	100	Acceleration required
6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	0.97 (2007)	0.99 (2010)	1.1	On track
TARGET 6.B: ACHIEVED BY 2010, UNIVERSAL ACCESS TO TREATMENT FOR HIV/AIDS FOR ALL THOSE WHO NEED IT				
6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs	42.1 (2007)	85.1 (2011)	100 (2010)	On track
TARGET 6.C: HAVE HALTED BY 2015 AND BEGAN TO REVERSE THE INCIDENCE OF MALARIA AND OTHER MAJOR DISEASES				
6.6a Incidence rate associated with malaria	432 (1990)	46.9 (2011)	0	On track
6.6b Death rate associated with malaria	6.1 (2001)	0.3 (2011)	0	Achieved
6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets	0.7 (2007)	30.1 (2011)	100	Acceleration required
6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs	0.6 (2007)	-	100	-
6.9a: Incidence rates associated with tuberculosis Indicator	267 (1990)	1287 (2010)	133.5	Acceleration required

TARGET 6.A: HAVE HALTED BY 2015 AND BEGUN TO REVERSE THE SPREAD OF HIV/AIDS

Indicator 6.1: HIV prevalence among population aged 15-24 years

24 years is the percent of people with HIV infection among all people aged 15-24 years. In 2007 according to the SDHS (CSO, 2007), the prevalence rate was 14.3 percent.

There is presently no time series data on this indicator. Although the country is classified amongst the countries with the highest HIV prevalence, a lot of interventions have been made such as the wide scale distribution of condoms.

Indicator 6.2: Condom use at last high-risk sex

Condom use at last high-risk sex is the percentage of young men and women aged 15 to 24 reporting the use of a condom during sexual intercourse with a non-cohabiting, non-marital sexual partner in the last 12 months.

This indicator as well as Indicator 6.3 (Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS) has significant effect on Indicator 6.1 (HIV prevalence among

population aged 15-24 years). An improvement in the former indicators can lead to major reduction in HIV prevalence. Thus, an overall improvement in Target 6.A (Halted by 2015 and begun to reverse the spread of HIV/AIDS). According to SDHS (CSO, 2007) 54.2 and 70.4 of women and men respectively confirmed to have used a condom at last high-risk sex. However, latest figures (CSO: MICS, 2010) indicate a significant improvement on this percentage among women and men to 73.1 percent and 90.6 percent respectively.

Indicator 6.3: Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS

The proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS is the percentage of young persons aged 15 and 24 who correctly identify the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex partners to one faithful, uninfected partner) who reject the two most common local misconceptions about HIV transmission; and who know that a healthy-looking person can transmit HIV.

According to the SDHS and CSO(2007), 52.3 percent of men and 52.1 percent of women had comprehensive knowledge of HIV and AIDS. Latest data indicates a slight increase to 58.7 percent among women and 54.6 percent among men in 2010 (CSO, 2010a). The decline in HIV prevalence from 38.1 percent in 2008 to 34.7 percent in 2010 could be partly attributed to the increase in the number of people within this age group with comprehensive knowledge about HIV and AIDS.

The ratio of the current school attendance of orphans to school attendance of non-orphans aged 10 to 14 years is defined as the ratio of the current school attendance rate of children aged 10 to 14 years whose biological parents have died to the current school attendance rate of children aged 10 to 14 years whose parents are still alive and who currently live with at least one biological parent.

The ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years was 1.01 in 2007 (CSO; SDHS, 2007) and decreased to 0.99 in 2010 (CSO; MICS, 2010).

TARGET 6.B: ACHIEVE, BY 2010, UNIVERSAL ACCESS TO TREATMENT FOR HIV/AIDS FOR ALL THOSE WHO NEED IT

Indicator 6.5: Proportion of population with advanced HIV infection with access to antiretroviral drugs

This proportion is the percentage of adults and children with advanced HIV infection currently receiving antiretroviral therapy according to nationally approved treatment protocols among the estimated number of people with advanced HIV infection.

The country is progressing well in this indicator and is likely to meet the target before the target-year (2015) as illustrated in Figure 6.1. The sharp decrease in 2009 could be attributed to the review of CD4 count criteria from 200 to 350 of HIV patients to start ART treatment, that lead to more people enrolled into ART. By the end of 2011, 72,402 people were actively on treatment constituting of 85.1% of the total number of people in need of ART receiving treatment (denominator based on CD4<350 eligibility criteria).

Figure 6.1 Proportion of Population with Advanced HIV Infection with Access to Antiretroviral Drugs 1990-2015
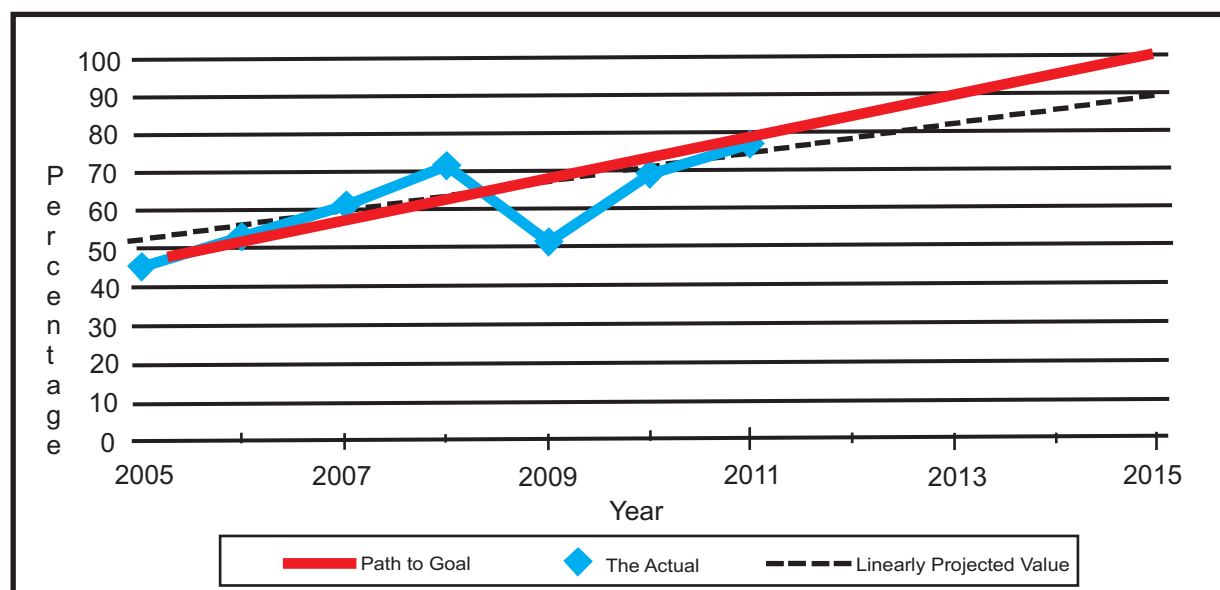
Source: MOH; M&E database (2011)

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Table 6.2 HIV Prevalence, Condom Use at Last High Risk Sex and Proportion of Population aged 15-24 Years with Comprehensive Correct Knowledge of HIV/AIDS

Location	HIV prevalence among population aged 15-24 years	Condom use at last high risk sex		Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	
		Males	Females	Males	Females
Hhohho	17.0	92.9	78.0	54.3	60.4
Manzini	13.5	89.9	75.9	60.8	64.0
Shiselweni	13.4	89.9	66.6	50.1	54.8
Lubombo	13.4	89.5	71.9	48.8	51.7
Residence					
Urban	**17.9**	**87.4**	**80.5**	**64.3**	**70.2**
Rural	**13.3**	**92.1**	**70.5**	**50.0**	**54.1**

Source: CSO; MICS (2010)

HIV prevalence among youths living in urban areas is slightly higher than that of rural areas and stand at 18 percent and 13 percent respectively (Table 6.2). Youths in the Hhohho region have the highest HIV prevalence compared with those from other regions. Condom use at last high risk sex is higher among males than females across the regions and in both rural and urban areas. The opposite is true for proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS. The ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years is almost the same in both urban and rural areas and also in all four regions (Table 6.3).

Table 6.3 Ratio of School Attendance of Orphans to School Attendance of Non Orphans

Region	Ratio of school attendance of orphans to school attendance of non - orphans
Hhohho	**1.01**
Manzini	**0.99**
Shiselweni	**1.00**
Lubombo	**0.93**
Residence	
Urban	**0.98**
Rural	**0.99**

Source: CSO; MICS (2010)

TARGET 6.C: HAVE HALTED BY 2015 AND BEGUN TO REVERSE THE INCIDENCE OF MALARIA AND OTHER MAJOR DISEASES

MALARIA

Table 6.4 Incidence and Death Rates Associated with Malaria

Year	2001 /2	2002 /3	2003 /4	2004 /5	2005 /6	2006 /7	2007 /8	2008 /9	2009 /10	2010 /11	2011/12
Incidence rates associated with Malaria	137	65.8	33.6	56.4	27.4	15.2	7.7	8.1	7.2	18.3	46.9
Deaths rates associated with malaria	6.1	4.5	2.9	2.7	1.7	2.7	1.7	1	1.3	0.8	0.3

Source: MOH, Malaria Annual Report (2011/12)

The incidence of malaria is the number of new cases of malaria per 100,000 people each year whilst the death rate associated with malaria is the number of deaths caused by malaria per 100,000 people per year.

Figure 6.2a Incidence Associated with Malaria 1990-2015
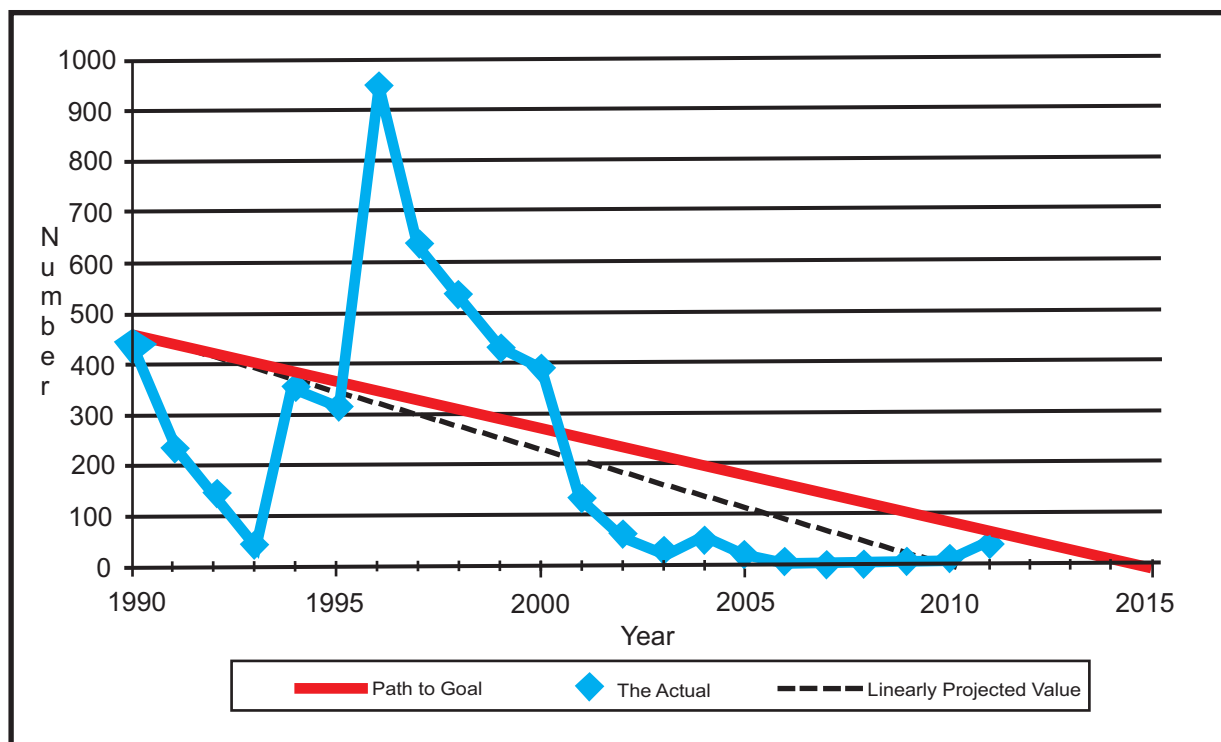
Source: MOH; Malaria Annual Report (2011/12)

The country has already achieved the target of this indicator in this MDG. Based on the baseline (1990 for incidence rates of 432 per 100,000 population(Figure 6.2a) and 2001 for deaths rates of 6.1 per 100 000 cases (Figure 6.2b) associated with malaria) the country was able to halt, and had already reduced considerably the incidence and death rates associated with malaria. The effective and efficient implementation of malaria control interventions has led to a significant decline in the disease in Swaziland. As a result, the country was identified by SADC and AU as a candidate for malaria elimination by 2015. In 2008, NMCP developed the Malaria Elimination Strategic Plan and is currently geared towards achieving this goal.

Figure 6.2b Death Rates Associated with Malaria 1990-2015
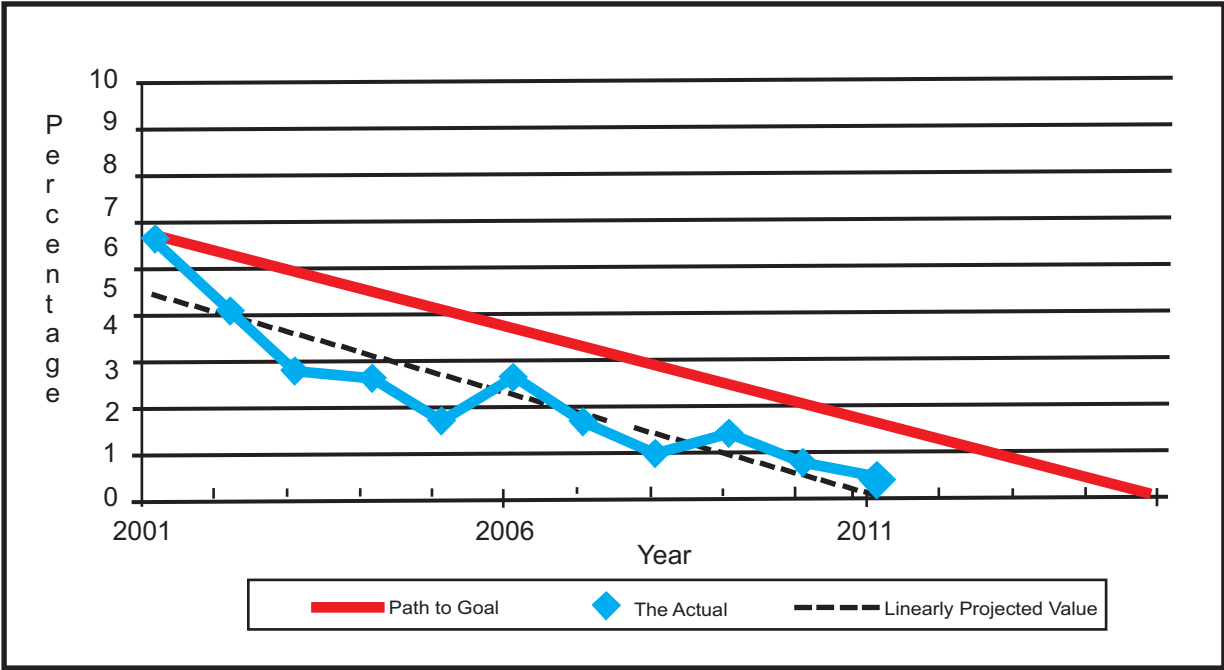
Source: MOH; Malaria Annual Report (2011/12)

Indicator 6.7: Proportion of children under 5 sleeping under insecticide-treated bed nets

The proportion of children under 5 sleeping under insecticide-treated bed nets (ITNs) is the percentage of children under five years of age in malaria endemic areas who slept under an insecticide-treated net (ITN) the previous night, ITN being defined as a mosquito net that has been treated within 12 months.

According to Knowledge, Attitudes and Practices (KAP) survey (2011) 30.1 percent of children under 5 years of age were reported to be sleeping under insecticide-treated bed nets in the last 12 months. The 2007 SDHS reported 0.7% (CSO, 2007) of children under five years of ages had slept inside an insecticide treated net and the figure is lower because, compared to the KAP which focused on the malaria at risk areas, the SDHS was a national survey. Currently, as per the malaria elimination strategy, ITNs are no longer distributed only to pregnant women and children under five years. Rather, long lasting insecticide-treated nets (LLINs) are distributed to the total population in the targeted areas. Long lasting insecticide-treated nets are nets treated with insecticides that last for a period of 3 to 5 years. There is a joint indoor residual spraying (IRS) and LLIN distribution campaign where all households sprayed also receive nets according to their sleeping arrangements. All members of the household are expected to sleep inside the net during the malaria season.

The proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs represents children aged 0 – 59 months with fever in the two weeks prior to the survey who received any anti-malarial medicine within 24 hours of the onset of symptoms.

As per the Malaria Elimination Diagnosis and Treatment Guidelines, fever is not treated with anti-malarial drugs. Instead, treatment is given based on definitive diagnosis. In 2009, the National Malaria Control Programme (NMCP) rolled out Rapid Diagnostic Tests

(RDTs) to all health facilities for definitive diagnosis. Any suspected malaria cases have to be tested using RDT and/or microscopy and positive cases will receive anti-malarial drugs. However, in the SDHS 2007 Report, only 27.5 percent of children under-five years of age were reported to have had fever two weeks prior to the survey. Only 0.6 percent of the children were reported to have been given anti-malarial drugs. It is important to highlight that the SDHS fieldwork was not undertaken during the period of high malaria transmission.

COUNTRY SPECIFIC INDICATORS

Indicator 6.8a: Percentage of households covered with IRS

IRS was carried out from August 2010 to February 2011. A total of 101,030of 107,269 structures and households were sprayed in the targeted areas, achieving coverage of 94.2percent. The country

exceeded the target of 80percent which could be attributed to the decrease of local cases

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Table 6.5 Regional Malaria Incidence and Death Rates

Regions	Incidence rates associated with Malaria	Deaths rates associated with malaria
Hhohho	0.30	0.34
Manzini	0.03	0.011
Shiselweni	0.03	0.00
Lubombo	0.39	0.00

Source: MOH; Malaria Annual Report (2011/12)

Incidence rates and deaths rates associated with malaria have been drastically reduced in the country. As shown in Table 6.5 incidence rate of 0.03 is reported for both Manzini and Shiselweni while a rate of 0.30 is reported for Hhohho and 0.39 for Lubombo. It is worth mentioning that the slightly higher incidence rate in the Hhohho region is attributed to the fact that there was an outbreak in April 2011, which falls within the transmission season under review (July 2010-June 2011). Death rates have significantly decreased in all 4 regions of the country. In the transmission season under review, only three deaths due to malaria were reported where two were from Hhohho region and only one from Manzini region. Death rate is 0.34 for Hhohho and 0.011 for Manzini. There was no death due to malaria reported for Lubombo and Shiselweni regions.

