An Investigation of the Feasibility and Progress of the Millennium Development Goals in Swaziland - A Case Study

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An Investigation of the Feasibility and Progress of the Millennium Development Goals in Swaziland – A Case Study

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 Advisor: Professor Filomina Steady

Africana Studies Department
Wellesley College
April 2013

Submitted in Partial Fulfillment of the Prerequisite for Honors in Africana Studies

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The research presented in this thesis is the result of a one-year pursuit under the advisement of Professor Steady from the Africana Studies Department at Wellesley College, which incorporates results from my field research inside the Kingdom of Swaziland. I would like to thank the many individuals who have played an active role in supporting me and shaping my research in various ways.

To Professor Steady, my thesis advisor: thank you for your steadfast support throughout this project. I couldn’t have chosen a better advisor. You have not only guided me during this journey, but also challenged me to pursue depth and substance in my research.

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To Jim Mclean: you have instilled in me a love for film and video production. Because of you I was able to visually capture the beauty of my country and all the fruitful conversations I had with various individuals in Swaziland.

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To my family, Mama, Papa, Sonia, Claudio, Fabio, Joelma, Lorenzo, and Luke: I could not have asked for a better family. Mama, my field trip in Swaziland would not have been the success it was had it not been for all the support you offered me with filming and travelling. You kept me going even when exhausted and overwhelmed. Your words, “Never give up on your dreams,” have sustained me during this research period.

To Nondumiso Mdluli, my childhood best friend: you are heaven-sent. I am grateful for all the love, support, and encouragement you have shown me over the years, especially during my time in Swaziland. Filming was much easier with your help!

I’d also like to thank Wellesley College, Pamela Daniels, and the Daniels Committee. The Pamela Daniels fellowship has enabled me to see firsthand what the people of Swaziland are doing towards achieving the Millennium Development Goals. I have developed an appreciation for local efforts and a renewed passion for my country.

To the People of Swaziland: your peaceful country has been a place of refuge for many Mozambicans during the civil war, including my family. I am proud to have been born and raised in this beautiful country and call myself a Swazi.

As we say in Swaziland, Siyabonga. Thank You.
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INTRODUCTION

The Millennium Development Goals (MDGs) are Swaziland’s time-bound and quantified targets for addressing extreme income poverty, hunger, disease, and lack of adequate shelter, while promoting gender equality, education, and environmental sustainability. The MDGs also promote basic human rights – the rights of each person on the planet to health, education, shelter, and security. The UN Millennium Declaration, also known as the Millennium Development Goals, was adopted at the Millennium Summit in September 2000, and consists of 8 goals to be met by the year 2015.

Swaziland, nestled between South Africa and Mozambique, is Africa’s last absolute monarchy. It is a small country, with a size of 17,360 km², and a population of over 1 million. The Swazi are a homogenous clan, consisting of a Nguni-speaking people. Formal languages in Swaziland include both English and SiSwati. During the Anglo-Saxon war in South Africa, Swaziland was declared a British protectorate, and gained independence in 1968. According to World Bank data, Swaziland’s GDP recorded in 2011 was $3.978 billion with a total population of 1.068 million. The income level is lower middle income. Most of Swaziland’s population lives in rural areas.

My thesis, entitled, “An investigation of the feasibility and progress of the Millennium Development Goals in Swaziland – a Case Study,” aims to assess the position of Swaziland in meeting the MDGs by 2015. I will also assess national policies that are aimed towards development and improvement of livelihoods. A portion of my
research includes field research material that is centered on information obtained from interviews.

My thesis is divided into seven chapters. The first chapter introduces Swaziland, exploring Swaziland’s history as a former British protectorate, and how that has shaped the political and economic landscape of Swaziland.

The second section of this chapter includes an overview of development, and an assessment of political, economical, educational, medical, and socio-cultural development in rural and urban Swaziland. This chapter also introduces the Millennium Development Goals.

The third chapter focuses on an assessment of the progress of the MDGs. Here I assess statistical data that are outlined in Swaziland’s latest Millennium Development Goals Report (MDGR), which was released in 2010. Considering the extensive information presented in the analysis of the 8 goals in the MDGR, I have chosen to look closely at three goals: goals #1,2, and 3.

In the forth chapter, I assess work done by government, UN, NGOs, and society in meeting these MDGs and investigate how effective these measures have been.

The fifth chapter is centered on case studies that focus on ordinary women, particularly women in rural areas. Here I assess whether they have been the focus of programs and change. If these MDGs are making a real impact, they will be heavily recognized by the women of Swaziland

In the sixth chapter, I form an analytical assessment of the MDGs, and where Swaziland will be in the year 2015, using the quantitative and qualitative data previously analysed to form my conclusion on the progress of the MDGs.
The Pamela Daniels Fellowship had made it possible for me to travel to Swaziland over a period of two weeks in March 2013. My time in Swaziland enabled me to interview Swazi local women; Hon. Minister of Health Benedict Xaba; His Royal Highness Hon. Minister of Economic Planning and Development Prince Hlangusemphi; Rev. AMC Dlamini, Swaziland’s former Minister of Economic Planning and Development; Principal Secretary of Agriculture Dr. Robert Thwala; Business Woman of the Year 2006 and Trustee of the Swazi Royal Family, Sylvia Mthethwa; and to personally meet Swaziland’s Head of State, His Majesty King Mswati III, with whom I had the opportunity to briefly share the focus of my research. I was also invited by Hon. Minister Xaba to attend a High Level Event, which he organized that marked the 1,000 days countdown to reduce tuberculosis and TB/HIV deaths in Swaziland - the core focus of MDG #6. The event included a high profile panel which brought together health leaders from Africa and international agencies, including the UN and WHO, to launch a fresh offensive against tuberculosis (TB), including TB among people living with HIV. Indeed, my visit to Swaziland was perfect timing for me to capture a historic moment in the Kingdom of Swaziland's aggressive effort to fighting TB/HIV, and to recognize the developmental efforts and progress of the nation as a whole.