MALARIA BEST PRACTICE

Malaria has been halted in Swaziland and its impact on the population reversed. This is a success story which can be attributed to the following factors:

> Government's commitment to malaria control and elimination efforts in the country.

> Heads of State for Swaziland, Mozambique and South Africa signed a protocol to address malaria control interventions across the borders.

Strong management and resource mobilization skills enabled the Programme to raise funds to address the set goals.

Use of such technology as Geographic Information Systems (GIS) for strategic planning and decision making in malaria elimination interventions.

TUBERCULOSIS

Indicator 6.9: Incidence, prevalence and death rates associated with tuberculosis

Incidences, prevalence and death rates associated with tuberculosis indicator refers to the estimated number of deaths due to tuberculosis (TB) in a given time period. The indicator reflects the number of death per 100,000 populations per year. Deaths from all forms of TB are included. However, deaths in HIV positive people with TB as a contributory cause are not included in this indicator.

Table 6.6 Tuberculosis Statistics 1990 - 2010

TB Cases	Year											
	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
TB Incidence rate	267	801	916	994	1075	1127	1141	1169	1198	1227	1257	1287
TB Prevalence rate	629	740	832	693	739	776	788	801	812	936	914	704
TB Mortality (excluding HIV +)		45	50	36	38	40	40	41	40	67	64	32
TB Case Detection rate (%)				34	35	38	44	49	58	60	78	84
TB treatment Success rate (%)								42	58	68	69	71

Source: MOH; M&E database (2011), WHO; Global Report, (2011)

Incidence associated with TB has been increasing since the early nineties. Recent data indicates that there were 1257 cases per 100,000 populations in 2009 as shown in Figure 6.3. Although the incidence is still on the increase in the country, early detection is very important, especially for people who are HIV positive to reduce the mortality associated with TB.

TB prevalence has also increased from 629 per 100,000 populations in 1990 to 936 per 100,000 populations in 2008, but not as sharp as the incidence associated with it. Latest figures have indicated a slight decrease from 936 per 100,000 populations in 2008 to 914 per 100,000 in 2009. This is shown in Table 6.6.

Mortality associated with tuberculosis for HIV negative patients is very low compared to the incidence and prevalence. Despite this, it is still high. This could be attributed to poor adherence to anti-tuberculosis treatment regimens and poor rates of completion of treatment courses. These are major barriers to the effective management of tuberculosis and a cause for increasing multidrug resistance. In 2009, mortality went down to 64 deaths per 100,000 populations from 67 deaths per 100,000 populations.

Figure 6.3 Incidence, Prevalence and Death Rates Associated with Tuberculosis
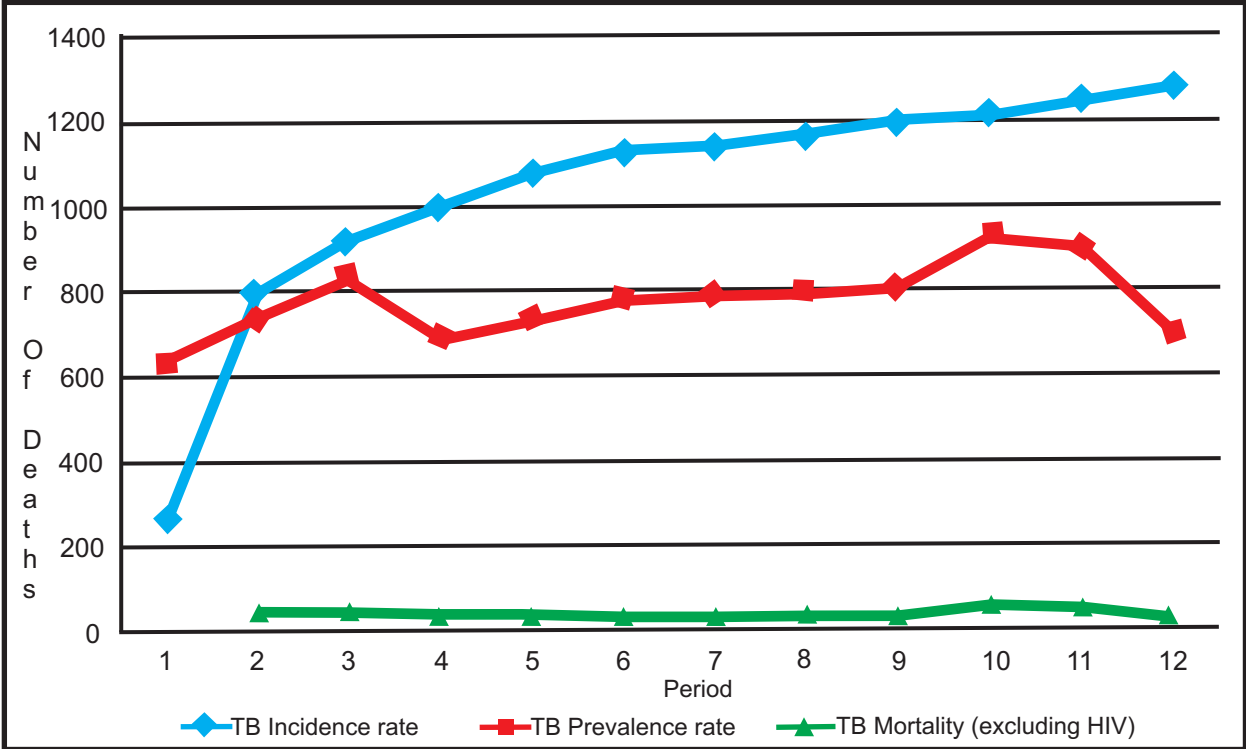
Source: MOH; M&E database (2011), WHO; Global Report, (2011)

Indicator 6.10: Proportion of tuberculosis cases detected and cured under directly observed treatment short course

The tuberculosis detection rate is the percentage of estimated new infectious tuberculosis cases detected under the internationally recommended tuberculosis control strategy, Directly Observed Treatment Short Courses (DOTS). DOTS combine five elements—political commitment, microscopy services, drug supplies, surveillance and monitoring systems, and use of highly efficacious regimes with direct observation of treatment. The cure rate is the percentage of new, registered smear-positive (infectious) cases that were cured or in which a full course of DOTS was completed. A tuberculosis case is defined as a patient in whom tuberculosis has been bacteriological confirmed or diagnosed by a clinician.

TB case detection and treatment rates are presented in Table 6.6. Both detection and treatment rates are on the increase as shown Figure 6.4. This is encouraging for a country that has declared TB a national disaster. In 2010, detection rate was estimated at 84 percent and treatment rate in 2009 was 69 percent. Both rates are expected to increase as a result of the newly constructed National TB hospital at Moneni and another TB clinic at Nhlangano by "Doctors without borders'.

Figure 6.4 Proportion of Tuberculosis Cases Detected and Cured Under Directly Observed Treatment Short Course
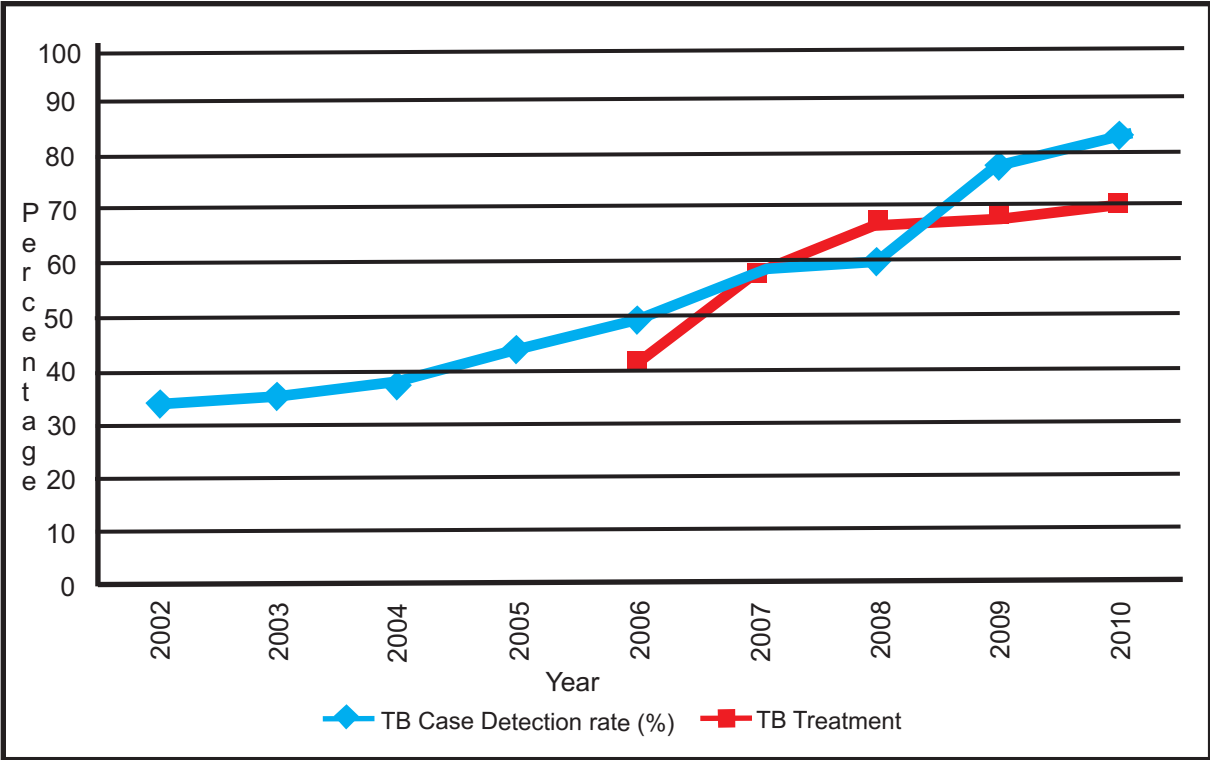
Source: MOH; M&E database (2011), WHO; Global Report, (2011)

COUNTRY'S SPECIFIC MDG INDICATORS

Table 6.7 Deaths from All Forms of TB Including HIV/AIDS 2000-2007

TB Related Deaths	Year							
	2000	2001	2002	2003	2004	2005	2006	2007
Deaths from all forms of TB including HIV/AIDS	317	365	301	202	237	268	282	277

Source: MOH; M & E database (2011)

Indicator 6.11: Deaths from all forms of TB including HIV/AIDS

Deaths from all forms of TB including HIV/AIDS are very high when compared to deaths from TB excluding HIV/AIDS. TB, aggravated by HIV/AIDS, remains the main cause of TB related deaths in the country. The WHO Directly Observed Treatment Short course (DOTS) strategy has been the foundational TB control strategy globally and has been adopted and used by the country. Initially it proved to be successful in reducing mortality associated with TB but it has failed to control the HIV-associated TB epidemic. This is so because DOTS strategy aims to diagnose and effectively treat infectious pulmonary TB cases and thereby reduce onward transmission and avert secondary cases. DOTS strategy does not prevent reactivation of latent TB infection (LTBI). The risk of developing TB through reactivation of LTBI is extremely high. Overall rates go as high as 20-30 percent per year in those with the most advanced HIV/AIDS cases. Hence, the country has a high rate of mortality for patients with TB including HIV/AIDS as shown in Figure 6.5 and Table 6.6.

Figure 6.5 Deaths from all Forms of Tuberculosis Including HIV/AIDS
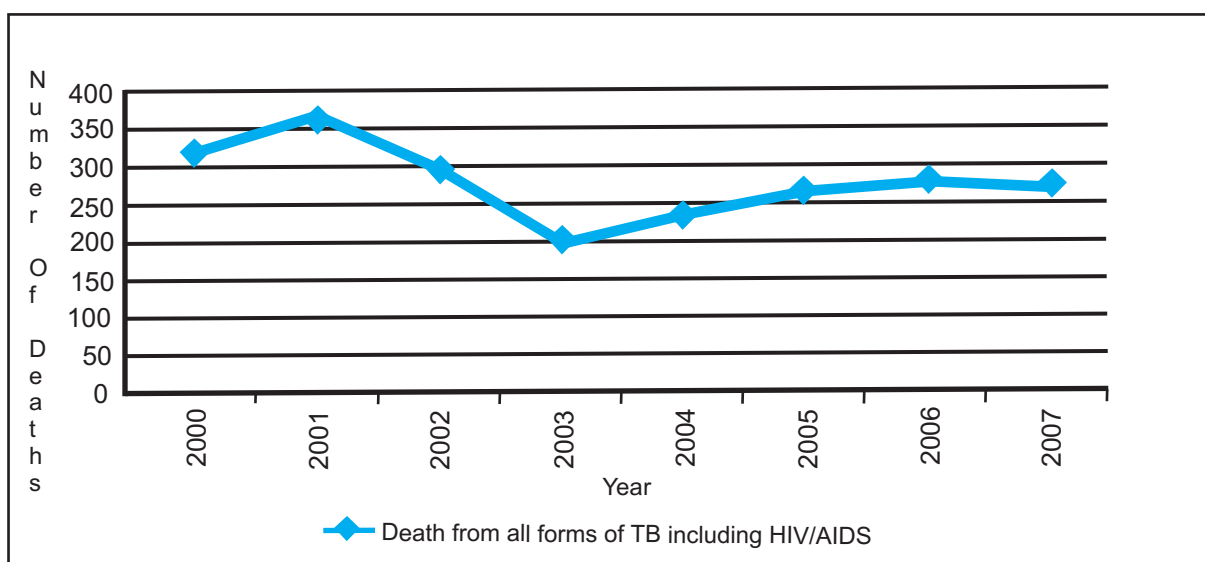
Source: MOH; M&E database (2011)

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Table 6.8 Tuberculosis Cure and Treatment Success Rates

Region	Cure Rate (%)	Treatment success rate (%)
Hhohho	58	74
Manzini	45	73
Shiselweni	56	71
Lubombo	38	63

Source: MOH; NTCP (2011)

Cure and treatment success rates are below the WHO target of 85 percent. Notably, Lubombo region has the least cure and treatment rates of 38 percent and 63 percent respectively compared to the other regions. This could be attributed to the inadequate resources in the Lubombo region.

SUPPORTIVE ENVIRONMENT

Several initiatives of government have contributed towards the country's achievements in the fight against HIV/AIDS. Key among these initiatives are hereby presented and discussed.

The National Tuberculosis Control Programme, HIV/AIDS Prevention and Care Programme including PMTCT, and Malaria Control Programme are all critical in dealing with Tuberculosis, HIV/AIDS and Malaria.

In 1999, the King declared AIDS a national disaster.As a result, the Crisis Management and Technical Committee (CMTC) was set up to lead the national response on HIV. In 2001, the National Emergency Response Council on HIV and AIDS (NERCHA) replaced the CMTC. NERCHA is responsible for mobilizing an expanded response to the epidemic, in line with the National Strategic Framework 2009-2014.In 2005

the World Health Organisation (WHO) described the Swaziland government as having "a high level of political commitment" to fighting the spread of HIV since the start of the epidemic.

Introduction of a gene expert for improved TB diagnosis.

Declaration of TB as emergency.

Sample transportation system.

The life skills programmes in all schools have helped combat HIV/AIDS among the youth.

Political commitment to combat HIV, for example procurement of ARVs.

Positive impact of OVC programme that the government is implementing.

Support from development partners in the fight against TB and HIV/ADIS.

KEY BOTTLENECKS CONSTRAINING PROGRESS AND HOW TO ADDRESS THEM

The major bottlenecks to achieving success include the following:

Lack of National HIV/AIDS policy in the work place: There is no National HIV/AIDS Policy to provide a framework upon which employers can develop their own policies and HIV/AIDS Programme Management plans. The process of developing this policy has been started by the Ministry and needs to be completed as soon as possible.

Drug Resistance: The emergence of Multiple Drug Resistant Tuberculosis and Extreme Drug Resistant Tuberculosis has compounded the situation in the country. More research and new methods of dealing with drug resistance TBs need to be conducted

Insufficient Coordination: There are many partners working in the HIV/AIDS response in the country. This places a lot of pressure on coordination efforts. There is a need to further strengthen coordination at all levels.

Workshops and meetings: There are many workshops and meetings that health personnel are attending which reduce the time they are available to do their work. While workshops and meetings are important, there is need to strategically ensure that only workshops critical for the teams work are attended.

NEW CHALLENGES

Fresh challenges many of which are not localised but regional or even global continue to emerge. They include:

The global economic and financial crisis has had an impact in the wellbeing of people in Swaziland just like many other countries. With the job losses that the country has experienced because of the financial crisis, some of the survival mechanisms that people have resorted to are leading to new HIV infections.

Emerging drug resistant TB strains continue to be a challenge.

High HIV infection amongst Most at Risk Populations (MARPS)

HOW SWAZILAND WILL ACCELERATE PROGRESS IN THIS MDG

Strategies on how to deal with the challenges in order to stay on course and achieve the goals and targets are hereby prescribed.

Continue efforts to strengthen coordination of HIV/AIDS interventions.

The country needs to effectively implement the HIV/AIDS National Strategy.

The government needs to strengthen the human resource capacity by developing and implementing policies that attract the Swaziland Nationals that are working outside the country to return.

There should be tailor made services targeting MARPS.

MDG 7
ENSURE ENVIRONMENTAL SUSTAINABILITY

MDG 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Table 7.1 Status and Trends

MDG INDICATORS		BASELINE FIGURE	STATUS IN 2012	2015 TARGET	STATUS AT GLANCE
TARGET 7A: INTEGRATE THE PRINCIPLES OF SUSTAINABLE DEVELOPMENT INTO COUNTRY POLICIES AND PROGRAMMES AND REVERSE THE LOSS OF ENVIRONMENTAL RESOURCES TARGET 7.B: REDUCE BIODIVERSITY LOSS, ACHIEVING BY 2010, A SIGNIFICANT REDUCTION IN THE RATE OF LOSS					
7.1 Proportion of land area covered by forests		36 (1990)	45 (1999)	60	On track
7.2 CO2 Emissions	Total (Mt)	6 330 000 (1994)	19 763 140 (2000)	-	-
	Per Capita	6.7 (1994)	19.5 (2000)	-	-
	Per GDP $	0.00445 (1994)	0.12963 (2000)	-	-
7.3 Consumption of	Methyl bromide	0.10 (2008)	0.030 (2010)	Total phase out	On track
Ozone Depleting Substances	HCFC-141b (pre blended polyol)	62.88 (2008)	31.14 (2010)	10% reduction	On track
	HCFC -22	31.58 (2008)	28.62 (2010)	10% reduction	On track
7.5 Proportion of total water resources used (Mm^3)		1057 (2005)	1370*Projection (2015)	-	-
7.6 Ratio of area protected to maintain biological diversity to surface area		3.7 (2000)	4.5 (2009)	10	Acceleration and more data required
TARGET 7.C: HALVE, BY 2015, THE PROPORTION OF PEOPLE WITHOUTSUSTAINABLE ACCESS TO SAFE DRINKING WATER AND BASIC SANITATION					
7.8 Proportion of population using an improved water source		39.7 (1997)	67.3 (2010)	69.9	On track
7.9 Proportion of population using an improved sanitation facility		74.5 (1997)	53.8 (2010)	87.3	Acceleration required

TARGET 7A: INTEGRATE THE PRINCIPLES OF SUSTAINABLE DEVELOPMENT INTO COUNTRY POLICIES AND PROGRAMMES AND REVERSE THE LOSS OF ENVIRONMENTAL RESOURCES

TARGET 7.B: REDUCE BIODIVERSITY LOSS, ACHIEVING, BY 2010, A SIGNIFICANT REDUCTION IN THE RATE OF LOSS

Indicator 7.1: Proportion of land area covered by forest

The proportion of land area covered by forest is the forest areas as a share of total land area, where land area is the total surface area less the area covered by inland waters such as major rivers.

The country is endowed with extensive cultivated and natural forests. The forest cover includes natural forests of mostly wattle forests and commercial plantation forests. The country's forest and flora resources accounted for an average coverage of 36 percent in 1990 and 45 percent in 1999, (FAO, 2010). Forest coverage figures from 2000 to 2010 were obtained through linear extrapolation and they show that the land covered by forest is still increasing as indicated inTable 7.2.

Table 7.2 Total Forest Area (1999-2010)

Classification	Area (1000 hectares)				
	1990	1999	2000*	2005*	2010*
Forest	472		518	541	563
Other wooded Land	152		289	358	427
Inland water bodies	16	16	16	16	16
Total Land Area	**1736**	**1736**	**1736**	**1736**	**1736**
Proportion of land area covered by forest	**36%**	**45%**	**46%**	**52%**	**56%**

Source: FAO; Global Forest Resources Assessment 2010,Country Report - Swaziland

The proportion of forest coverage indicates that area for forest plantation, flora growing and other invasive (but useful) plants such around 57 percent; almost meeting the target of 60 percent. The 1999 Forest Resource Assessment results indicated that *Dycrostachiscineri* are increasing. Projections show that by 2015, the total forested area would increase beyond the 1990 level. The apparent increase, however, might be the result of the differences in mapping detail resulting from the processes used. For instance the 1999 survey was more detailed than others.

Figure 7.1 Proportion of Land Area Covered by Forests (%) Out of 1,736,000 Hectares 1990-2015
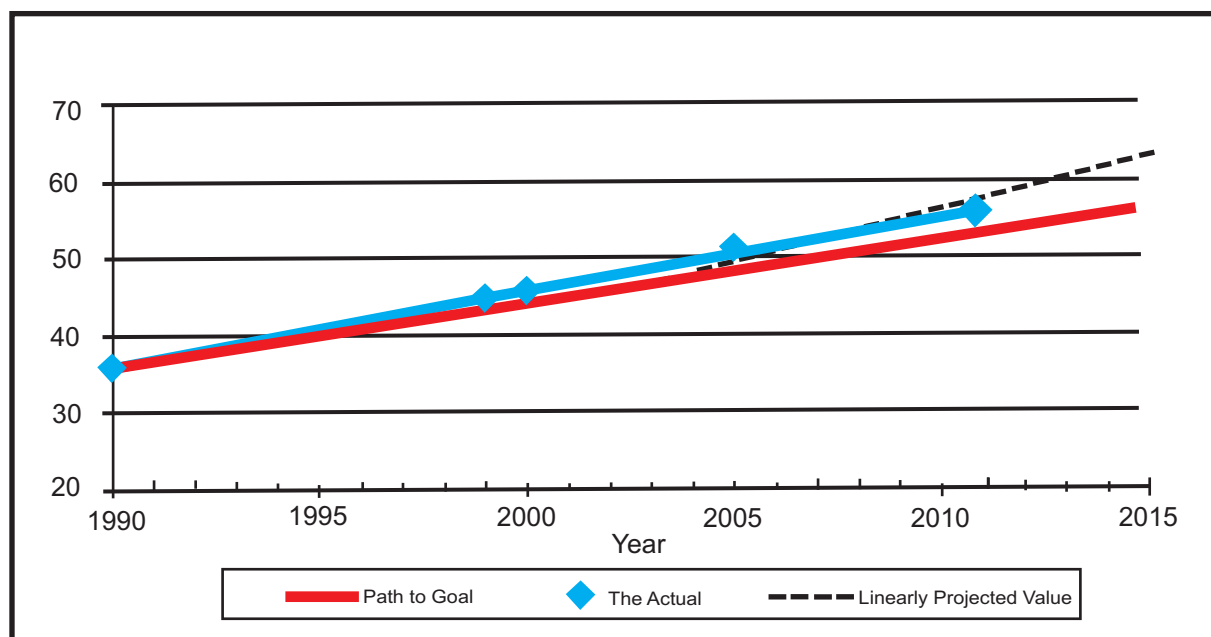
Source: FAO; Global Forest Resources Assessment 2010,Country Report - Swaziland

In the face of the increasing commercial timber plantation coverage, the country experienced the worst wildfire disasters in 2007 and 2008. The fires destroyed about 40 000 hectares of timber plantations, resulting in severe damage to the standing trees and the natural environment. On the other hand, jobs and incomes were lost for families earning a living from forestry resources.

However, these wildfires did not reduce the proportion of land area covered by forest because there was reforestation thereafter. Such areas or forests that have not yet reached, but are expected to reach a canopy cover of 10 percent and a tree height of 5 m are included, as are temporarily uncovered areas, resulting from human intervention or natural causes, which are expected to regenerate.

As a long term mitigation plan, the country has developed a National Multi-sectoral Bushfire Contingency Plan. The plan recognises the importance of the cross-border collaboration and provides network collaboration with the neighbouring states. Forest cover has contributed to economic development, food security, income generation, water, health, and helps in soil conservation to sustain socioeconomic livelihoods.

Indicator 7.2: Carbon Dioxide emissions, total, per capita and per $1 GDP

Total carbon dioxide emissions refer to the total greenhouse gas emissions converted to carbon dioxide equivalent, where greenhouse gases (GHG) are the gases responsible for human induced climate change as addressed by the United Nations Framework Convention on Climate Change (UNFCCC). GHGs include, inter alia, carbon dioxide (CO2), methane (CH4), Nitrous Oxide (N2O), oxides of Nitrogen (NO, NO2), and Hydrofluorocarbons(HFCs).

Swaziland is party to the UNFCCC and its Kyoto Protocol, which seeks to reduce the level of GHG emissions in the atmosphere, with a view to address human induced climate change. However, as this needs to be achieved without negative impacts on sustainable development, negotiations under the UNFCCC recognise and appreciate that for developing countries GHG emissions will continue to increase and reach peak point around 2016.

In partial fulfilment of the country´s commitment to the UNFCCC, GHG inventories are prepared as required under the convention. So far this has been an inventory for 1994 (submitted in 2002) and 2000 (submitted in 2012). The preparation of the inventories is a data intensive exercise, and the country has relied on resources provided by the UNFCCC secretariat to undertake it, hence 1994 and 2000 are the only available data points as shown in Table 7.3 except for the energy sector where a series is available from 1994 to 2004 as shown in Figures 7.2 and 7.3

Table 7.3 Green House Gas Emissions by Sectors (Mt CO_2 Equivalent)

YEAR	Energy	Industrial Process	Agriculture	Land Use, Land Use Change and Forestry	Waste	Total Emission Estimates
1994	1,055,950	3,194,100	1,233,490	346,480	499,980	**6,330,000**
2000	1,333,800	9,063,500	1,602,910	1,105,130	6,657,800	**19,763,140**

Source: MEPD; MDGR (2010)

Table 7.4 CO_2 Emissions - Total, Per Capita and Per GDP (Tonnes/Dollar) 1994 and 2000

	1994	**2000**
CO_2 emissions (metric tons)	6,330,000	19,763,140
CO_2 emissions per capita (T/capita)	6.7	19.55
CO_2 emissions per GDP (T/$)	0.00445	0.12963

Source: CO_2 related MDG indicators. Population and GDP data used to derive the indicators sourced from World Bank Data (www.google.com/publicdata, last updated June 2012)

Table 7.3 shows that there was a large increase in emissions between 1994 and 2000 mainly due to industrial processes, the waste sector and, to a lesser extent, land use, land use change and forestry. The same trend is replicated in total, per capita and per GDP emissions over the same period (Table 7.4). With land use, land use change and forestry, not only has there been a change in

methodology, but there have also been notable changes in land use patterns and the quality of the country´s natural forest. The country is, however, putting efforts to the preservation of its forest and the quality. Among other things, the demand for forest resources is being managed through the development of community woodlots, rural electrification, promotion of energy efficient wood stoves and renewable energy sources. In addition, the Forest Bill of 2010 is envisaged to further enforce the management and increase of carbon sinks in the form of forests.

The waste sector also saw a major change in emission estimation methodology, which may account for a large percentage of the observed increase. The uncertainty levels of the emission estimation are also quite high as data has not been properly collected in waste management sites, more so in the rural areas where a large proportion of the populace resides.
  Efforts are being made to address these emissions as new improved waste management sites are being constructed in some of the towns around the country. Communities of which Msunduza) is one, are also embarking on waste reusing/recycling

projects that will reduce the volumes of our waste stream.

Industrial processes show the largest increase. The uncertainty level is high on information obtained from customs declarations data. However, with the improved monitoring systems that have since been implemented at the country´s ports, uncertainty is likely to drop significantly. Another contributing factor may be the elimination of ozone depleting substances (Indicator 7.3), which are being replaced by HFCs. Though ozone depleting substances are also GHGs, they are not accounted for when estimating total CO_2 emissions as the UNFCCC does not account for gases controlled by the Montreal Protocol.

However, the replacement gases are then accounted for, which then reflects a significant increase in emissions from industrial processes. The public sector, in collaboration with the private sector, has currently embarked on a project to reduce the emissions from this sector, particularly the HFCs.

Figure 7.2   CO$_2$ Emissions for the Energy Sector
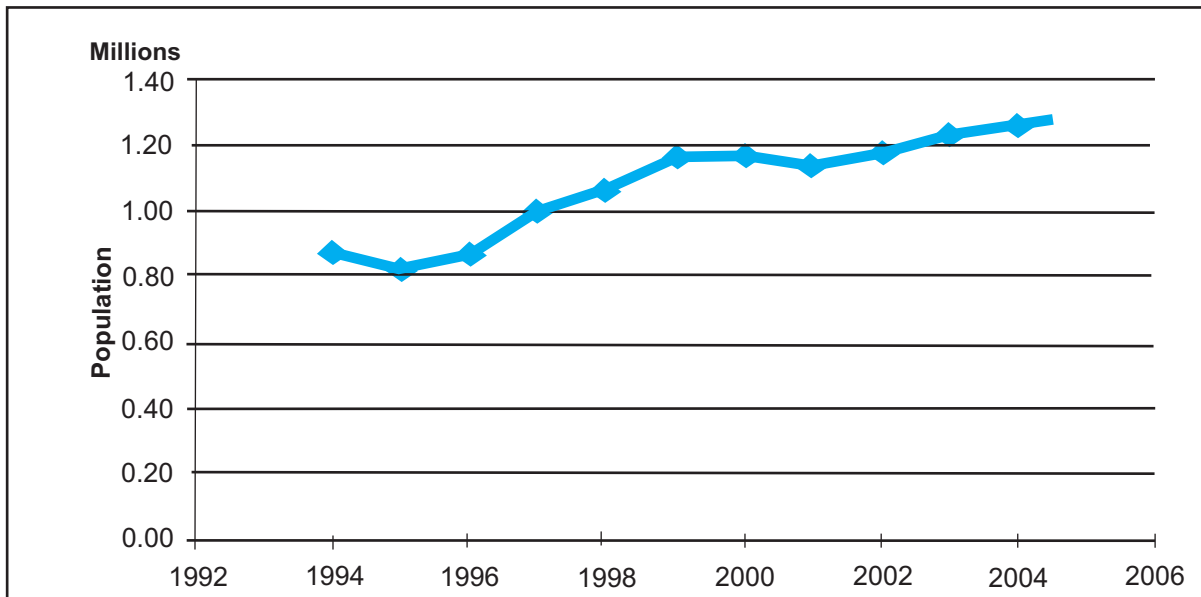
Source: World Bank public data (www.google.com/publicdata, last updated June 2012)

Figure 7.3   Co$_2$ Emissions per Capita and CO2 Emissions per Dollar GDP
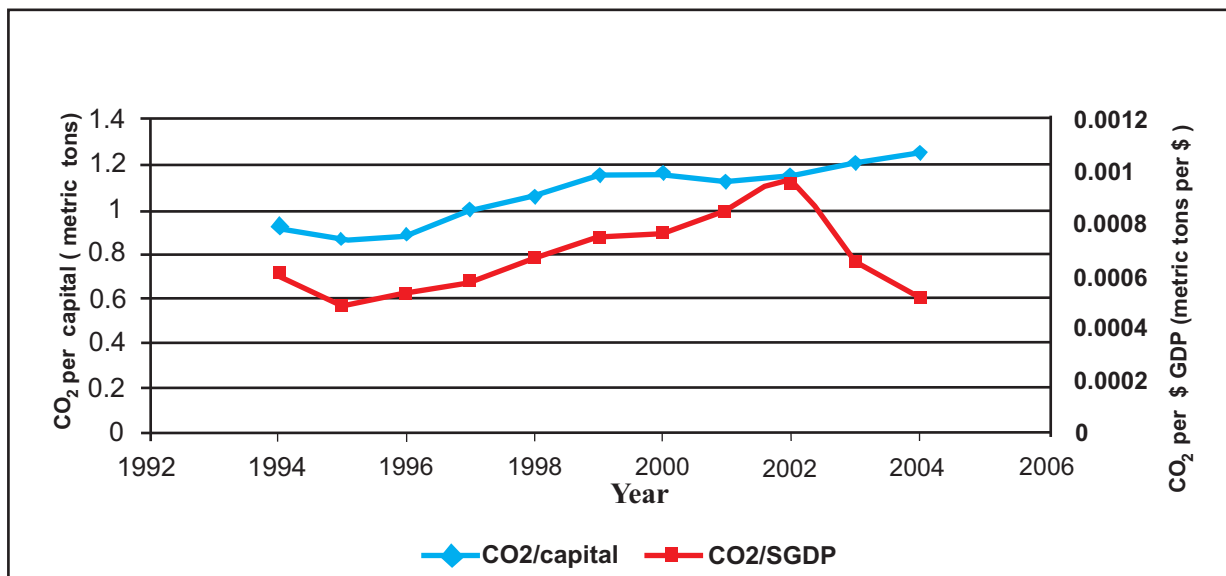
Source: World Bank public data (www.google.com/publicdata, last updated June 2012)
Source: World Bank public dat a (www.google.com/publicdata, last updated June 2012)

Consideration of the MDG indicators, as reflected in Figure 7.3, shows a steady increase of CO_2 emissions per capita, ranging from 0.867 Mt in 1995 to 1.245 Mt in 2004. Energy use per capita is expected to increase in the country as a characteristic of developing countries. However, the offsetting of these emissions need to be continually improved through energy efficiency, use of renewable energy source, etc. On the other hand, the increase in CO_2 emissions per dollar GDP has been at a higher rate until it peaked in 2002 at 0.000957 Mt tons per dollar. The observed decrease between 2003 and 2004 reflects improved efficiency during these years.

The country is in the process of developing a Climate Change Strategy and Action Plan (CCSAP), which will also provide for managing GHGs in the form of a Long Term Carbon Strategy and a Nationally Appropriate Mitigation Action (NAMA) as proposed under the UNFCCC. This will assist in the integration of CO_2 mitigation. In addition, the CCSAP will contain an adaptation plan. This will help minimise the negative impacts of climate change on the country´s development, which are already being observed in some sectors such as agriculture, and if not addressed will render the country´s efforts to sustainable development ineffective. Furthermore, the country is part of the Stockholm Convention, which was adopted in 2001 and entered into force in 2004.

The objective of the Convention is to protect human health and the environment from persistent organic pollutants (POPs). The country is committed to implementing the Institutional Arrangement Framework and Policy for the Stockholm Convention on POPs. As part of the implementation of the Convention, the country has generated quality inventories to assess the presence of various POPs as well as an implementation plan. The plan is intended to reduce emissions from the burning of waste and to establish a monitoring system for emissions and their effects on human health and the environment.

Indicator 7.3: Consumption of ozone-depleting substances

Consumption of ozone depleting substances (ODS) in Ozone Depleting Potential (ODP) tons is the sum of the consumption of the weighted tons of the individual substances in each group–metric tons of the individual substance (defined in the Montreal Protocol on Substances that deplete the Ozone Layer) multiplied by its ozone depleting potential. An ODS is a chemical substance, usually consisting of some combination of chlorine, fluorine, or bromine plus carbon, such as chlorofluorocarbons (CFCs) and hydrochloroflourocarbons (HCFCs) that has been shown to destroy stratospheric ozone.

Swaziland ratified the Vienna Convention on the Protection of the Ozone Layer and the Montreal Protocol on substances that deplete the ozone Layer in 1992. All the amendments to the Protocol were ratified in 2005. ODS Regulations were promulgated in 2003 to regulate the import of ODS into the country by providing a licensing system

that allocates quotas to all importers of the chemical. The ODS Regulations have recently been amended to increase the capacity to monitor ODS imports.

In addition to the licensing system, the country is also actively involved in the implementation of activities of the Protocol. Funding is from the Multilateral Fund through Implementing Agencies; UNDP and UNEP. Through these activities the country has been able to comply with its phase-out obligations under the Protocol. CFCs and carbon tetrachloride as shown in Table 7.5 have been completely phased out since 2007 (See Table 7.6 and Figure 7.4), enabling compliance with the 1st January, 2010 target. Agricultural uses of methyl bromide have been entirely replaced by alternatives and only the exempted quarantine and pre- shipment (QPS) uses remain.