I returned from Swaziland with tremendous inspiration, enrichment, and substantial video footage, which helped shape my thesis, and which gave me insight to many aspects of Swaziland, from rural villagers to government leaders. This enabled me to see firsthand the progress that Swaziland has made and the programs that are still currently ongoing.
MAP OF THE KINGDOM OF SWAZILAND

[Map of Swaziland with flags and legend]

Swaziland

- International boundary
- District boundary
- National capital
- District capital
- Railroad
- Road

Legend:

- International boundary
- District boundary
- National capital
- District capital
- Railroad
- Road

Scale:

0 10 20 Kilometers
0 10 20 Miles
## ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal care</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
</tr>
<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
</tr>
<tr>
<td>COMESA</td>
<td>Common Market for Eastern and Southern Africa</td>
</tr>
<tr>
<td>CPM</td>
<td>Capability Poverty Measure</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>FDI</td>
<td>Foreign Direct Investment</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>GHDR</td>
<td>Global Human Development Report</td>
</tr>
<tr>
<td>HDI</td>
<td>Human Development Index</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>ILF</td>
<td>Integrated Labor Force</td>
</tr>
<tr>
<td>MDGs</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>MDGR</td>
<td>Millennium Development Goals Report</td>
</tr>
<tr>
<td>MMR</td>
<td>Maternal Mortality Ratio</td>
</tr>
<tr>
<td>NDS</td>
<td>National Development Strategy</td>
</tr>
<tr>
<td>ODA</td>
<td>Official Development Assistance</td>
</tr>
<tr>
<td>OVCs</td>
<td>Orphaned and Vulnerable Children</td>
</tr>
<tr>
<td>PRA</td>
<td>Participatory Poverty Assessment</td>
</tr>
<tr>
<td>PRSAP</td>
<td>Poverty Reduction Strategy and Action Plan</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Preventing Mother-Child Transmission</td>
</tr>
<tr>
<td>SADC</td>
<td>Southern African Development Community</td>
</tr>
<tr>
<td>SACU</td>
<td>Southern African Customs Union</td>
</tr>
<tr>
<td>SHIES</td>
<td>Swaziland Housing Income and Expenditure Survey</td>
</tr>
<tr>
<td>SNL</td>
<td>Swazi Nation Land</td>
</tr>
<tr>
<td>SPHC</td>
<td>Swaziland Population and Housing Census</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>TDL</td>
<td>Title Deed Land</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Program</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children Fund</td>
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<tr>
<td>UPE</td>
<td>Universal Primary Education</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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</table>
CHAPTER 1

History and Background of Swaziland

Traditional History of the Dlamini Clan

Swaziland, Africa’s last absolute monarchy, has faced tremendous political, economic, and socieocultural change over the past few centuries. Contact with the Boer, or Afrikaner of South Africa, and British essentially annihilated the monarchy’s stability and governing legitimacy, rendering the Swazi proletarian. The question of landownership, and political and economic power remained controversial issues. As a former British protectorate, Swaziland essentially served as a reserve for labor whilst the land’s resources were being plundered. The leadership of a few notable individuals, particularly Queen Regent Gwamile and her grandson, King Sobhuza II, saved Swaziland from its ultimate fate – to be declared one of South Africa’s territories – thus ensuring the continuity of an independent monarchy.¹

The Swazi, a Bantu-speaking people, are composed of various clan origins and have existed as a distinct ethnic group only since the beginning of the nineteenth century. In the fifth century, the ruling clan known as the Nkosi-Dlamini migrated from Central Africa towards Delagoa Bay and then southwards to Tongaland, which is present-day southern Swaziland. The Dlamini remained there for almost two hundred years. King Ngwane III led his Swazi followers across the Lubombo Mountains and settled on the northern bank of the Pongola River. There, Ngwane III built his capital. This region is regarded as the birthplace of the Swazi nation. It is due to Ngwane’s leadership into this

¹ This chapter relies heavily on Hilda Kuper and Alan R. Booth’s original study and subsequent analyses to describe the history of this unique nation.
region that the Swazis regard themselves as *bakaNgwane* or “the people of Ngwane,” and the nation is referred to as *kaNgwane*, or “the country of Ngwane.” The presentation of the monarchs is in the order of their succession to the throne.

Ngwane’s son, Ndvungunya, formed the beginnings of the Swazi army, while Sobhuza, Ngwane’s grandson, successfully and strategically used this army to conquer neighboring peoples, notably the Nguni and Sotho. Threats from the south of the Pongola region, by the Ndwandwe who were led by Zwide, led to the migration of Sobhuza’s party northwards. This decision by Sobhuza was purposed to avoid any conflict with the Ndwandwe people, whose army and population were notably stronger than Sobhuza’s. Amongst Sobhuza’s party were other clans, notably the Mhlanga, Hlophe, Fakudze, Simelane and Matsebula. Sobhuza’s party pushed further to west-central Swaziland, demanding allegiance from organized groups encountered, which includes the Sotho and Nguni. In about 1820, Sobhuza eventually built his new headquarters in Lobamba, and an administrative center of the kingdom was established. Due to Sobhuza’s strong leadership skills, Swaziland grow more powerful as the population of the kingdom grew by the thousands.