Table 7.5 Consumption of All Ozone-Depleting Substances in ODP (Tonnes)

Year	1991	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2007	2008
Value	0.8	97	94.6	36	23.8	17.8	3.7	3.5	1.6	2.1	2.4	2.2	3.5	6	5.6	3.3

Source:United Nations Statistics Division (2010)

Table 7.6 Consumption of Ozone-Depleting CFCs in ODP (Tonnes)

Year	1993	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Value	82.7	35.4	22.1	16.3	2.2	2.1	0.1	1.3	1.2	1.9	3.1	1.5	0.2	0	0

Source:United Nations Statistics Division (2010)

Figure 7.4 Consumption of CFCs
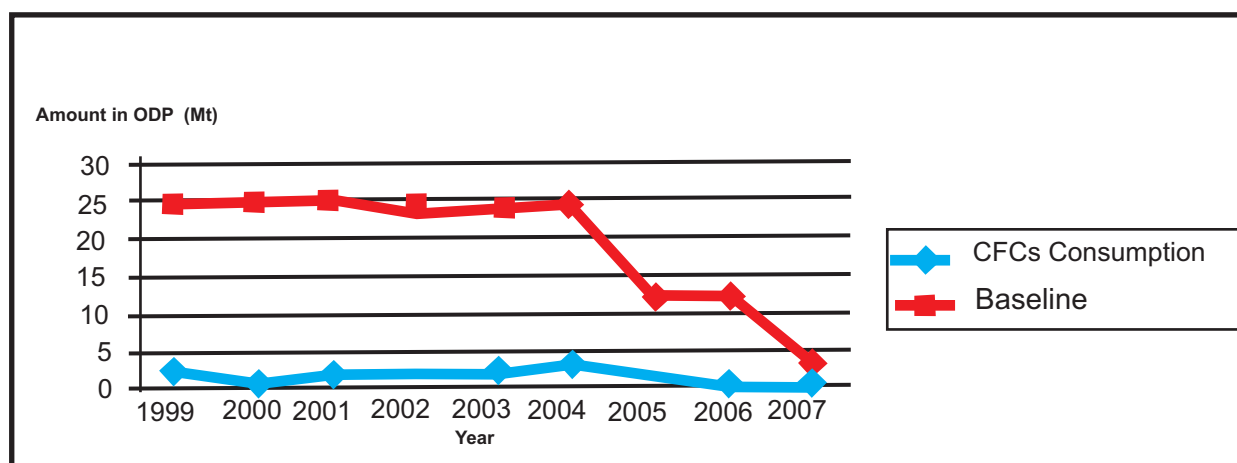
Source:SEA; (2011)

The next phase-out plan of HCFCs is about to commence as the project has already been approved. HCFCs were introduced in the country in the early 1990s as an alternative to CFCs. Conversely, they also destroy the ozone layer and the Montreal Protocol provides for their replacement. The country's baseline for HCFC reduction is the 2009 consumption of 103.72 metric tons (Table 7.7). This quantity will gradually be reduced by 10percent and 35percent by 2015 and 2020 respectively. Total eradication of HCFCs has a target to 2030.

Presently the major HCFCs in the country are HCFC-141b (pre-polyol) used in foam production in the manufacture of refrigerators; and HCFC-22, which is used in the servicing sector. Other chemicals used in this sector are the alternative HCFCs and hydrocarbons, which are not ozone-depleting.

Table 7.7 Consumption of Ozone Depleting Substances (ODP Tonnes)

Year	HCFC 22	HCFC (Pre-Blended polyol)	Methylbromide	Total
2010	28.62	31.14	0.30	**60.06**
2009	34.10	69.62	0.30	**104.02**
2008	31.58	62.58	0.10	**94.26**

Source: SEA; (2011)

Indicator 7.5: Proportion of total water resources used

The proportion of total water resources used is the total volume of ground and surface water withdrawn from their sources for human use (in the agricultural, domestic and industrial sectors), expressed as a percentage of the total volume of water available annually through the hydrological cycle.

This indicator shows the degree to which total renewable water resources are being exploited to meet the country's water demand. It is a measure of a country's pressure on its water resources and therefore on the sustainability of its water use.
The country is well endowed with renewable

water resources. The combined mean discharge for all the rivers leaving the country is 144m^3/s or 4.5 million m^3 per annum. Over the years, the country has been able to store 765,000 m^3 per annum, which represents 17 percent of the available renewable water resources. This water is stored in major dams and reservoirs located in different parts of the country.

The government is engaged in efforts to develop more dam infrastructure to capture the still available water resources. According to the feasibility study done for the Ethemba dam on the Mkhondvo River, an additional 368 million m^3 can be added into the country's water storage. Currently,

consumptive water usage stands at 1.5 million m^3 per annum which represents only 33 percent of water leaving the country. Sustainable groundwater resources are estimated at about 20,000-litres/second and only about 6 percent of this is perceived to have been exploited. Water use is dominated by irrigation which takes about 96 percent of the surface water resources mostly for growing sugarcane. Agriculture is followed by domestic and industrial uses which take

about 2 percent respectively. The National Water Resources Master Plan, projects that the demand for water resources will grow as shown in Table 7.8.

Table 7.8 Wa ter Demand in Million (M3/Annum)

Water Use	2005	2015	2025
Urban rural and industrial	86	107	122
Livestock	14	15	15
Irrigation	793	1084	1158
Alien vegetation	8	8	8
Afforestation	156	156	156
Total	**1057**	**1370**	**1459**

Source: MNRE; Integrated Water Resourc es Master Plan final draft, (2010)

It is necessary to increase the level of monitoring of water utilisation because of the increased number of users and the resultant potential for conflict. Over the years, water resources management has grown in complexity due to issues that have now become pertinent, such as water quality problems, priority in water allocation, trans-boundary obligations, development of infrastructure, stakeholder participation as well as the introduction of the environment as a water user, (Ministry of Natural Resources, 2011). New and creative approaches are required to meet the MDGs.

These may include, inter alia, reassessment of the allocation criteria, promotion of efficient water use, and promotion of water harvesting technologies and negotiating for greater shares from the Trans-boundary Rivers. The newly formed River Basin Authorities are one of the ways through which the country hopes to address these issues.

Indicator 7.6: Ratio of area protected to maintain biological diversity to surface area

The ratio of area protected to maintain biological diversity to surface area is defined as nationally protected area as a percentage of total surface area of a country (UN, 2003). The International Union for Conservation of

Nature (IUCN)-World Conservation Union defines a protected area as an area of land or sea dedicated to the protection and maintenance of biological

diversity and of natural and associated cultural resources and managed through legal or other effective means.

Swaziland has a rich diversity of natural forests and woodlands comprising up to 45 percent of the country's landscape as of 1999. This rich diversity contains plant species endemic to Southern Africa that are of greatest socioeconomic, medical, cultural and aesthetic importance to the region. In support of the International Convention and National Forest and Environmental Policy (ICNFEP), the government is developing and implementing programmes to conserve plant biodiversity in liaison with stakeholders.

According to the Swaziland National Trust Commission (SNTC), the area under protection (biodiversity conservation) is increasing steadily. In 2000 the coverage was 3.7 percent increasing to 4.5 percent of legally proclaimed conservation area by 2009. If other areas that have not been legally proclaimed, but have also been protected for various reasons are included, this proportion increases to about 11.3 percent

Table 7.9 Areas Protected to maintain Biological Diversity

Ratio of Area Protected to Maintain biological diversity	Year 2000	Currently (2012)	Target
Wetlands protected	-	1% (2009)	Unknown
Legally Proclaimed	3.7	3.5	Unknown
Other Areas	-	6.8%	Unknown
Total Area Protected	-	**11.3**	

Source: SNTC ;(2011)

Indicator 7.7: Proportion of species threatened with extinction

Two recently produced red data lists indicate that large numbers of plants and vertebrates are threatened. The decline in biological diversity is caused by loss of habitat, over exploitation and the presence of invasive alien species. Habitat destruction is also the result of industrial forestry and large scale irrigated agricultural expansions. It is expected that in the long term, climate change and desertification will have a further negative impact on biodiversity. According to the SNTC, 11 out of 3441 plant species area threatened with extinction

Many fauna species in country are experiencing declining populations, some of which have already gone extinct, such as the African wild dog (*Lycaonpictus)*. A total of 132 species of vertebrates are listed, consisting of 11 species of fish, 4 species of amphibians, 14 species of reptiles, 55 species of birds and 48 species of mammals(Table 7.8). These threatened species represent between 9-20 percent of

the total numbers of fishes, amphibians, reptiles and birds occurring in Swaziland, and 38 percent of the mammalian fauna.

Table 7.10 presents a summary of the number of vertebrates in different threat categories.

Table 7.10 Number of Species Threatened with Extinction

| Threat category | Number of Species | | | | |
	Fishes	Amphibians	Reptiles	Birds	Mammals
Regionally Extinct	0	1 (2%)	0	7 (1%)	3 (1%)
Critically Endangered	3	0	0	1	0
Endangered	1	0	0	12	3
Vulnerable	2	0	2	14	6
Sub-total Threatened	6 (10%)	0	2 (2)	27 (5%)	9 (7%)
Subtotal others	5	3	12	21	36
Total	**11 (18%)**	**4(9%)**	**14 (13%)**	**55 (11%)**	**48 (37%)**

Source: SNTC ;(2011)

TARGET 7.C: HALVE, BY 2015, THE PROPORTION OF PEOPLE WITHOUT SUSTAINABLE ACCESS TO SAFE DRINKING WATER AND BASIC SANITATION

Indicator 7.8: Proportion of population using an improved drinking water source

The proportion of the population using an improved drinking water source is the percentage of the population that uses any of the following types of water supply for drinking: piped water, public tap, borehole or pump, protected well and protected spring or rainwater. Improved water sources do not include tanker trucks, and bottled water. Streams, rivers and unprotected wells are unimproved water sources but a significant proportion of the population still uses them.

Table 7.11 Preparation of population Using Improved Water Source

Year	Rural (%)	Urban (%)	National (%)
2010	60.1	91.1	67.3
2007	56.4	91.9	63.9
2000	41.3	84.9	50.6
1997	39.7	88.8	56.4

Source: CSO; SPHC vol.4 (1997), SDHS (2007), MICS 2000 & 2010)

The target is to halve by 2015, the proportion of people without sustainable access to safe drinking water. This means by 2015 we should be having coverage of 69.9 percent if 1997 is taken as the base year and ultimately 100 percent coverage by 2022 as envisaged by the National Development Strategy (NDS).

The country has made progress in reducing the proportion of population without sustainable access to safe drinking water. The proportion of people with access to sustainable safe drinking water improved, by 10.9 percent by increasing from 56.4 percent in 1997 to 67.3 in 2010 at national level. There are great differences between rural and urban populations. By 2010, 60.1 percent of the rural population has access to improved

water compared to 91.1 percent for urban areas as shown in Table 7.11. Efforts aimed at increasing use of improved water sources should be scaled up in the rural areas as the majority of the population (849,792) resides in the rural areas (CSO: SPHC, 2007)

The Poverty Reduction Strategy and Action Programme (PRSAP) targets that by 2015, rural communities should have sufficient number of properly maintained water supply schemes and that these should allow a maximum walking distance of 2km to the nearest water supply systems. However, according to the WHO-JMP on Water and Sanitation, the distance should be 200m round trip. Currently only about 43 percent of the household population has water within their premises and 32 percent travel a distance of less than 30 minutes round trip, to get water.

Figure 7.5 Proportion of Population Using an Improved Drinking Water Source - Urban Areas 1990-2015
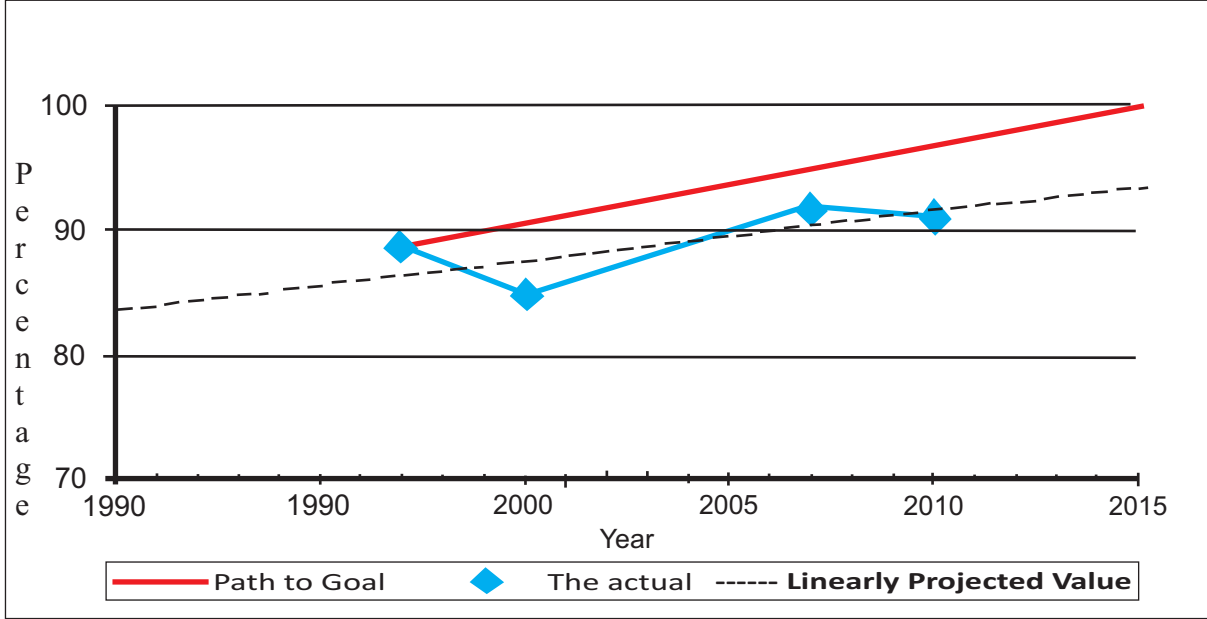
Source: CSO; SPHC vol.4(1997) , SDHS (2007), MICS (2000 & 2010)

Figure 7.6 b Proportion of Population Using an Improved Drinking Water Source - Rural Areas 1990-2015
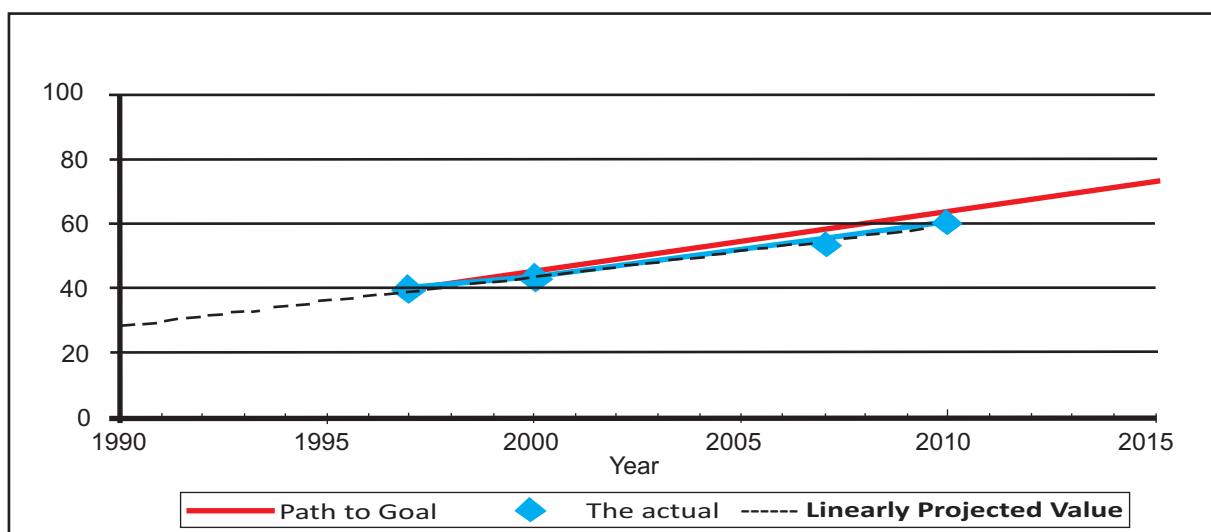
Source: CSO; SPHC vol.4(1997) , SDHS (2007), MICS (2000 & 2010)

It is projected that by 2013 rural water supply will increase to 72.8 percent thus meeting the 2015 target of 69.9 percent two years away from the deadline. The assumption is that all the previously installed water pumps and boreholes are still working, which may not be the case. These figures do not indicate the quality and sustainability of the water and these issues should be addressed in future studies/surveys.

Water-point and sanitation mapping is increasingly being recognised and accepted at global level as a monitoring tool that can help monitor progress towards MDGs targets for water and sanitation and inform investments plans for water supply and sanitation services. The Government has identified a need for mapping water points in the country and currently this study is being carried out. The water point mapping exercise captures information on location, type of technology, and functionality, and establishes coverage rates for both rural and urban areas. Therefore, the outcomes of the water point mapping exercise will inform Government and cooperating partners to determine areas for support and investments.

This will also enable the country to have a timely reliable data on the proportion of the population with access to potable water and sanitation. The Government and cooperating partners have implemented the water point mapping pilot exercise in two regions.

Indicator 7.9: Proportion of population using an improved sanitation facility

The proportion of the population using an improved sanitation facility is the percentage of the population with access to facilities that hygienically separate human excreta from

human contact. A household is classified as having an improved toilet if the toilet is used only by members of one household (i.e., it is not shared).

Table 7.12 Proportion of Population Using an Improved Sanitation Facility 1997-2010

Year	Rural (%)	Urban (%)	National (%)
2010	54.7	50.7	53.8
2007	56.7	55.6	56.5
2000	65.6	96.6	72.0
1997	63.6	95.8	74.5

Source: CSO; SPHCvol.4 (997), SDHS (2007), MICS (2000 & 2010)

The target for improved sanitation facilities is 87.3 percent by 2015. Data from national surveys show a decline in the use of improved sanitation facilities in the country.

There has been a drop of 2.7 percent to 53.8 percent in 2010 from 56.5 percent in 2007 at the national level. In 1997 which is the base year, use of improved sanitation facilities was at 74.5 percent. This translates to a 20.7 percent decline between 1997 and 2010 (Table 7.12). The Poverty Reduction Strategy and Action Program (PRSAP), targets that by 2015 every household will be having at least one pit latrine or any other modern form of excreta disposal.

The 2010 MICS shows that in the urban areas including the peri-urban areas access to improved sanitation stands at 50.7 percent and has not been improving since 2000. For this indicator rural areas have a better coverage (54.7 percent) than urban areas.

This can be attributed to the Government's programme in collaboration with relevant stakeholders to increase the construction of Ventilated Improved Pit latrines (VIP) by more than double from 2000 to 2009. However of concern is that in rural areas, some pit latrines last two to three years before necessitating replacement. Communities need to be capacitated to be able to maintain and replace the facility after implementation.

Figure 7.7 Proportion of Population Using an Improved Sanitation Facility National 1990-2015
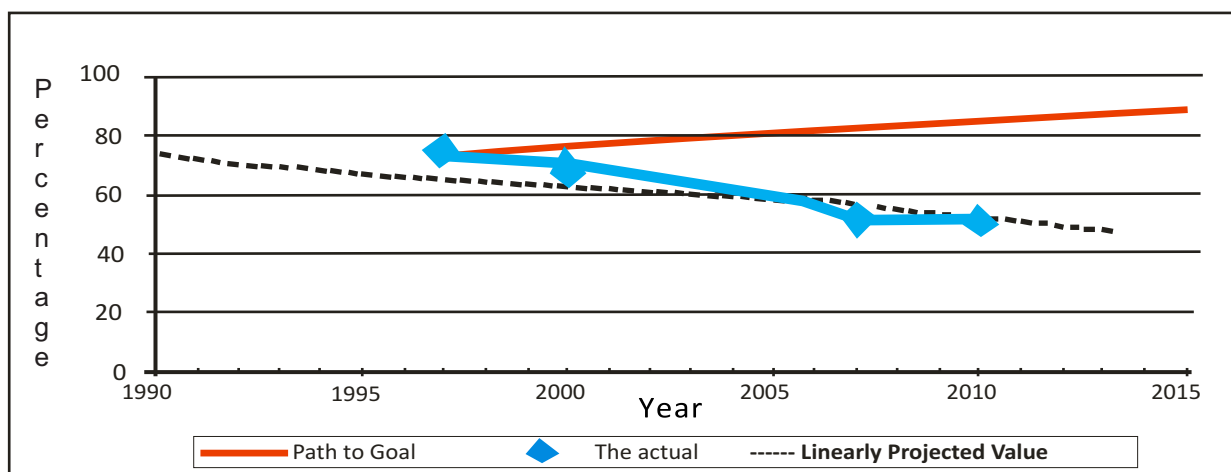
Source: CSO; SPHCvol. 4 (1997), SDHS (2007), MICS (2000 & 2010

The Potable Water and Sanitation Sub-sector Working Group (formerly WASH) focuses on the provision of potable water and sanitation for domestic and industrial purposes. The Sector Wide Approach (SWAp) has been introduced to organise the water management and potable supply and sanitation sub-sectors. The main purpose of the SWAp is to keep every member knowledgeable about sector-related issues in the country; to enhance networking for cooperation and collaboration amongst all stakeholders; to learn from each other's experience and best practices to improve on future partnerships in Potable Water Supply and Sanitation; and lastly to provide technical and any other assistance to Government in line with the PRSAP.

Indicator 7.10: Proportion of urban population living in slums

Slum households are a group of individuals living under the same roof who lack one or more (in some cities two or more) of the following conditions: security of tenure, structural quality and durability of dwellings, access to safe water, access to improved sanitation facilities, and sufficient living area.

In the country there is a predominance of informal settlements in contrast to slum dwellings. An informal settlement represents unplanned household units (i.e., rented

rooms or bed-sitters) in the peri-urban areas. These areas usually lack standard residential structures and infrastructure services. Major informal settlements are found in the country's two cities (Mbabane and Manzini), which together make up about 85 percent of all informal settlements. Boundaries of country towns are small and tend to exclude areas of growing informal settlements such as Matsapha industrial town. Towns, as opposed to cities, do not have upgrading programmes because most of the informal settlements are outside their boundaries.

Due to chronic delays in finalizing the National Land Policy, national programmes aimed at increasing access to secure tenure are growing slowly in the country. Indeed, the policy has remained in a draft form for twelve years. It was expected that the finalisation of the National Land Policy would eliminate major challenges, such as bias on the basis of place of birth and gender, and affordability to own property.

The existence of informal settlements is mainly as a result of the above challenges. The situation is further exacerbated by existence of inflated private farm lands near towns and cities and the unavailability of Swazi Nation Land on which to establish formal residential townships. The private farm lands tend to be very expensive for

Government to purchase for settlement purposes.

In spite of the many challenges affecting access to secure tenure, there is visible significant progress in major cities. Under the World Bank's urban development upgrading projects in peri-urban areas, there has been a marked increase in the number of plots allocated to households for improving infrastructure services and improving lives. During the period 2000 to 2009, the volume of informal settlements was reduced by 32 percent in both Mbabane and Manzini as shown in Table 7.13.

In the capital city of Mbabane, informal settlements decreased at an average of 33 percent while the Manzini City Council upgraded two informal settlements and allocated plots to the households during the reference period. Figure 7.8 shows the trend on the existence of informal settlements in Mbabane and Manzini. It further indicates that the country is moving in the right direction and with more effort together with participation of the development partners; the country will considerably provide formal settlement.

Table 7.13 Informal Settlements in Mbabane and Manzini 2000-2009

City	Year									
	2000	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**
Mbabane	12	12	12	9	9	9	8	8	8	8
Manzini	7	7	7	7	7	7	7	7	7	7
Total	19	19	19	16	16	16	15	15	15	15

Source: MEPD; MDGR 2010)
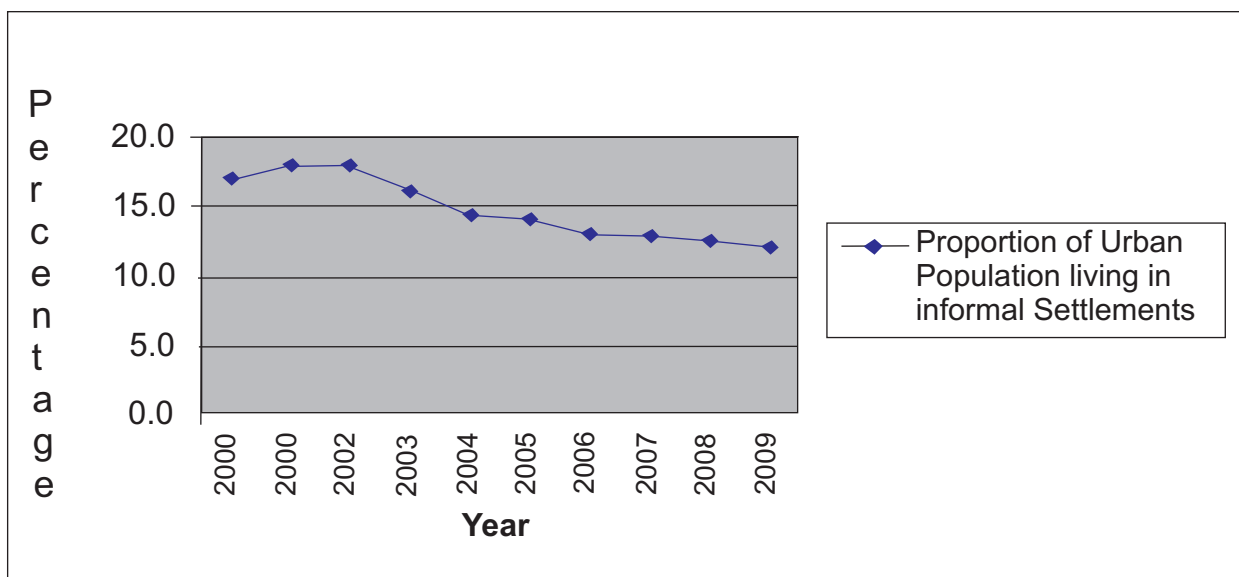
Source: MEPD; MDGR (2010)

COUNTRY SPECIFIC INDICATORS

Indicator 7.11: Proportion of population using solid fuels

The proportion of population using solid fuels is the percentage of the population that relies on biomass (wood, charcoal, crop residues and dung) and coal as the primary source of domestic cooking and heating. Biomass, as a renewable energy source, is biological material from living, or recently living organisms. As an energy source, biomass can either be used directly, or converted into other energy products such as bio fuel.

Table 7.14 Proportion of population Using Solid Fuels for Cooking 2000 -2009

Year	Rural	Urban	National
2010	77.2	12.9	53.2
2007	66.3	11.4	54.2
2001	83.4	16.5	60.9
1997	85.0	19.0	62.1

Source: MEPD; MDGR (2010)

More than half (53.2 percent) of the Swazi population cooks with unprocessed solid fuels (CSO, 2010b). As can be seen from Table 7.14in 2010 about three quarters (77.2 percent) of the rural population depended on wood and coal for domestic cooking. Urban areas have a low proportion of 12.9 percent, which is encouraging. There is however a decline of 8.9 percent at national level in proportion of households using solid fuels

from 62.1 percent in 1997 to 53.2 percent in 2010 (Figure 7.9). It is projected that by 2015, the proportion of the population using solid fuels for cooking will be around 50 percent. Even though there is no set target for this indicator; there is a need to reduce the proportion of households using solid fuels as a main source of cooking energy.

Figure 7.9 Proportion of Population Using Solid Fuels 1997-2010
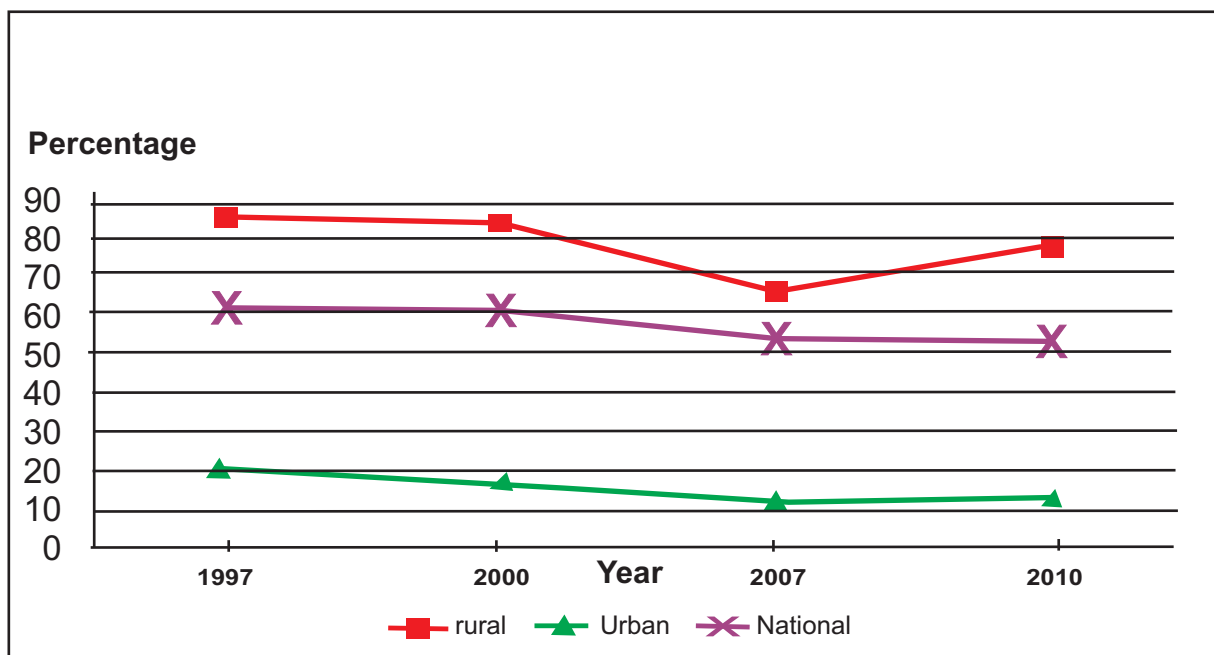
Source: CSO; SPHC vol. 4 (1997& 2007), SHIES (2001 & 2010)

Given the fact that wood is getting scarce in many parts of the country, there is need to promote efficient woodstoves. More and more woodland is being cleared for agricultural production, industrialization, settlements and grazing, while at the same time the demand for wood fuel is increasing.

The combination of high demand aggravated by low use efficiency has contributed to deforestation, rural poverty, and rural energy shortage. Other contributors to wood

depletion are institutions that are major users of wood for cooking activities such as schools and National Care Points (NCPs) amongst many.

The use of wood and biomass fuels in rural households is inefficient and results in poor conversion efficiencies.For example,there is the use of wood in open fires with tripods, the use of three legged pots, and the use of heavy iron coal stoves, all of which are

known to be inefficient. Limited progress has been made on promoting the development and dissemination of improved cooking technology, which forms part of a wider strategy to reduce the consumption of wood fuel and relieve women of the burden of wood fuel scarcity. This would entail advocacy for use of alternative sources of energy such as Liquefied Petroleum Gas (LPG), paraffin, electricity, wood fuel briquettes and solar cookers. This has been left to market forces and requires further progress.

The National Energy Policy Implementation Strategy (NEPIS) includes activities related to the energy needs of households in rural and peri-urban communities. It would require

upgrading current power supply systems, advocating the use of alternative sources of energy, and actively involving the female population in the energy sector. A Programme for Basic Energy and Conservation (ProBEC) has been initiated in the country to raise awareness on fuel efficient stoves through campaigns, to raise awareness on alternative fuel, and study on rural development agencies and their role in the energy sector.

Indicator 7.12: Proportion of households with access to electricity

The proportion of households with access to electricity is the percentage of the household

population that uses electricity as a primary source of energy for lighting.

Table 7.15 Proportion of Households with Access Using Electricity for and Lighting

Year	Rural (%)	Urban (%)	National (%)
2010	31	66	44.3
2007	26.4	65.2	35.3
1997	8	48	22

Source: CSO;SPHC 1997 (vol 4), SDHS 2007 and SHIES 2010

The country has made great improvements in the proportion of households with access to electricity. The proportion increased by more than double at national level from 22 percent in 1997 to 44.3 percent in 2010, showing an improvement of 22.3 percent. However, great disparities exist in terms of rural or urban residence. Table 7.15 shows that in 2010, only about 31 percent of the rural household

population had access while in the urban areas 66 percent of households were connected.

Currently there is a rural electrification impact study which aims to establish connectivity statistics to the national grid in

rural areas. This will enable the rural electrification programme to implement strategy for a wider benefit of Swazi citizens in line with the National Energy Policy, NDS and the PRSAP. The study also supports grid expansion and intensification, which connects large numbers of community members to existing infrastructure. It will also aim to provide electricity to rural public institutions. Currently, more than 90 percent of all public institutions (e.g. schools and clinics) have been electrified. It is however worth noting that public institutions are continuously being established.

Indicator 7.13: Energy use in Swaziland (Tj oil equivalent) $1 GDP

The main sources through which the country meets its energy needs are electricity, coal, petroleum products and renewables, and waste. In 2009 the total energy supply in the country was 32,208.66 TJ. Table 7.16, shows energy trends where electricity share has remained constant at 13 percent, while there has been a significant decline in coal share from 16 percent to 6 percent. Likewise, oil and oil products consumption increased by 2 percent and renewable energy by 8 percent.

Table 7.16 Trends in Energy Use

Energy Source	2007(%)	2009 (%)
Electricity	13	13
Renewable	48	56
Coal and Coal products	16	6
Oil and oil products	23	25

Source: MEPD; MDGR (2010),MNRE;(

The major source of energy is renewable energy at 56 percent; this energy is mainly used by the sugar industry for process heat and power generation. Ubombo Sugar launched its new cogeneration plant that sells up to 10GWh of electricity to the national grid. The plant uses not only bagasse but also tops up with trash from the cane (green harvesting). Royal Swaziland Sugar Corporation (RSSC) is also looking into launching their cogeneration unit and will be using woodchips which are also produced locally, thus the increase in the overall renewable energy.

Most electricity is generated by hydro power stations. The electricity installed hydro generating capacity is 60.6 MW and diesel installed capacity is 9.5 MW, where they both contribute 288 GWh to the national grid. Government is looking into increasing hydro electricity generation and possible sites include Lower Maguduza, Mnjoli and Ngwempisi(MNRE, 2011).

The Government is currently promoting the development of a Biofuels (Bio ethanol and biodiesel) industry in the country which will blend 10percent anhydrous ethanol with 90percent unleaded petrol. The ethanol is produced by RSSC from sugar cane molasses. This blended fuel will be used by a selection of vehicles from government and RSSC as a rollout to government programme.

Table 7.17 Volumes of Liquid Fuels 2000 -2010

YEAR	97/LRP	ULP	DIESEL	PARAFFIN	TOTAL
2000	102,719,772	9,404,185	122,138,008	14,735,016	248,998,981
2001	88,000,038	10,497,304	107,729,834	11,322,388	217,551,565
2002	110,637,422	14,929,593	87,861,186	10,294,806	223,725,009
2003	88,050,182	20,265,161	109,894,342	10,106,689	228,318,377
2004	85,989,291	25,976,776	109,339,660	9,778,171	231,085,902
2005	80,381,284	35,619,455	116,344,346	8,970,900	241,317,990
2006	48,546,170	64,467,023	118,077,133	8,422,601	239,514,933
2007	11,939,154	103,181,186	121,516,065	8,183,392	244,821,804
2008	13,472,000	102,343,000	108,698,000	6,478,000	230,993,008
2009	15,137,053	113,319,559	118,066,433	6,476,098	252,999,143
2010	17,049,629	116,235,121	123,455,539	5,960,011	262,702,310

Source: MNRE; (2011)

In 2006 the country saw a drop in the use of LRP and an increase in the use of ULP as we are moving towards cleaner fuels (Table 7.17). Fuel consumption is stabilizing due to the hike in fuel prices and the global economic crisis. Fuel volume, in particular diesel also fluctuates depending on economic activity e.g. road and dam construction, mining, farming season as well as closure of major companies such as Sappi Usuthu, Swaziland paper mills, etc.Paraffin has dropped because it is sold at exorbitant prices and some oil companies have stopped distributing paraffin especially in rural areas since it is no longer financially attractive.