Mswati, Sobhuza’s successor, was arguably Swaziland’s fiercest and greatest of Swaziland’s fighting kings. Mswati’s reign marked the beginnings of Swazi class formation. Through changes implemented by Mswati, wealth and power became concentrated in the hands of the royal house and the Dlamini clan. Furthermore, the Swazi became one of the most powerful peoples of southern Africa.

**Colonialism in Swaziland**

Mbandzeni, Mswati’s successor, was chosen as king “less for his exceptional qualities than for his exceptional lack of them.” He was duly installed in mid-1875.
During Mswati’s reign, the Boers of the eastern Transvaal, who kept a close eye at the lush Swazi pastures, were kept at bay due to their respect for Mswati’s armies. Upon Mbandzeni’s installment, however, the Boers were quick to seize the advantage presented by the interregnum. Soon the British and Boers began to look at Swaziland with new interest as minerals – gold, then tin – were discovered. After 1881, the British and Boers began to look anew to the Swazi territory as they sought prospecting and property rights by which to make future fortunes. Land and mineral rights were the first to be sought as present and future prosperity in a developing economy was bargained for. It thus becomes clear how Mbandzeni and his advisers bear heavy responsibility for the bargaining away of their heritage.

After the death of Mbandzeni in 1889, the choice of successor went to Gwamile Mdluli, also known as Labotsibenin. Gwamile was regarded as ‘a woman of extraordinary wisdom and ability.’ During this period, interests began to compete heavily between the British and Boer for mining and grazing respectively. Conflicting interests eventually led to the Convention of 1890 that guaranteed Swazi “independence.” Such independence lasted for scarcely three years. In 1893 and 1894, after negotiations between the Britain and the Transvaal, Swaziland was declared a “political dependency” of the Transvaal, which is highlighted by the third Swaziland Convention of 1894. The British then imposed tax on the Swazi from 1898 for local capital and the gold mines in neighboring regions – Transvaal and Witwatersrand.

The outbreak of the Anglo-Boer war led to Britain assuming the role of Swaziland’s protector in 1902. The British soon administered a special commissioner over Swaziland whose responsibilities were centered on tax collection, policing the territory, and implementing the laws of the Transvaal which were still in effect. The end
of the Boer war, in 1905, led to the installation of Selborne as administrator of Swaziland. With Selborne as both governor and high commissioner, a full administrative staff was installed in Swaziland, which was officially proclaimed a British protectorate until 1968. The traditional structure of Swazi government, including district chiefs, Queen Regent, and council at Lobamba remained in tact, yet kept prominently subordinate to the British administration.

Swaziland was essentially, “a self-governing white community supported by a black labor force.”

Fundamentally, British colonial policy made it so. The policy was based on the assumption that Swaziland would eventually be incorporated into white-ruled South Africa. Furthermore, colonial taxation and land policies were designed to turn Swaziland into a labour reserve to serve British capital.

A remarkable woman in Swazi history is Gwamile. She was King Sobhuza II’s grandmother. During her regency (1899-1921), she played two crucial roles; the first was in attempting to restore the land on which her people had legitimacy to as the Swazi were removed from two-thirds of their original land and ultimately turned into proletariats. In the first role, she failed. In her second role, she succeeded in restoring the legitimacy of the Swazi monarchy. In the proceeding years, economic and political sovereignty was restored to the royal household. Booth highlights that securing of royal dominance over the political economy of Swaziland during the 1960s and 1970s was an outcome that was by no means predestined.

1.1 Government and Political Structure

Historians have described the Swazi traditional system, which was effectively preserved by the British, as aristocratic. Kingship holds a prominent place in Swazi
culture and identity. As we saw earlier, through the leadership of a series of strong kings, the Swazi monarchy came into existence and ultimately maintained its identity when kingdoms in the region began to cease. As Stevens points out, “This mystical bond between King, subjects and soil requires an elaborate ritualisation in dance and song.”

**Figure 1: Traditional leadership structure in Swaziland**

The graph above illustrates an overview of traditional leadership in Swaziland. The King rules together with his mother, the Queen mother. The two leaders, however, oversee different sectors of society. The King, for instance, works directly with chiefs, and the four Tindvuna, or leaders, of each of Swaziland’s four districts. The Queen mother, on the other hand, works directly with the Emabandla, an advisory committee.

The king, who is regarded as Paramount Chief, is referred to as the “Ngwenyama,” or Lion, while his mother, the Queen Mother, is given the title of “Ndlovukati” or Lady Elephant. Her role clearly illustrates the importance of a mother in
a Swazi traditional system. The Ngwenyama is advised by his kinsmen and chosen councilors and cannot initiate action without the approval of two formally constituted councils – the *Liqogo* and *Libandhla*. The councils hold a prominent place because it “offers a most useful link between the administration and the recognized voice of the people, and thus the laid groundwork for constitutional advance. Meeting once a year, the Council became the embryo of a consolidated constitutional authority.”

The *Liqogo*, a smaller and more aristocratic council, is understood as an Inner of Privy Council whose membership is not a matter of public announcement, and invariably includes the Queen Mother. The larger and more democratic council, *Libandhla*, is a council of every adult male in the nation that meets only once a year during winter. This is done for a period of a month, with sittings in the cattle byre of the capital. The meeting is in the hands of a leading prince of the *Liqogo*.

Whether the Swazi National Council has achieved a positive nature is left for citizens to decide. It has been pointed out, however, “the Swazi aristocracy has become strongly self-conscious as a class and seeks to protect and entrench its position. Even at Libandhla, it is not the custom for a commoner to criticize or advance new opinions.”

*Land Tenure of Swaziland*

Land in Swaziland is divided into two categories: Swazi Nation Land (SNL), and Title Deed land (TDL). This form of duality was initiated during the early 1900s, when the traditional rulers of Swaziland granted several land concessions to foreign interests. Through this process approximately two-thirds of Swaziland was lost to foreign concessionaires and ultimately to private landowners. However, by repurchasing the alienated land, especially after independence, the Swazi nation has been able to expand the SNL to about 56.7 per cent of the 1,739,000 hectares comprising Swaziland.
TDL cover an area of about 750,000 hectares and average about 800 hectares each. About three-quarters of the freehold title holdings are held in equal proportions between Swazis, the majority of whom are the so-called "white Swazis," and expatriates, and the balance belongs to large companies such as the Commonwealth Development Corporation.\textsuperscript{xiv}

\textit{Swazi Socio-cultural System}

Swaziland is still heavily based on traditionalism and conservative values. In the Swazi socio-cultural system, we see how the King holds a central position in virtually all spheres of the Swazi society.

The Swazi social unit remains the homestead. The heart of the homestead is the cattle byre – a circular area enclosed by substantial logs interspaced with branches. It holds both symbolic and ritual significance, as cattle is regarded as a store of wealth and symbol of prestige. The hut is also a significant dimension of the homestead. It usually houses the mother or first wife of the headman. The mother “represents the link between the head-of-homestead and his lineage, which gives him standing.”\textsuperscript{\textsuperscript{xv}} In a polygamous setting, each wife has her own hut, with the first wife’s hut positioned in the central location, as illustrated in the image below:
Image 1: In a polygamous setting, each wife has her own hut, with the first wife’s hut in positioned in the central location.

Image 2: The hut is a significant dimension of the homestead. It usually houses the mother or first wife of the headman. The mother “represents the link between the head-of-homestead and his lineage, which gives him standing.”

Image 3: Young Swazi men sitting in the byre discussing life’s issues. The heart of the homestead is the cattle byre – a circular area enclosed by substantial logs interspaced with branches. It holds both symbolic and ritual significance.
Traditional Swazi religion, which revolves around ancestral beliefs, still forms a significant part of the country’s identity. It is believed that “the spirits of a lineage’s ancestor aids the living in coping with the hazards of life.” Kuper adds that “the ancestors sanction the desires of their descendants, magic provides the techniques for the achievement of these desires.” The King, whose lineage is regarded as “the sun,” plays a central role in Swazi religious beliefs. Rainmaking abilities, that were legendary to Swazi rulers, are in the exclusive control of the Ngwenyama and Ndlouvukati. The king appeals to the ancestors for protection and prosperity upon his people during the Incwala ceremony. Other significant figures in Swazi religion include medicine men (tinyanga) and diviners (sangoma), who are considered powerful individuals and true professionals, the latter embodying a more superior position.

The Swazi have a great respect for age. As pointed by Kuper, “the authority of age characterizes all Swazi behavior.” The elders are considered a fountain of wisdom that came through experience and children are taught to honor their elders. Division of agricultural labor depends on gender, age, and to some degree, rank. Men plow, build, and tend the cattle. Women attend to domestic chores, cooking, grinding grain, fetching wood and water, weeding, cultivating, repairing thatch and smearing floors with cow dung, which adds a sweet aroma and smoothes the floor due to its natural oils. The whole family participates in the harvesting process. Furthermore, wealth in rural Swaziland is measured in cattle, women, and children. Land, however, affords more wealth and status.

A significant traditional practice is lobola, or the passage of cattle from the family of the husband to the family of the bride upon marriage. Swazis regard such a practice as a symbol of a woman’s past status and her future security. It is a reflection of gratitude from the husband’s side, and a message that she will be well taken care of. It is also a
means of compensation, acknowledging that the wife’s presence and services will be greatly missed.

Two significant ceremonies in Swaziland that involves a mass gathering are the Umhlanga (reed dance) and Incwala. Umhlanga is to honor and reverence the Queen Mother, and by extension, highlight the importance of women. It is regarded as a joyous opportunity for young maidens to celebrate feminine beauty and virtue. This traditional ceremony occurs on a yearly basis during July or August. Unmarried girls nationwide gather around the Queen Mother’s residence, dressed only in brief beaded aprons and adornments to ‘show off their beauty and grace to the King and Queen Mother and all who come to see.’

The Incwala is a symbol and practical ritual centered on the King’s rainmaking powers. The King is central to this ceremony – it is impossible to perform it without his presence. To perform it without a king is regarded as treason. The Incwala lasts for approximately three weeks each year and is considered as lengthy and complex. During this time, the King spits powerful medicines to the east and west, ‘symbolizing the renewal of the earth in preparation for the coming growth cycle.’ Furthermore, the public participates by praising songs and dances in commemoration of the important events of the kingship.

Post-independence marked the beginning of Swazi society prioritizing mass education. Former King, Sobhuza II, who opened the first Swazi National High school at Matsapha in 1931 and dedicated the University College of Swaziland in 1973, highlighted the need for education. Post independence marked the doubling of number of schools between 1968 and 1977. Thus we see how education began to hold a significant position in the socioeconomic setting of Swaziland.
CHAPTER 2
An Assessment of Swaziland Today

Introducing Development

Development has often been mistaken as “catching up with the west.” Some economists have held the view that development and growth are largely a matter of industrialization, others yet confuse such ideas with Westernization. As African nations gained independence, “attention was focused on increasing the wealth of the nation rather than on the welfare of the people.”