With the increase in affordable imported cars the country's energy use significantly increased. This is evident in the increasing figures of consumption of the Unleaded Petrol (ULP) and diesel. Energy statistics reveal that between 2000 and 2008, 97/LRP decreased by 86.9 percent, ULP increased by 90.8 percent, diesel increased by 11.0 percent and paraffin decreased by 56.1 percent (MNRE, 2011). Real volumes of energy consumption started to drop from mid-2006. However, 2008 onwards was unique as the global economic and financial crisis began to show real impact to fuel demand as shown in Figure7.10

Figure 7.10 Liquid Fuel Consumption 2000-2010
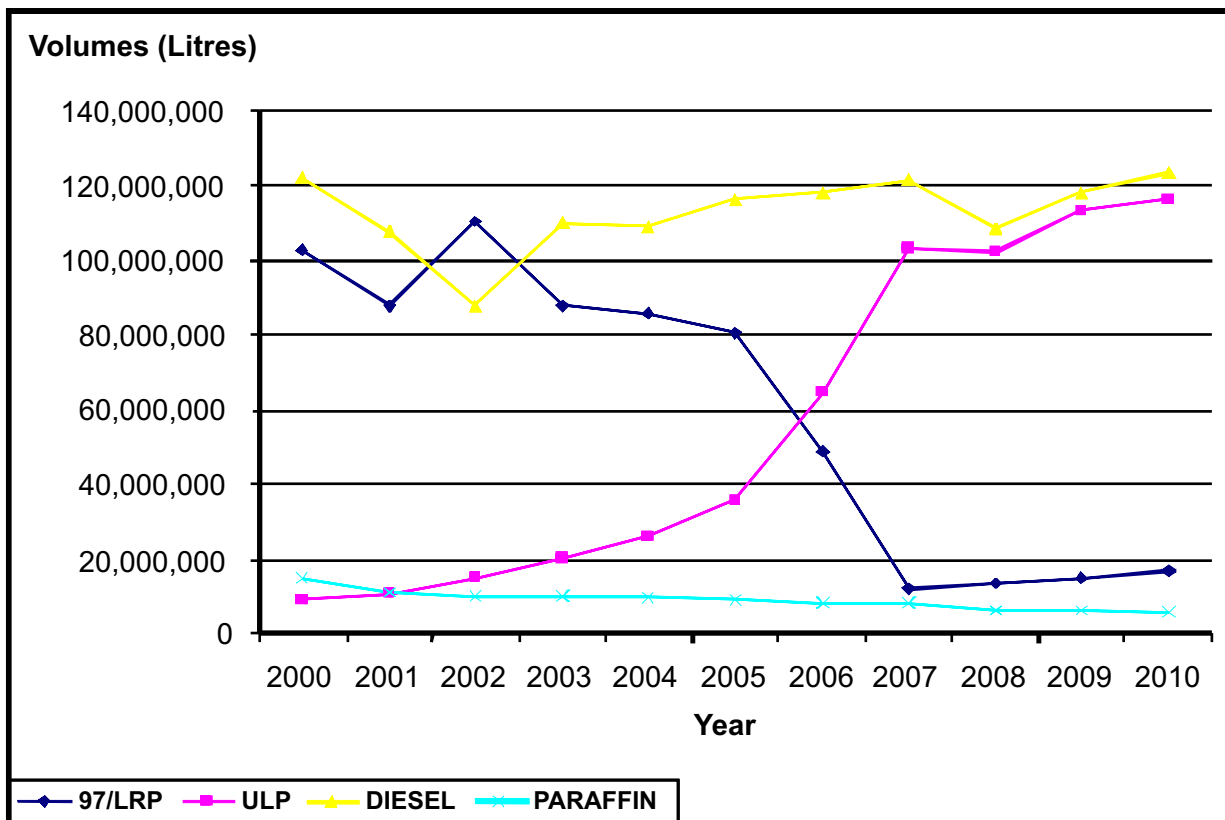
Source:MNRE (2011)

The solar regime in the country is not well documented and it is necessary to collect sufficient and reliable data so as to map the resource. However, indications from the SADC maps, satellite images and sunshine hour data collected indicate that annual averages could lie between 4 to 6 kWh/m^2/day. As a long term policy measure the Government is currently developing a national solar technologies action plan that will outline activities to be undertaken by government and the relevant stakeholders in a bid to promote the integration of solar energy into the country's energy mix.

The government is implementing projects to conserve energy within Public institutions resulting in both environmental and economic benefits to the country. This programme involves the installation of energy saving solar technologies such as solar water heaters and photovoltaic panels that will provide demonstration models for energy savings to industry, commercial and domestic sectors. The wind regime is also not well documented.

However, there could be a potential for micro wind turbines (for instance, for battery charging at less than 100 kW). Wind pumps have been used and this application seems to hold the greatest potential for wind energy in the country. The mean wind speed estimated to lie between 4-4.5m/s could be sufficient for their deployment. Currently, further wind measurements and investigations are being carried out at Lubombo Plateau as well as at five other sites throughout the country.

The project aims to establish the wind and solar regime for the country in order to explore and establish small wind power generators for rural communities and increase the deployment and absorption of solar technologies which are clean energy alternatives compared to wood fuel, candles and paraffin.

INEQUALITY ANALYSIS

Improved Drinking Water Sources

Regional inequality

Table 7.18 Proportion of Population Using Improved Drinking Water Sources by Region 2010

Year	Region			
	Hhohho	**Manzini**	**Shiselweni**	**Lubombo**
2010	79.3%	74.6%	49.1%	62.4%

Source: CSO; MICS (2010)

There are great regional disparities in terms of use of improved drinking water sources. The region with the highest proportion for use of improved water sources is the Hhohho region at 79.3 percent followed by Manziniat 74.6 percent and Lubombo at 62.4 percent (Table 7.18). Shiselweni has the lowest proportion of 49.1 percent and is the only region below 50 percent. It is of paramount importance that geographical targeting is applied when implementing programmes aimed at improving access to improved drinking water sources.

Educational inequality

Table 7.19 Proportion of Population Using Improved Drinking Water Sources by Educational Level 2010

Year	Education Level of Household Head				
	None	**Primary**	**Secondary**	**High**	**Tertiary**
2010	56.2%	59.0%	72.9%	84.1%	89.2%

Source:CSO; MICS (2010)

There is a positive correlation between the use of improved drinking water sources and the level of education of the household head. For households where the head has tertiary education, 89.2 percent use improved drinking water sources compared to 56.2 percent where the household head has no education, (Table 7.19). Positive developments in MDG 2 will have positive effects in this indicator as well.

Rural and urban inequality

The urban and rural gap for improved drinking water sources is huge, with 91.1 percent for urban compared to 60.1 percent for rural areas. However, there has been an improvement of 3.7 percent in rural areas from 56.4 in 2007 to 60.1 in 2010. On the other hand, use of improved drinking water sources declined by 0.8 percent in urban areas from 91.9 percent in 2007 to 91.1 percent in 2010.

Improved Sanitation Facilities

Regional inequality

Table 7.20 Proportion of Population Using Improved Sanitation Facility by Region 2010

Year	Region			
	Hhohho	**Manzini**	**Shiselweni**	**Lubombo**
2010	54.9%	52.4%	58.9%	48.2%

Source: CSO; MICS (2010)

Access to sanitation facilities is not equitable. There are marked variations between regions. The region with the highest use of improved sanitation facilities is the Shiselweni region at 59 percent followed by Hhohho at 55 percent and Manzini at 52 percent. The dry region of Lubombo lags at 48 percent and is the only region below 50 percent (Table 7.20). It is of paramount importance that geographical targeting is applied when implementing programmes aimed at improving sanitation.

Educational Level Inequality

There is a positive correlation between the use of improved sanitation facilities and the level of education of the household head. For households where the head has tertiary education, 76.0 percent use improved sanitation facilities compared to 44.6 percent where the household head has no education (CSO, 2010b).

Table 7.21: Proportion of population using improved sanitation facility by educational level (2010)

Table 7.21 Proportion of Population Using Improved Sanitation Facility by Education Level 2010

Year		Education Level of Household head				
		None	**Primary**	**Secondary**	**High**	**Tertiary**
2010		44.6%	51.7%	53.4%	59.4%	76.0%

Source:CSO;MICS (2010)

Rural and Urban inequality

The urban and rural gap for improved sanitation facilities is minimal, with 54.7 percent for urban compared with 50.7 percent for rural as shown in Table 7.11. The 2000 MICS and 2007 SPHC reports show a decline in the proportion of population using improved sanitation facilities. This trend is being observed both in rural and urban areas. The decline in the sanitation coverage may be as a result of having more detailed definitions of sanitation and stringent methods used to estimate coverage. In previous estimates, certain categories of latrines were poorly defined as 'improved', now, a breakdown of these categories is pursued and some of the latrines previously described as improved, are classified as unimproved. This is another reason why use of pit latrines is on the decline. The use of traditional latrines is widespread in Swaziland.

SUPPORTIVE ENVIRONMENT

Among the conditions that have contributed to progress are:

The Forest Bill of 2010 is expected to further enforce the management and increase of carbon sinks in the form of forests.

The government has signed different protocols and agreements e.g. the Montreal Protocol on carbon emissions which lay the foundation upon which sustainable environment can be improved among others.

Swaziland ratified the Vienna Convention on the Protection of the Ozone Layer and the Montreal Protocol on substances that deplete the ozone Layer in 1992. All the amendments to the Protocol were ratified in 2005. ODS Regulations were promulgated in 2003.

The existence of the National Energy Policy Implementation Strategy (NEPIS)

A Programme for Basic Energy and Conservation (ProBEC) has been initiated in the country to raise awareness on fuel efficient stoves through campaigns, to raise awareness on alternative fuel, and study on rural development agencies and their role in energy.

The Water and Sanitation is one of the priority sectors under which the Sector Wide Approach (SWAp) is being piloted.

The development of a National Multi-sectoral Bushfire Contingency Plan. The plan recognises the importance of the cross-border collaboration and provides network collaboration with the neighbouring states.

The Water Act of 2003 promotes the application of the principals of integrated water resources management.

The establishment of the Department of Water Affairs has increased coordination in the sector by integrating rural water supply, ground water and surface water resources management.

The creation of the Swaziland Water Services Cooperation has improved access to safe drinking water. The recent introduction of Value Added Tax (VAT) in the country, water has been zero rated. This will make water remain affordable.

Upgrading programme for informal settlements in the cities has reduced the number of households in informal settlements

KEY BOTTLENECKS CONSTRAINING PROGRESS AND HOW TO ADDRESS THEM

The bottlenecks and some of the national strategies for removing them include the following:

Inadequate management of limited water resources has been an issue but the establishment of the River Basin Authorities should address the water management issues in the country.

The establishment of the River Basin Authorities will address the water management issues in the country.

More and more woodland is being cleared for agricultural production, industrialization, settlements and grazing, while at the same time the demand for wood fuel is increasing.

The combination of high demand aggravated by low use efficiency has contributed to deforestation; rural poverty and the rural energy shortage, contributors to wood depletion are institutions that are major users of wood for cooking activities such as schools and NCPs amongst others.

The NEPIS includes activities related to the energy needs of households in rural and peri-urban communities, and looks at upgrading current power supply systems,

advocating the use of alternative sources of energy, and actively involving the female population in the energy sector

The National Energy Policy Implementation Strategy needs to be fully implemented.

Ubombo Sugar has just launched its new cogeneration plant that sells up to 10GWh of electricity to the national grid. The plant uses not only bagasse but also tops and trash from the cane (green harvesting). Royal Swaziland Sugar Corporation is also looking into launching expansion of their cogeneration unit and will be using woodchips.

Government is looking into increasing hydro electricity generation and possible sites include Lower Maguduza, Mnjoli and Ngwempisi

The establishment of community woodlots

Swaziland's solar regime is not well documented and it is necessary to collect sufficient and reliable data so as to map out the resource. In 1992 the Energy Section established an extensive solar pilot project mainly

to electrify clinics and schools. Several street lighting, solar water heating and vaccine refrigeration systems were also deployed through the project. The project results indicated that the solar resource was sufficient in many areas throughout the country but that certain institutional and technical barriers needed to be overcome in future projects.

There is need for Government to build capacity in the area of sustainable environment especially in the aspects of monitoring the carbon emissions. Though emissions are low in small countries and if anything the small countries contribute more to refreshing the atmosphere than spoiling it, there is still need to deal with the carbon emissions to limit them to a manageable level and therefore be able to monitor it.

Lack of resources needs to be examined for progress can only be made if resources are available.

The land policy needs to be finalized immediately to help in the achievement of this MDG.

New challenges also exist in the area of unanticipated consequences

There is no clear indication that the observed values would guarantee quality and sustainability of the water resources.These issues need to be addressed in studies to be conducted in future.

Child headed households due to HIV/AIDS and other causes require

support in the areas of water, pit latrines and solid fuels. There is need to ensure that support is available to them.

Difficult financial situations force people to look for alternative ways of survival. Forests and the environment become a source of income.This therefore can affect the progress being made in environmental protection.

Communities and households need to be capacitated to maintain and replace sanitation facility after the implementation period. Communities should be continuously educated on the importance of improved sanitation facilities. Lack of maintenance of water supply infrastructure is constraining progress with regard to the proportion of population using an improved water source.

Developments such as agricultural development, sugar cane production at LUSIP and KDDP, and the presence of invasive alien plants are contributing to a decline in the land covered by forests and need to be addressed

HOW SWAZILAND WILL ACCELERATE PROGRESS IN THIS MDG

The country needs to use the constituency (community) approach in dealing with environmental issues. There is need to strengthen the local leaders and their people to work together in the areas of environment.

There is need for every department to take environment issues seriously and not only leave it in the hands of the department that is directly involved. (Mainstreaming and cross cutting issues.)

MDG 8
DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

MDG 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

TARGET 8.A   *DEVELOP FURTHER AN OPEN, RULE BASED PREDICTABLE, NON-DISCRIMINATORY TRADING AND FINANCIAL SYSTEM*

TARGET 8.B   *ADDRESS THE SPECIAL NEEDS OF THE LEAST DEVELOPED COUNTRIES*

TARGET 8.C   *ADDRESS THE SPECIAL NEEDS OF LANDLOCKED AND SMALL ISLAND DEVELOPING STATES*

Indicator 8.1: Official Development Assistance (ODA)

Official development assistance (ODA) comprises grants or loans to developing countries and territories on the Organisation for Economic Cooperation and Development/Development Assistance Committee (OECD/DAC) list of aid recipients that are undertaken by the official sector with promotion of economic development and welfare as the main objective and at concessional financial terms.

are excluded. Also excluded is aid to more advanced developing and transition countries as determined by DAC.

There is lack of information that could show the total aid flows into the country. The only available information relates to information on aid that has been channelled through the Government system and some non-governmental organisations. Table 8.1 showsOfficial Development Assistance (ODA) provided by several donor agencies and donor countries to Swaziland for the past five fiscal years.

Table 8.1 Official Development Assistance to Swaziland 2006 – 2011 (E'000)

Source	Period				
	2006/7	2007/8	2008/9	2009/10	2010/2011
European Union	43,429,771	9,800,000	20,048,000	150,316,488	207,900,000
Republic of China – Taiwan	80,267,383	49,534,303	129,360,000	147,000,000	133,000,000
Japan	2,598,526	4,216,870	2,530,122	101,688,167	42,420,000
Govt. of the USA	-	-	-	214,124,519	25,060,000
Global Fund	-	-	131,557,069	606,232,375	112,560,000
World Vision International	164,864,994	219,291,072	175,147,000	183,330,000	149,037,000
PEPFAR	63,000,000	194,110,000	205,100,000	229,810,000	306,660,000
UN Agencies	177,221,979	269,525,662	301,730,527	150,820,894	151,430,216
ADB				39,200,000	63,350,000
World Bank	-	-	-	-	2,100,000
TOTAL	531,382,653	746,477,907	965,472,718	1,822,522,443	1,193,517,216

Source: MEPD; ACMS, (2011)

The above table shows that the inflow of ODA to Swaziland has generally been increasing over the years. A close analysis of the figures in Table 8.1 indicates that ODA declined between 2009/10 and 2010/11 fiscal years. The decline could be attributed to the global financial and economic crisis which started in the United States of America in 2009, and spread throughout both the developed and the developing countries. It is important to note that ODA increased in 2008, 2009 and 2010 despite the fact that the majority of donor countries were experiencing slow economic growth as a consequence of the global economic and financial crisis. However, in 2011 effects of the global economic crisis were felt. On the face of these developments, it can be argued that the donor community still perceives Swaziland as a country worth supporting, an indication of a strong global partnership that the country has developed.

Indicator 8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)

Table 8.2 Sector Allocable Official Development Assistance to Swaziland 2007- 2010 (000's)

Source	Period		
	2007/8	2008/9	2009/10
Basic Education	57,750	-	28,122.5
Primary Health Care	63,000	207,900	195,000
Safe water and Sanitation	58,450	-	4,013.1
Agriculture	1,494.5	20,048	13,814.5
TOTAL	180,694.5	227,948	240,950.1

Source: MEPD; ACMS (2010)

Table 8.2 indicates that ODA support for basic education amounted to E57.8 million in 2007/8 and declined to E28.1 million in 2009/10. However, there is need to have more data since the information provided is not disaggregated to reflect assistance on specific sectors. The support included funding for a computer programme in public schools and technical support to the Ministry of Education (ACMS).

The inflow of ODA towards Primary Health Care showed a sharp increase from E63 million in 2007/8 to E207 million 2008/9. There was however a 6percent decline in 2009/10 with total ODA amounting to E195 million in this sector (Table 8.2). Activities supported through Primary Health Care include basic health care, basic health infrastructure, basic nutrition, infectious disease control, health education, and health personnel development.

ODA for safe water and sanitation showed a sharp decline from E58.5 million in 2007/8 to zero in 2008/9 and then rose to E4.0 million in 2009/10.Support under the water and sanitation sector includes provision of borehole pumps for rural communities, water supply to schools and support for the rural water project.

The inflow of Agricultural ODA increased from E1.5 million in 2007/8 to E20 million in 2008/9 before recording a 31percent decrease in 2009/10 to E13.8 million. The activities supported under the Agricultural sector include funds for the control of alien invasive species, construction of Post Entry Plant Quarantine, the Swaziland Agricultural Development Project, support to smallholder cane growers, and dam constructions.

From the above analysis of sector allocable development assistance, it can be deduced that ODA inflows to basic social services has been erratic. This implies that although ODA support to basic social services is flowing into the country, it is however not consistent.

The country therefore needs to consolidate its support for basic social services from donors. It is very important to point out that the sector allocable ODA data may not be very accurate because most ODA consists of aggregated assistance for several sectors. It is therefore not disaggregated to indicate the level of assistance to specific sectors.

Major Contributors to ODA in the NGO Sector

The analysis below used data for selected major NGOs contributing to ODA inflows in Swaziland. These are NGOs which were able to provide data for this report

Table 8.3 Bilateral Pepfar Budget in Emalangeni 2007-2011

Programme Budget Category	2007	2008	2009	2010	2011
Health Prevention	19,950,000	58,940,000	68,740,000	70,280,000	102,620,000
Health Care and Treatment	17,360,000	74,480,000	66,220,000	70,700,000	122,010,000
Health Systems	25,690,000	60,690,000	70,210,000	88,830,000	82,040,000
Grand Total (E)	**63,000,000**	**194,110,000**	**205,170,000**	**229,810,000**	**306,670,000**

The PEPFAR organisation has been providing funding more especially for fighting HIV/AIDS in Swaziland. The organisation has contributed towards the development of the country and this reflects the impact of ODA assistance from Non-Governmental Organisations (NGOs). The organisation's budget for 2010 was E229.8 million, rising from E205.1 in the previous year (Table 8.3).