Rodney defines development as a many-sided process, which for the individual implies “increased skill and capacity, greater freedom, creativity, self-discipline, responsibility and material well-being.” Rodney argues that these aspects of personal development are directly correlated with the state of the society as a whole. Furthermore, development should not be confused with ‘economy development,’ which is essentially a joint increase of a society’s members’ capacity for dealing with the environment, which is dependent on “the extent to which they understand the laws of nature (science), on the extent to which they put that understanding into practice by devising tools (technology), and on the manner in which work is organized.” Underdevelopment is characterized by exploitation, tying in an uneven human social development leading to socioeconomic classing.

Political conditions in Africa, as noted by Ake, are the greatest impediment to development as the ideology of development was adopted to replace that of independence. Essentially, this was a strategy of power that ‘merely capitalized on the objective need for development.’ Commitment to development was an implicit
ideology of nationalist movement, and a need to embrace Western ideals in governance, economic and educational structures were seen as vital to promote the kind of development initiated by the Europeans. Furthermore, such a notion of development was believed to be an important lesson needed to overcome political, military, economic and technological weakness that was ultimately learned from the humiliation of colonization.\textsuperscript{xxvi} The ideology of development ultimately replaced those of independence, which were based on being freed from European rule and aspects of the European form of development that denied colonized nations of their autonomy. African leaders failed to transform their views of development into a program of societal transformation. Priority was placed on the criminalization of political opposition and the establishment of single-party systems. The reason for this is that ‘African leaders insisted that development needs unit of purpose and the utmost discipline, that the common interests is not served by oppositional attitudes.’\textsuperscript{xxviii}

The colonial idea of development was essentially fed by the notion of modernity and structuralism. This form of development was a vital agenda that enabled the extraction of resources. The former is centered on means of industrialization and high mass consumption, whilst the latter emphasizes industrialization and national wealth, consequently neglecting agriculture and welfare.
**Development in Swaziland**

### Table 1: Quick Facts About Swaziland

<table>
<thead>
<tr>
<th>Category</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>1,018,449 (2007)</td>
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<tr>
<td>Administrative Divisions</td>
<td>4 districts; Hhohho, Lubombo, Manzini, Shiselweni</td>
</tr>
<tr>
<td>Capital City</td>
<td>Mbabane</td>
</tr>
<tr>
<td>Languages</td>
<td>English (official, government business conducted in English), siSwati (official)</td>
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<tr>
<td>Currency</td>
<td>Lilangeni (SZL) = 1 South African Rand</td>
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<tr>
<td>Main Economic Activities</td>
<td>Agriculture, Textiles, Tourism</td>
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<tr>
<td>GDP per Capita</td>
<td>$4963.634 (PPP - 2008 Est.)</td>
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<td>Percentage below the Poverty Line</td>
<td>63% (2011)</td>
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<td>Unemployment rate</td>
<td>29.1% (2007 est.)</td>
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<td>Human Development Index</td>
<td>0.547 (2007)</td>
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<td>Gender-related Development Index</td>
<td>0.529 (2007)</td>
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<td>Percentage of Population below 20 years of age</td>
<td>51.9%</td>
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<td>HIV &amp; AIDS prevalence rate</td>
<td>18.8% (2007)</td>
</tr>
<tr>
<td>Primary Environmental Hazard</td>
<td>Drought</td>
</tr>
<tr>
<td>Head of State</td>
<td>H.M. King Mswati III</td>
</tr>
<tr>
<td>Head of Government</td>
<td>Prime Minister Sibusiso Dlamini</td>
</tr>
<tr>
<td>Government Type</td>
<td>Absolute Monarchy/Parliamentary System</td>
</tr>
</tbody>
</table>


Development in Swaziland is mostly measured through the Human Development Index (HDI) by the United Nations Development Program (UNDP), which leads to a paradigm shift in quantifying development. The three essential elements of human development that are measured include longevity (health), knowledge (education), and acceptable living standards (income). The concept of Human Development in Swaziland ‘enjoins development partners to re-direct their objectives, strategies, and priorities so that national budgets are channeled towards health, education, and other social service sectors, while the private sector provides employment opportunities.’

Essentially,
people are placed at the center of development. Human progress is measured through both Human Development Index (HDI) and Capability Poverty Measure (CPM).

In 2000, the United Nations classified Swaziland as a medium human development country, ranked 112 out of 174 countries, performing better than most members of the Southern African Development Community (SADC) countries such as Namibia, Botswana, Lesotho, Zimbabwe, the Democratic Republic of Congo, Zambia, and Angola.

Table 2: The Human Development Index for Swaziland and the regions in 2006

<table>
<thead>
<tr>
<th>Region</th>
<th>Life expectancy at birth (years) 2006</th>
<th>Adult literacy rate (%) in ages 15+ in 2004</th>
<th>Combined gross enrolment ratio (%) in 2004</th>
<th>GDP per capita, 2004</th>
<th>Life expectancy index</th>
<th>Education index</th>
<th>GDP index</th>
<th>Human development index value, 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swaziland</td>
<td>35,1</td>
<td>79,6</td>
<td>57,9</td>
<td>2,271</td>
<td>0,17</td>
<td>0,72</td>
<td>0,52</td>
<td>0,471</td>
</tr>
<tr>
<td>Hhohho</td>
<td>35,1</td>
<td>83,0</td>
<td>54,1</td>
<td>2,955</td>
<td>0,17</td>
<td>0,73</td>
<td>0,57</td>
<td>0,479</td>
</tr>
<tr>
<td>Manzini</td>
<td>35,7</td>
<td>80,7</td>
<td>56,8</td>
<td>2,225</td>
<td>0,18</td>
<td>0,73</td>
<td>0,52</td>
<td>0,474</td>
</tr>
<tr>
<td>Shiselweni</td>
<td>32,3</td>
<td>79,2</td>
<td>60,8</td>
<td>1,671</td>
<td>0,12</td>
<td>0,73</td>
<td>0,47</td>
<td>0,441</td>
</tr>
<tr>
<td>Lubombo</td>
<td>35,7</td>
<td>73,7</td>
<td>60,4</td>
<td>2,027</td>
<td>0,18</td>
<td>0,69</td>
<td>0,50</td>
<td>0,458</td>
</tr>
</tbody>
</table>

Source: UNDP Swaziland Human Development Report 2007, p13, Table 2.3

‘Swaziland’s high growth rates before 1990 were driven by high inflows of foreign direct investments (FDI), which averaged 7,1% of the Gross Domestic Product (GDP) between 1985 and 1993. The country was an attractive destination for FDI because of political and macro-economic stability and favourable investor incentives. The main factor was however the existence of sanctions against the former Apartheid
Regime\textsuperscript{2} in South Africa, which led to the relocation of some firms to Swaziland where they could still get to the South African market. After the sanctions were lifted with the emergence of a democratic South Africa in 1994, Swaziland lost this advantage. In the aftermath of the sanctions having been lifted, some firms shifted to South Africa.\textsuperscript{xxxii} The decline in GDP is illustrated in the table below:

**Figure 2: Average annual GDP growth rate (percent)**

\begin{figure}[h]
\centering
\includegraphics[width=0.5\textwidth]{figure2.png}
\caption{Average annual GDP growth rate (percent)}
\end{figure}


**Introducing the Millennium Development Goals (MDGs)**

The Millennium Development Goals are Swaziland’s time-bound and quantified targets for addressing extreme and income poverty, hunger, disease, lack of adequate shelter, while promoting gender equality, education, and environmental sustainability. They also promote basic human rights – the rights of each person on the planet to health, education, shelter, and security.\textsuperscript{xxxii} The UN Millennium Declaration, also known as the Millennium Development Goals, was adopted at the Millennium Summit of the United Nations by heads of states in September 2000. For

\textsuperscript{2} Apartheid is an official policy of racial segregation formerly practiced in the Republic of South Africa, involving political, legal, and economic discrimination against nonwhites.
Swaziland, they are one way of looking at human development initiatives that the country has already been working on.

The goals are as follows:

Goal 1: *Eradicate Extreme Hunger and Poverty*

Goal 2: *Achieve Universal Primary Education*

Goal 3: *Promote Gender Equality and Empower Women*

Goal 4: *Reduce Child Mortality*

Goal 5: *Improve Maternal Health*

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

Goal 7: *Ensure Environmental Sustainability*

Goal 8: *Develop a Global Partnership for Development*

Swaziland Human Development Report 2007 reported that a lot more needs to be done to move Swaziland on the path towards attaining the MDGs, as these are critically important for progress in human development. The first MDG report for Swaziland was published in December 2003. It showed that out of the seven MDGs that refer to domestic outcomes, only two goals, i.e. universal primary education and gender equality and empowerment, are potentially attainable. The rest were assessed as being unlikely. This intensive Human Development Report has briefly summarized Swaziland’s progress in achieving the first seven MDGs as follows:

1. **Reduction of poverty and eradication of hunger**: The Swaziland Household Income and Expenditure Survey (SHIES) of 1994/1995 established that 66% of the population lived below the poverty line. If
this were taken as the baseline, the MDG target would be 33%, because 
the goal calls for halving the proportion of people in absolute poverty 
by 2015. This was a challenge from the start, given the slowdown in the 
rate of economic growth at the start of the 1990s. The SHIES of 
2000/2001 indeed indicated that 69% of the population is poor.

2. Achieve universal primary education: Progress on this goal is mixed. 
World Bank figures show that the youth literacy rate increased from 
85% in 1990 to 88% in 2004. After falling from 77% in 1990 to 74% in 
1998, net primary school enrolment regained its earlier status of 77% in 
2004 and rose to 81.9% in 2005. The rate of children who reach grade 5 
has, however, dropped to 73% in 2001 from 77% in 1990. Completion 
of primary school remained stagnant at 61.3% between 1990 and 2004. 
Of the learners starting grade 1, almost 40% fail to finish their primary 
education.

3. Promote gender equality and empower women: Progress on the 
attainment of this goal has been mixed. Whereas female political 
participation increased from 4% of seats in parliament occupied by 
women in 1990 to 20% currently, economic participation declined. The 
proportion of women employed in the non-agricultural sector dropped 
from 35% to 31%. There has been a drop in the ratio of girls to boys in 
primary and secondary education, while the ratio of literate female to 
male youths increased marginally. However, the figures are impressive 
for the civil service, where women occupy 58% of professional, 
technical, administrative and managerial positions.
4. **Reduce child mortality**: Substantial progress was made to reduce infant mortality between 1976 and 1991. The number of infant deaths fell from 156 per 1,000 live births to 72 respectively. Since then, the infant mortality rate has risen to 78 per 1,000 live births in 1997 and to 85 in 2006. Similar rising trends have been found in the under-five mortality, which increased from 89 per 1,000 live births in 1991 to 106 in 1997 and then worsening to 120 in 2006/2007.

5. **Improve maternal health**: Maternal health has deteriorated over time. In 1991 the number stood at 110 deaths per every 100,000 live births (UNDP, 2003). The fifth MDG target is to reduce maternal mortality by three quarters, or to 52 deaths for every 100,000 live births by 2015. The maternal mortality ratio however more than doubled to 229 deaths in 1997 and rose to 370 in 2006. At this rate the attainment of the fifth MDG is out of reach. The deterioration in reproductive health is mostly attributed to preventable causes, an indicator in the declining quality of maternal health care. Nevertheless, HIV and AIDS keep worsening Swaziland’s maternal health status by increasing complications in childbearing because of the low immune system of pregnant women that makes them susceptible to opportunistic infections.