Figure 8.1 World Vision Swaziland's Five-Year Budget Trend in (Million US Dollars)
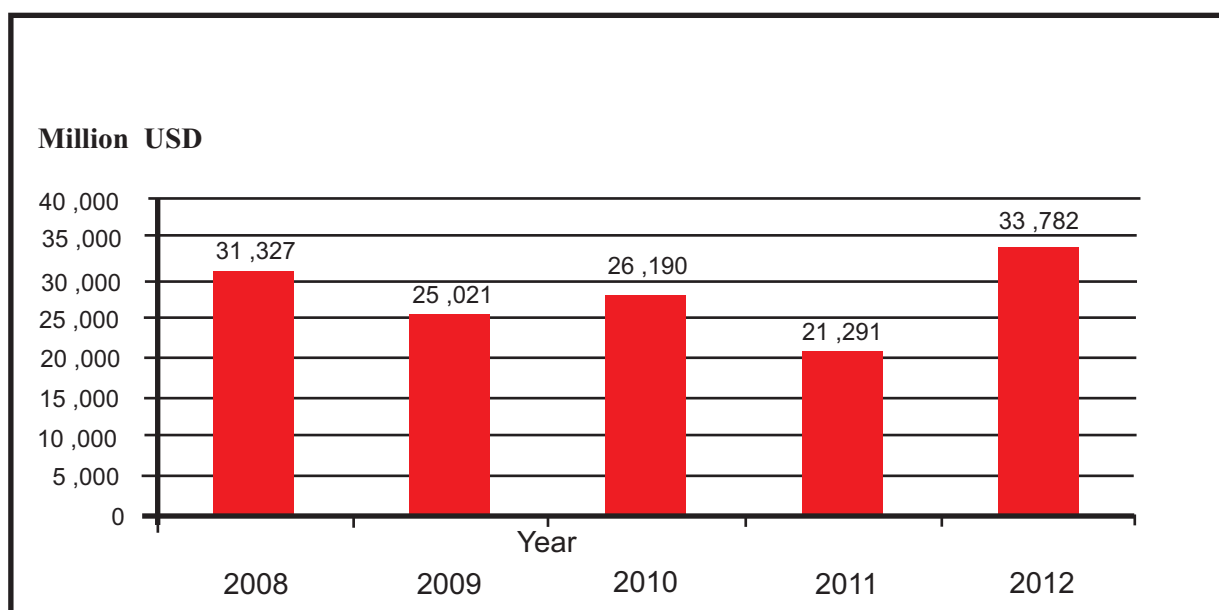
Source: World Vision (2012)

The inflow of ODA to World Vision has been on a declining trend from US$31.3 million in 2008 to US$21.2 million in 2011. This trend is however being reversed in 2012 where ODA is expected to increase to US$ 33.8 million (Figure 8.1). The decline

in ODA inflows to this NGO is largely explained by the depressed global economy over the years.

The ODA support to the country has generally been increasing. However, global economic slowdown had a negative impact on ODA inflows into the NGO sector as well. In view of the above, one can say that Swaziland has been able to consolidate its partnership with the NGO sector. This conclusion however, needs to be taken with caution considering that the number of NGOs analysed and on the basis of which the conclusion is drawn is very few.

Trade

Swaziland is an open economy characterized by a high volume of exports and imports to the Gross Domestic Product (GDP) ratios. In 2010 the ratio of exports to GDP was 50percent while that of imports to GDP was 53percent. Trade to GDP ratio is 171, which is far above the average for Africa of 90 (Central Bank of Swaziland reports). As a result of this openness, the local market tends to be heavily influenced by both regional and international trade developments. Being a

There is little evidence in Swaziland that donors and government have made any progress in meeting the Accra Agenda for Action (AAA) commitment on conditionality, namely that they would agree on a limited set of conditions drawn from the country's national development strategy. In this regard, all donor support to Swaziland is tied to specific projects and programmes. Furthermore, donors monitor the usage of resources to ensure that they are spent on targeted projects.

experiesmall open economy, Swaziland tends to be vulnerable to the expansion of international markets as it competes with relatively more developed economies like the Republic of South Africa. The country is highly dependent on trade with its SACU partners with about 80percent of exports destined for the South African market while 90percent of imports come from South Africa. Swaziland still remains a net importing country of both goods and services as indicated in Table 8.4 below. An increasing negative trade balance on both goods and services has been nced since the year 2007.

Table 8.4 Balance of Payments (Million Emalangeni)

	2007	**2008**	**2009**	**2010**	**2011**
Merchandise Exports	12,292.60	12,958.50	14,066.90	14,066.90	13,217.40
Merchandise Imports	(12,998.00	(13,040.00)	(15,094.40)	(15,0940.40)	(14,314.60)
Trade Balance	(705.40)	(81.50)	(1,027.50)	(1,027.50)	(1,097.20)
Net Services	(1,858.20)	(3,519.70)	(3,388.00)	(3,411.10)	(3,077.60)

Source: CBS (2012)

Cooperation and Market Access

The Kingdom of Swaziland has taken great strides in establishing economic partnerships with other trading blocs both at international and regional levels. Its membership in different trade partnership agreements has over the years assisted in improving investment and the overall economic environment.

Having been a member of the World Trade Organization-(WTO) since 1995, the Kingdom of Swaziland has benefitted from participating in a rule-based, transparent and predictable trading system. These benefits have been in the form of liberalized trade and fair competition through the Most Favoured Nation (MFN) and the National Treatment principles.

Swaziland still looks forward to the completion of the Doha Round of negotiations, which is development oriented, and thus allowing for special assistance and improved trade concessions for developing countries.

In June 2009, Swaziland signed the SADC-European Union (EU) Interim Economic Partnership Agreement (IEPA) in order to gain duty free – quota free access for exportsinto the European market. This was done to preserve trade preferences that existed before the expiry of the trade chapter of the Cotonou Agreement in 2007.

The EU market is of great benefit to the agricultural sector, mainly the sugar industry. Negotiations are still on-going for a full EPA

which promises to extend to other areas such as services and cooperation in investment. This will expand the country's market access to the EU beyond just goods to cover other sectors, which will be tantamount to a consolidation of global partnership for Swaziland.

Swaziland is also among countries that benefit from the African Growth and Opportunity Act (AGOA); a unilateral trade drive initiated by the United States of America (USA) for Sub-Saharan African countries. AGOA allows for preferential market access for Swazi products into the USA market.

The Act provides for non-reciprocal market access into the US market.However, it has the drawback of being unstable in the sense that the US hasthe latitude to unilaterally revokebenefits for non-compliance. The instability of and conditionalities associated with AGOA involve the sustainability of the partnership.

Regionally, the Kingdom of Swaziland, together with Botswana, Lesotho, Namibia and the Republic of South Africa is a member of the Southern African Customs Union (SACU). Within SACU, Swaziland is part of the on-going negotiations with India for a Free Trade Agreement (FTA) which is again intended to broaden the market base for exports. SACU has also concluded a Trade, Investment and

Development Cooperation Agreement (TIDCA) with the USA. In July 2006, SACU entered into an FTA with the European Free Trade Association (EFTA) States, which comprise of Iceland, Liechtenstein, Norway and Switzerland. The objective of the FTA is to expand trade, investment and economic relations between the parties. This is the first FTA completed by SACU since the coming into force of the new SACU Agreement in 2002.

This is also the first FTA that EFTA States have signed with another trading bloc involving Sub Saharan African countries. Both parties signed an FTA which entered into force on 1st March 2008.

In another effort to expand the market base, a Preferential Trade Agreement (PTA) between SACU and MERCUSOR (Argentina, Brazil, Paraguay and Uruguay) was signed and will come into effect after ratification by all parties. The MERCUSOR market will advance South–South trade and cooperation.

The overall objective of these partnerships is to increase trade among SACU member states as well as to create wider cooperation and international markets for all countries concerned.

At the Southern African Development Community (SADC) level, 15 countries are making progress on the road to regional integration in terms of the SADC FTA. Since its launch in August 2008, SADC Member States have been in the process of fulfilling their obligations to phase down tariffs and import quotas by the year 2012.

The tariff phase - down ensures that all goods originating within SADC are duty-and quota-free thus promoting intra-SADC trade. To-date, 99.2percent tariffs are zero rated within

the SADC region; and to further strengthen integration, SADC is expected to move towards a Customs Union soon.

Together with 19 other Member States, the Kingdom of Swaziland is a member of the Common Market for Eastern and Southern Africa (COMESA). However, being a member of SACU, Swaziland's participation in COMESA is through derogation which allows her to trade on a non-reciprocal basis with other COMESA Member States.

The 28th COMESA Ministerial Council Decision reached in Mbabane in 2010 allowed for the waiver to be extended beyond December 2010, and to be linked to the coming into force of the Tripartite Free Trade Area (TFTA) which includes COMESA, the East African Community (EAC) and SADC.

Within COMESA, Swaziland has also undertaken to engage in trade in services and to-date, 7 priority services sectors have been submitted for possible liberalization namely: business, communication, construction and related engineering services, energy and related services, financial, tourism and related services, and transport.

By virtue of being a member of SADC and COMESA, the Kingdom of Swaziland already forms part of the Tripartite Free Trade Area (TFTA) which comprises 26 member states with a combined population of about 600 million, a combined Gross Domestic Product (GDP) of US$875 billion, and a GDP per capita averaging US$1,184.

The Tripartite vision is termed "Towards a Single Market" and will be achieved through the implementation of a Tripartite Development Integration Strategy that is

anchored on the three pillars of; Market Integration, Infrastructure Development, and Industrial Development. Swaziland's participation in this grand FTA will guarantee even a wider market for exports, full participation in trade with other COMESA Member States, and full integration into the regional market.

Policies and Programmes

In an effort to expand its export base and to achieve its trade and development goals under MDG8, the Kingdom of Swaziland has undertaken a number of policy and programme initiatives to create an enabling environment for forging strong and sustainable partnership namely:

1.   National Export Strategy (NES)

Swaziland has over the years depended mainly on revenues generated by the sugar and sugar related industries. The need for the development of an export strategy was necessitated by the realization that there is a serious lack of competitiveness, poor market diversification, and a weak public - private sector partnership.   The National Export Strategy (NES) is therefore an effective tool to encourage, among other things, diversification of the export mix away from a limited number of traditional exports to more value added and competitive sectors and thus reduce the country's vulnerability to external shocks. Prioritized sectors include sugar, forestry, horticulture and citrus exports, handcraft, food and beverages, tourism and information communication technology. One of the most important outcomes of the NES evaluation in 2008 was the strengthening of partnerships between government and the private sector, which culminated into the development of the Private Sector Development Strategy (PSDS). The NES was initially developed in 2006 and is now due for a review.

Swaziland's participation in these partnerships is a clear indication of her commitment to enhance economic growth and development through global cooperation.

2.   The Private Sector Development Strategy

The Private Sector Development Strategy (PSDS) seeks to strengthen the contribution of enterprises to productive and equitable economic and employment growth in Swaziland. It serves as a guide to the private sector's partnership with the government of the Kingdom of Swaziland in order to increase competitiveness leading to higher returns on investments for enterprises; international trade; job creation and increased incomes, tax revenue for government as well as quality and affordable goods and services for the benefit of consumers. It is anchored on the country's Vision 2022 on sustainable development contained in the National Development Strategy. The PSDS was an initiative of the Swaziland Employers Federation and Chamber of Commerce (FSE&CC), and was financially and technically supported by the Commonwealth Secretariat. Key strategic areas for the PSDS are: the creation of an enabling business environment, trade facilitation, employment, infrastructure development, and human resource development.

3.   Trade Policy

The Kingdom of Swaziland will soon be engaging in the process of developing a trade policy which will be outward looking and will translate into stimulated economic growth and increased wealth through maximizing of benefits from trade.

4.   Industrial Policy

An Industrial Development Policy is soon to be developed.

Development of a Swaziland's Aid for Trade Strategy

Swaziland will soon to be conducting a needs assessment which will lead to the formulation of a national Aid for Trade Strategy. This will be done through support from the African Development Bank (AfDB). The Strategy will enable the country to engage investors and donors. The purpose of the needs assessment is to identify key constraints to Swaziland's trade expansion. Areas to be covered include: Economic

Impact of the global economic and financial crisis on trade

The impact of the global financial and economic crisis has been mainly felt through the second round effects on the economy of Swaziland. It is now common knowledge that the recession during the period 2008/09 originated in the United States of America, having been triggered by the end of an unsustainable expansion of the housing sector and subsequent failures in the over-leveraged financial sector. The effects spread quickly to other developed countries, and then to developing economies. The shocks were transmitted through trade,

5.   Investment Policy

An Investment Policy has already been approved by cabinet and is now ready for implementation. This will enable the creation of an enabling environment for investment to realize the country's development goals and to accelerate economic growth.

Performance, Trade Performance, Macroeconomic Environment, Trade Policy Environment, Trade support institutions, Education and skills needs, Investment Climate, Sanitary and Phyto-Sanitary Standards and Technical Barriers to Trade, Transport, Customs and Trade Facilitation, Small and Medium Enterprises and Constraints, and Challenges Facing the Major Traditional Export Products.

commodity prices, short and long term capital flows, foreign aid, real interest rates, and confidence or lack thereof.

In Swaziland, the shocks were felt through a sharp decline in the main revenue source for the country, received through the Southern African Customs Union (SACU) and accounts for about 60 percent of Government revenue. During the periods 2008/09 and 2010/11, SACU receipts fell by 56 percent from E6 billion to E2.6 billion, largely due to a decline in trade. Owing to

the high dependence on SACU receipts, the sharp fall in revenue resulted in fiscal challenges for Government, making it impossible to maintain and sustain a lot of development programmes and social responsibilities. The current fiscal challenge has adversely affected both investor and consumer confidence and prospects of economic growth. There have been numerous consultations between the Government of Swaziland and international financing institutions, namely the World Bank, the International Monetary Fund, and the African Development Bank, including the neighbouring South African Government seeking to find solutions to the crisis. It is hoped that the situation would eventually be resolved, as the year 2012 shows some signs of improvement compared to the previous year.

Indicator: 8.9 Proportion of ODA provided to help build trade capacity

In 2011, the European Commission provided technical assistance amounting to US$0.3 million (E2, 100,000) for the Competitiveness and Trade Support Programme under the 9th EDF. The objective of the programme was to contribute to GDP growth and poverty alleviation and to increase pro-poor economic integration and participation by Swaziland in the international trading system. It had two components namely:

Capacity for trade policy formulation, negotiation and implementation strengthened, including a better participation of non-state stakeholders in the policy process;
Competitiveness (market and product development capacity of producers improved).

There is need for further research in this area since most donor assistance seems to be conducted bilaterally between the recipient organizations, (i.e. private companies, some public institutions and non-governmental organizations), and the donors.

TARGET 8.D DEAL COMPREHENSIVELY WITH THE DEBT PROBLEMS OF DEVELOPING COUNTRIES THROUGH NATIONAL AND INTERNATIONAL MEASURES IN ORDER TO MAKE DEBT SUSTAINABLE IN THE LONG TERM

Indicator 8.12 Debt service as a percentage of exports of goods and services

Debt as a percentage of GDP

Table8.5 External Debt, Debt Service as a Percentage of Exports on Goods and Services and GDP 2008-2012

Public Debt Indicator	Year			
	2008/09	2009/10	2010/11	2011/12
Total debt (E'Million)	3,992.6	3,203.4	4,250.7	4,480.2
Total debt as % of GDP	16.0	12.1	15.0	14.8
Domestic debt (E'Million)	387.7	391.0	1,697.8	1,921.3
Domestic debt as % of GDP	1.5	1.5	6.0	6.3
External debt (E'Million)	3,604.9	2,812.5	2,552.9	2,558.9
External debt as % of GDP	14.5	10.6	9.0	8.5
Domestic debt as % of total debt	9.7	12.2	39.9	42.9
External debt as % of total debt	90.3	87.8	60.1	57.1
Debt services as % of exports of goods and services	**2.05**	**2.69**	**3.09**	**2.39**

Source:CBS;Annual Report,(2012)

Swaziland's debt ratios look favourable with total debt as percentage of GDP dropping slightly from 15 percent in 2010/11 fiscal year to 14.8 percent in the 2011/12 period; external debt as percentage of GDP declining slightly from 9 percent to 8.5 percent; and debt service as percentage of export also showing a decline from 3.09 percent to 2.39 percent over the two periods respectively (Table 8.5). External debt stock figures for the year ending December 2011 indicate that public sector external liabilities increased in Emalangeni terms.

The increase was largely due to the depreciation of the local currency against the US dollar and other major currencies in which most of the country's liabilities are denominated. At the end of December 2011, total public external debt stock (which includes public and publicly guaranteed debt) stood at E2.77 billion, denoting an increase of 3 percent from the E2.54 billion recorded in December 2010.

The institutional composition of debt stock remained unchanged during the year, being multilateral, bilateral and private creditors. Multilateral creditor organisations included the AfDB Group, EIB, IBRD, and IFAD whilst bilateral sources comprised the governments of Denmark, Germany, Japan, Kuwait, RSA and Republic of China (Taiwan). The DBSA, Hambros and Rand Merchant Bank (RMB) were the private creditors who form the minority of lenders.

During the financial year 2010/11, total public external debt service amounted to E358.2 million, reflecting a decrease of 22.6 percent from the previous year's level. The debt service constituted principal repayments, interest payments plus commitment fees on undisbursed funds.

In terms of the prevailing debt ratios, the public external debt stock to exports of goods and services decreased from 22.2 percent in the previous financial year to 17 percent in 2010.

The debt stock (public external) to GDP ratio stood at 9.5 percent from 12.4 percent recorded the previous year. The ratio of public debt service to exports of goods and services was estimated at 2.4 percent, down from 3.1 percent the previous financial year (*CBS, 2011*).

All these ratios are still within internationally acceptable standards.Swaziland has low debt-to-GDP and debt-to-exports ratios which indicate that the country's debt is still within sustainable levels. As such, Swaziland

can be said to achieve external debt sustainability as it can meet its current and future external debt service obligations in full, without recourse to debt rescheduling or the accumulation of arrears and without compromising growth. The country was, however challenged in 2011 as government wanted to borrow long term from the domestic market but the market was not willing to lend to government as it was considered as highly risk with low ability to repay loans. The situation however improved in 2012 due to a rise in government revenue.

TARGET 8E: IN COOPERATION WITH PHARMACEUTICAL COMPANIES, PROVIDE ACCESS TO AFFORDABLE ESSENTIAL DRUGS IN DEVELOPING COUNTRIES

Indicator 8.13 Proportion of population with access to affordable essential drugs on a sustainable basis

The availability of medicines in Swaziland is compromised by several factors, such as problems in the issuing of medicine tenders and the tender board, bureaucratic procurement systems and the less efficient medicine supply and distribution systems which cause an unpredictable supply of drugs. However the situation is overstated by the people on treatment who panic when there are rumours about short supply, especially people on ARVs and TB treatment.

To improve the supply of medicine and service delivery in the country, the Central Medical Stores, completed the expansion of the medicines warehouse which is three times the size of the old warehouse, installed an inventory management system, completed nine regional medicines warehouses,

established a procurement unit, and linked to the Government network to improve the efficiency in the requisition of medical supplies. Furthermore, the Ministry of Health intends to engage a private partner in storage/warehousing, distribution, stock management and the dispensing of essential drugs in order to tackle the issue of reported stock shortages

Swaziland is in the process of developing the Swaziland Essential Medicine List, which is an adaptation from the WHO Essential Drug List. The Swaziland Essential Medicines List is a selection of medicines necessary to meet the medical needs of the majority of people living in Swaziland. The selection takes into consideration many factors including disease patterns, safety, efficacy and the total cost of therapy. These medicines are intended to be available within the context of well-functioning health systems at all times in adequate amounts, in the appropriate dosage forms, with assured quality and adequate information, and at a price the individual

and the community can afford. According to the Central Medical Stores, a unit responsible for the acquisition, management and distribution of medicines in the country, over 90 percent of the medicines in the Swaziland Essential Medicines List are readily available at affordable rates to the entire Swazi populace.

The country is currently facing a fiscal crisis which emanates from the second round effects of the global economic crisis which saw a tremendous reduction in SACU revenues, which account for over 60 percent of Government total revenue. However, in the face of this situation, Government continued to reinforce the Health sector budget, especially the recurrent budget which caters

for the acquisition of medicines. The Ministry of Health also gets assistance in the form of drugs, especially for HIV and AIDS, Malaria and TB, from its partners such as Médecins Sans Frontières (MSF) / Switzerland & Netherlands, the Global Fund and UNICEF.

As a consequence of donor fatigue, and the shrinkage in global public resources brought about by the global economic crisis, the health sector is already feeling the impact as a third of the national health budget which comes directly from donor agencies has been slashed. As a result, the Global Fund's five-year assistance towards the National Tuberculosis Programme has been reduced by 10 percent whilst the budget for the Swaziland National Network of People Living with HIV/AIDS was reduced by 23 percent, (MOH, 2008).

TARGET 8.F: IN CO-OPERATION WITH THE PRIVATE SECTOR, MAKE AVAILABLE THE BENEFITS OF NEW TECHNOLOGIES, ESPECIALLY INFORMATION AND COMMUNICATION

Information and Communications Technology

Swaziland's ICT sector is beginning to thrive given the institutionalisation of the sector through the establishment of a fully-fledged Ministry of Information Communications and Technology towards the end of 2009. This milestone in the history of the country has brought about an era of immense desire for information and technology tools which can be termed as the renaissance period for the Swazi people. The emergence of the popular site Facebook is one of the reasons that have reshaped the ICT sector as many

people are beginning to build relations with one another both within the country and with the external world.

Both in Government and the private sector in Swaziland have embraced the introduction of new technologies particularly to improve efficiency and effectiveness. There is noticeable progress in the way government is introducing and embracing new technologies such as the E-Government and E-Cabinet to assist the country in reducing spending on both transport and paper material costs while increasing communication. In the private sector there is an increase in the new products in the market from both the mobile and fixed telephony. In addition to these improvements, the country is receiving major investments especially in the area of increasing network infrastructure to expand the country's broadband.

The Swaziland National Information Communication Infrastructure Policy

The country has an Information and Communications Infrastructure (NICI) Policy. The NICI Policy was launched in 2007 and its objective was to set up a roadmap for the development of Swaziland's Information Infrastructure and economy. It provides a basis for facilitating the socio-economic development of the country in the information and knowledge age. In this regard, the policy aims at addressing a number of challenges facing the country and looks at ICT as an enabling infrastructure vehicle for achieving a number of policy goals and objectives underlined in Swaziland's socio-economic development framework documents.

The National Information Communication Infrastructure Policy Implementation Plan

The country has been developing the NICI Policy Implementation Plan (2012 – 2016). The aim for developing the plan has been to realize the national ICT vision and provide a set of programmes to be implemented during the course of the Plan. The programmes and projects are broadly in line and consistent with the principles and objectives of the Country's Vision 2022 as outlined in the National Development Strategy (NDS).
The main objective of the plan is to undertake a comprehensive exercise to implement the NICI Policy. The Plan is expected to be officially launched by end of December 2012.

Communications Regulatory Framework

The country is in the process of liberalising the communications sector as Parliament is currently dealing with a bill to establish a communications regulatory body. The function of the Bill will be to provide the regulatory functions with regard to electronic communications, data protection in electronic communications, postal services, some aspects of electronic commerce, and broadcasting. It further seeks to liberalise the electronic communications sector by repealing existing monopolistic legislative hindrances.
Another Bill also in Parliament is the Electronic Communications Bill which when enacted will provide for further development of electronic communications and also provide for the licensing regimes and frameworks that will be used by the regulatory body. Both Bills are expected to be enacted into law by end of December 2012.

Telephone subscribers

Communication is one of the most important means for people to build and strengthen relations. Increased availability of telephone communication is crucial in addressing the impediments particularly faced by the poor people in society. Swaziland's telecommunication is striving to remain stable despite the increasing competition brought about by the mobile communications industry.

The table below shows that starting in 2005, there were 46,870 telephone lines and in 2006 the figure plunged to a record low of 44,091. In 2010 telephone lines again went down to 45,117 as compared to 45,162 reported in 2009 (Table 8.6). The table below shows the country's telephone lines per 100 population.

Table 8.6 Telephone Lines 2005 2011

Telephone Service	Year					
	2006	2007	2008	2009	2010	2011
Telephone Lines	44 091	44 287	44 849	45 162	45 117	98072
Population	1,146,050	1,018,449	1,031,747	1,043,509	1,055,506	1,067,773
Telephone lines per 100 population	3.85	4.35	4.35	4.33	4.27	9.19

Source: SPTC

The Swaziland Posts and Telecommunications Corporation has introduced a new product known as the One Phone, which hopefully will increase the number of telephone subscribers. The trend being depicted in Figure 8.5 below shows that there are prospects of reaching the desired level of subscribers by 2015, although it is slightly slowing downwards and will require some efforts to ensure that it increases to the desired level. There is a slight improvement in 2011, which could be explained by the introduction of the fixed phones by Swaziland Posts and Telecommunication.

Figure 8.2 Swaziland Telephone Lines per 100 Population 1990-2015
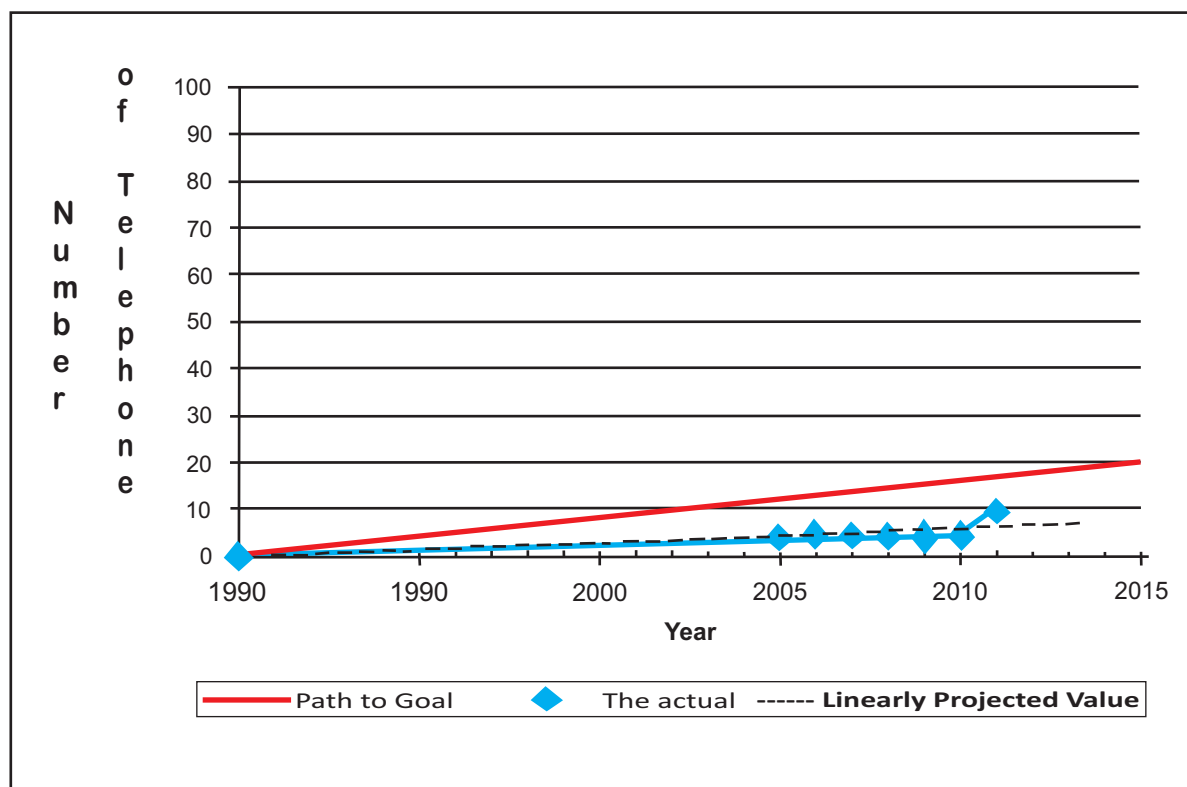
Source: ITU and SPTC (2011)

Indicator 8.15 Cellular subscribers per 100 population

The country continues to have one mobile or cellular phones operator since 1998. Since then the mobile telephones or cellular phones have gained high popularity especially for ease of communication. Between 2005 and 2011 cellular subscribers more than doubled *from 212 566 to 766 540 (MTN, Swaziland Reports).*

Cellular subscribers per hundred population increased dramatically from 18.87 in 2005 to 65.86 in 2010, and rising to 71.79 in 2011 (Table 8.7). However, the cellular subscribers' figures do not automatically mean that it is the numbers of people with mobile cellular phones as some people tend to have more than one cellular phone and number.

Table 8.7 Cellular Subscribers 2006-2009

Cellular Subscription	Year						
	2005	2006	2007	2008	2009	2010	2011
Cellular subscribers	212 566	260 641	380 240	555 495	643 009	695 165	766 540
Cellular subscribers per 100 population	18.87	22.74	37.34	53.84	61.62	65.86	71.79

Source: MTN (2011)

Figure 8.3 Swaziland Cellular Subscriberş per 100 Population 1990- 2015
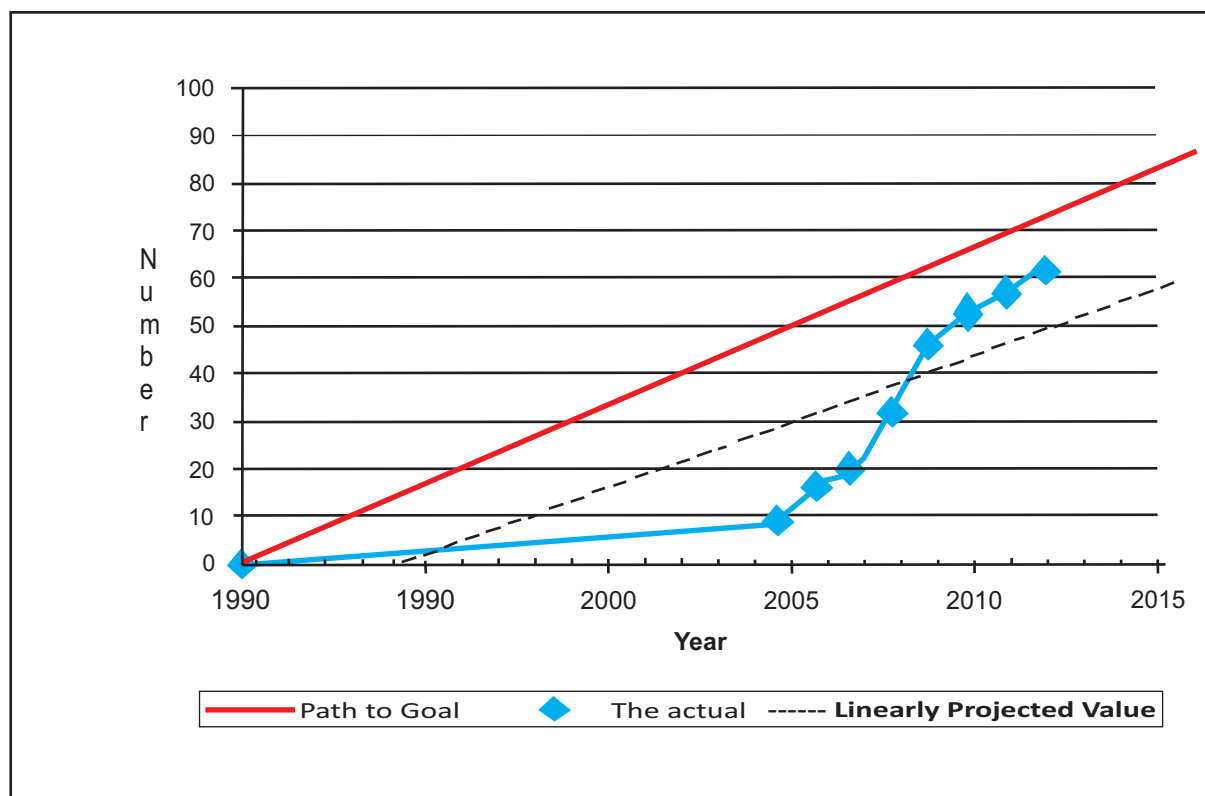
Source: MTN Swaziland Reports (2011)

The trend analysis on Figure 8.3 above shows that the country is on the right path towards achieving the target under this indicator. There is need to maintain the number of cellular subscribers, and efforts should be made to encourage rather than to discourage ownership of cell phones.

Indicator 8.16 Internet users per 100 population

The Internet has become a significant source and channel for information and communications respectively for the Swazi populace. Swaziland realises that Internet is a vital tool for local institutions, such as government, schools, universities, libraries and hospitals by providing widespread access to the wealth of information available online to facilitate Swazi contributions to the global economy and create entrepreneurial opportunities as well as impact the quality of life. Since 2006, the country has been developing broadband infrastructure to increase Internet speed and volumes. Pursuant to this objective, in August 2011 the country completed its negotiations with a company that runs undersea cables connected to land (SEACOM) for the supply of about 620 megabytes of international Internet capacity. Table 8.8 shows that Internet users rose from 13,516 in 2005 to 14,444 in 2008 and Internet users per 100 population increased slightly from 1.2 to 1.4 while Internet capacity increased many folds from mere 6,500 Kbytes to 36,000 Kbytes between the two periods.

Table 8.8 Internet Use 2005-2010

Internet Use	Year			
	2005	2006	2007	2008
Internet users	13 516	-	-	14 444
Internet users per 100 population	1.20	-	-	1.40
Internet capacity (total bandwidth Kbytes)	6 500	6 500	7 500	36 000

Source: ITU and SPTC (2008)

Table 8.9 Mobile Internet Users 2006- 2009

	2006	2007	2008	2009
Mobile Internet users	140 008	260 070	362 168	373 495
Mobile Internet users per 100	-	25.5	-	-

Source: MTN Swaziland Reports (2009)

Since the country's sole mobile telephone provider introduced Internet browsing in mobile telephones, the number of mobile telephone users who use the Internet has greatly increased over the years. In 2006 there were 140 008 mobile telephone subscribers who used the Internet as shown in Table 8.9. In 2007, the figure increased by 120 062 to reach 260 070, and increased by 102 098 to 362 168 in 2008; and the figure increased by 11 327 to 373 495 in 2009. The number of Internet users is expected to increase further with Internet social networking sites like Facebook gaining popularity especially amongst the young population.

INEQUALITY ANALYSIS

The major inequality factor in the country is the rural and urban divide. For example there is significant disparity in communication such that Internet is mostly limited to urban areas. Many rural areas including schools do not have access to computers and Internet services.

CHALLENGES

The primary challenges and the suggested strategies in surmounting them are discussed in this section.

There is need for cooperation among development partners in the country to be transparent on the issue of donor assistance, which is channelled either to Parastatals and Non-Governmental Organisations (NGO's) in order to have more accurate total ODA to the country. The National Aid Policy stipulates the right protocol to be followed either by the recipient organisations or those providing the assistance so that there is transparency in aid flows.

There is need for the regulation of the telecommunication industry so that it becomes competitive for the benefit of the majority, especially the poor and vulnerable population.

CONCLUSION

Swaziland in signing the Millennium Declaration embraced the tenets of the Millennium Development Goals as practical, systematic and time-bound strategy for fighting poverty. The obligations embodied in that commitment provide the momentum to drive the engine of growth and development in the country. The country has made significant inroad and dent into the fight against poverty by reducing poverty from its highest level of 69 percent in 2001 to 63 percent in 2010. Although this reduction has taken over a decade to achieve, the

quantum reduction of 6percentis considered comparatively appreciable.

Swaziland to-date has produced four reports in 2003, 2007, 2010 and 2012. Compared to the three previous reports, this year's report shows the biggest achievements in meeting the targets of the MDGs. The country is on track to meet five of the MDGs namely Goals 2, 3, 6, 7, 8 but lags behind in Goals

1, 4 and 5) and needs to accelerate its pace in the pursuit of the latter goals. Progress is however being made towards the achievement of the three goals.

Challenges to progress are many and multi dimensional, but the national determination to succeed is strong and overwhelming. There is the internal dynamics from excessive pressure on limited domestic resources on the one hand and the external shock resulting from the global financial and economic meltdown on the other.

The global financial crisis has had serious impact on funds inflows especially the ODA. In spite of the many challenges, the country still strives to surmount the obstacles and moves with audacious optimism to meet the targets and achieve the Goals by 2015.

Meeting the goals is an obligation the government owes member states of the United Nations and the people of Swaziland in particular.

In its unflinching resolve and determination, government has introduced a number of measures aimed at safeguarding the lives and livelihoods of the poor and vulnerable groups in the society namely children, women and the elderly.

Among the measures are the establishment of the orphans and vulnerable children (OVC) grant, the elderly grant, Free Primary Education, Free Ante- Natal Care for women, and children and Medical *Phalala* fund.

With these measures in place the Government of Swaziland is optimistic that it will meet the targets and achieve the Millennium Development Goals in 2015.

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Goal 4: Reduce child mortality,
Goal 5: Improve maternal health, and
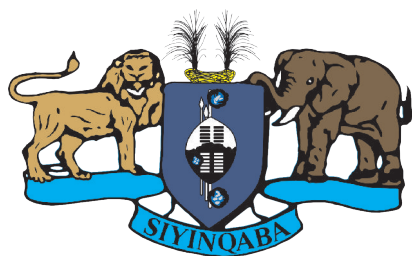Goal 6: Combat HIV/AIDS, malaria and other diseases)

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