6. **Combat HIV and AIDS, TB and other diseases**: Swaziland has managed to successfully eradicate malaria. The country, however, still has the highest rate of HIV/AIDS. The impact of HIV/AIDS and TB has had a negative impact on the economy of the country and has contributed towards an increasing number of orphaned-vulnerable children. It is sufficient to point out that, by undermining people’s
immunities and making them vulnerable to opportunistic infections, HIV and AIDS have increased the disease burden of the country many times over.

7. **Ensure environmental sustainability:** Several indicators have been listed with regard to the seventh MDG. The Swaziland MDG report of 2007 discusses a number of them. Good progress has been made in the decrease in the use of ozone depleting substances. The importation of such substances fell from 3,07 metric tonnes in 2004 to 0.19 metric tonnes in 2006.

Swaziland Human Development Report from 2007 concluded that Swaziland’s falling status of human development is mostly linked to Goal #5, which includes HIV and AIDS, consequently cutting the country’s life expectancy by more than 30 years in just one decade.’ Furthermore, geopolitical environment is another factor that has led to Swaziland becoming ‘a less preferred destination of FDI, compared to South Africa, Mozambique and other countries in the region. The impact of the downturn in the economy on human development has been worsened by the unequal distribution of economic gains. With nearly 70% of the population living in poverty, inequality is a big obstacle Swaziland (as a lower middle-income economy) has to face in enhancing human development. The 2006 GHDR ranks Swaziland in the 146th position out of 177 countries with respect to the HDI value. This contrasts sharply with a relatively strong position of 124 out of 174 countries studied in 1995. Countries poorer than Swaziland in terms of their GDP per capita have managed to protect the human development status of their population better than Swaziland has done.”
CHAPTER 3
Assessment of the Progress of the Millennium Development Goals

Brief Overview

This chapter will be centered on assessing the progress of Swaziland in achieving the Millennium Development Goals by the year 2015. I am to understand:

a) The country’s development evaluation over the past years;
b) Needs/challenges that have been prioritized as a result of development evaluations;
c) Programs/projects that have been implemented to meet urgent needs/challenges;
d) The efficiency and strength of the programs/projects implemented;
e) Policies and proposals that have been implemented to improve current problem-solving methods.

Evaluation will be made possible through an analysis of Swaziland’s 3 Millennium Development Goals Reports (MDGR); National Development Strategy (NDS); Poverty Reduction Strategy and Action Plan (PRSAP); and Swaziland Human Development Report 2008 – AIDS and Culture. Swaziland’s development is guided by the NDS and the PRSAP, both of which complement the ideals of the MDG. All three reports reflect a core foundation that is centered on Swaziland’s development. The main goal of my analysis will be to understand where Swaziland stands as far as various aspects of development is concerned and what is being done to improve current conditions that are centered on the MDGs.

i) Millennium Development Goals Reports (MDGR):
Swaziland’s first Millennium Development Goals Report (MDGR) was released in 2003; three years after the MDGs were implemented. This year, 2013, Swaziland has a total of 3 MDGR, which were released in 2003, 2007, and 2010. The MDGR outline the status of Swaziland’s capacity for monitoring and reporting each of the MDGs. Appropriate indicators have been selected to monitor the progress of each MDG. Targets and indicators help ensure a common assessment and
understanding of the status of the MDGs at global, regional and national levels. The MDG reports have been prepared in a consultative manner, involving key government officials, civil society, academics, donors, and the UN Country Team. The MDGR highlight the implementation of NDS, which have a core foundation that is identical to the MDGs.

ii) National Development Strategy (NDS):
The National Development Strategy (NDS) are key macro and sectoral strategies for the nation’s development. The NDS are regarded as the 2022 Vision, launched by His Majesty King Mswati III. The NDS was initiated as a result of the collection of views from the general public, which was accomplished through the appointment of the Economic Review Commission (ERC). The NDS document provides a long-term framework (25 years) within which short and medium-term action programs that the government will formulate.

iii) Poverty Reduction Strategy and Action Plan (PRSAP):
The Poverty Reduction Strategy and Action Plan is regarded as one of the key documents for implementing the National Development Strategy and attaining the vision in 2022. Swaziland’s former Minister of Economic Planning and Development, Hon. AMC Dlamini regards it as “a strategic planning document designed to guide the formulation and action for poverty reduction in all key areas of development. It will be the centre of overall planning and budgeting. Poverty reduction will from now on be central to all sectoral development plans and the medium term expenditure framework.”

iv) Swaziland Human Development Report 2008 – AIDS and Culture:
The Swaziland Human Development Report 2008 focuses on the HIV/AIDS epidemic from a cultural and developmental standpoint. The report also presents the declining human development indicators, the impact of HIV/AIDS on Swaziland’s development through graphic illustrations on the current HIV and AIDS trends. It also addresses Swaziland’s national response in combating the AIDS epidemic.
<table>
<thead>
<tr>
<th>GOALS</th>
<th>TARGETS</th>
<th>INDICATORS</th>
<th>STATUS</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 1 Eradication of Extreme Poverty &amp; Hunger</td>
<td><strong>Target 1:</strong> Reduce by half the proportion of people living on less than a dollar a day</td>
<td>Proportion of Population Below $1 per Day Poverty Gap Ratio, $1 per day Share of Poorest Quintile in National Income or Consumption</td>
<td>Increased from 66% in 1995 to 69% in 2001. Decreased from 10% in 2000 to 7% in 2007. Increased from 1% to 2%</td>
<td>The country is unlikely to meet this goal in 2015.</td>
</tr>
<tr>
<td></td>
<td><strong>Target 2:</strong> Reduce by half the proportion of people who suffer from hunger</td>
<td>Prevalence of Underweight Children Under Five Years of Age Proportion of the Population below Minimum Level of Dietary Energy Consumption</td>
<td>It increased from 77.5% in 2000 to 81.9% in 2005. It decreased from 91.39 in 1997 to 91.2 in 2002.</td>
<td></td>
</tr>
<tr>
<td>Goal 2 Achieve Universal Primary Education</td>
<td><strong>Target 3:</strong> Ensure that all boys and girls complete a full course of primary schooling</td>
<td>Net Enrolment Ratio in Primary Education Proportion of Pupils Starting Grade 1 who Reach Grade 5 Literacy Rate of 15-24 year-olds</td>
<td>It increased from 34.0% in 2000 to 36.6% in 2005 Remained 0.94:1 for both periods 2000 and 2005. Increased from 1:1 in 2000 to 1.01:1 in 2006.</td>
<td>The country is likely to meet this goal in 2015.</td>
</tr>
<tr>
<td>Goal 3 Promote Gender Equality &amp; Empower Women</td>
<td><strong>Target 4:</strong> Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015</td>
<td>Ratio of Girls to Boys in Education • Primary • Secondary • Tertiary Share of Women in Wage Employment in the Non-Agricultural Sector Proportion of Seats Held by Women in National Parliaments</td>
<td>Increased from 0.92:1 in 2000 to 0.98:1 in 2005. Decreased from 25.2% in 2000 to 23.5% in 2005. Increased from 8% in 2000 to 20% in 2005.</td>
<td>The country is likely to meet this goal in 2015.</td>
</tr>
<tr>
<td>Goal 4 Reduce Child Mortality</td>
<td><strong>Target 5:</strong> Reduce by two thirds the mortality rate among children under five</td>
<td>Under-Five Mortality Rate Infant Mortality Rate Proportion of 1year-old Children Immunized Against Measles</td>
<td>Decreased from 122/10000 in 2000 to 120/10000 in 2006. Decreased from 87.7/1000 in 2000 to 85/1000 in 2006. Increased from 72% in 2000 to 82% in 2006.</td>
<td>There is a potential to meet this goal in 2015.</td>
</tr>
<tr>
<td>Goal 5 Improve Maternal Health</td>
<td><strong>Target 6:</strong> Reduce by three-quarters, between 2000 and 2015, the maternal mortality ratio.</td>
<td>Maternal Mortality Ratio Proportion of Births Attended by Skilled Health Personnel</td>
<td>Increased from 229/100000 in 2000 to 589/100000 in 2006.</td>
<td>The country is unlikely to meet this goal in 2015.</td>
</tr>
<tr>
<td>Goal 6</td>
<td>Combat HIV/AIDS, Malaria &amp; other Diseases</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>--------</td>
<td>------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Target 7:</strong></td>
<td><strong>Halt and begin to reverse the spread of HIV/AIDS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Target 8:</strong></td>
<td><strong>Halt and begin to reverse the incidence of malaria and other major diseases</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HIV Prevalence Among 15-24-year-old Pregnant Women</strong></td>
<td><strong>Increased 70% in 2000 to 74.1% in 2006.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prevalence and Death Rates Associated with Malaria</strong></td>
<td><strong>Decreased from 39.4% in 2000 to 34.6% in 2006.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proportion of Population in Malaria Risk Areas Using Effective Malaria Prevention and Treatment Measures</strong></td>
<td><strong>Decreased from 4.1/1000 in 2000 to 2.2/1000 in 2006.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proportion of Tuberculosis Cases Detected and Cured Under Directly-Observed Treatment Short Courses</strong></td>
<td><strong>Increased from 856/100000 in 2000 to 1182/100000 in 2006.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>The country is unlikely to meet this goal with regards to HIV/AIDS but with regards to Malaria the country has potential to meet this goal.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 7</th>
<th>Ensure Environmental Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target 5:</strong></td>
<td><strong>Integrate the principles of sustainable development into country policies and programmes; reverse loss of environmental resources</strong></td>
</tr>
<tr>
<td><strong>Target 10:</strong></td>
<td><strong>Reduce by half the proportion of people without sustainable access to safe drinking water</strong></td>
</tr>
<tr>
<td><strong>Target 11:</strong></td>
<td><strong>Achieve significant improvement in lives of at least 100 million slum dwellers, by 2020</strong></td>
</tr>
<tr>
<td><strong>Forested land as percentage of land area</strong></td>
<td><strong>Decreased from 0.07 imported metric tones to 0.19 imported metric tones</strong></td>
</tr>
<tr>
<td><strong>Carbon Dioxide Emissions and Consumption of Ozone-Depleting CFCs</strong></td>
<td><strong>Increased from 28000 people in 2000 to 41000 people in 2005 in urban areas.</strong></td>
</tr>
<tr>
<td><strong>Proportion of the Population with Sustainable Access to and Improved Water Source</strong></td>
<td><strong>Increased from 42% in 1990 to 54% in 2006 in rural areas.</strong></td>
</tr>
<tr>
<td><strong>Proportion of the Population with Access to Improved Sanitation Slum population as percentage of urban population</strong></td>
<td><strong>Increased from 21000 people in 2005 to 41000 in 2007 in urban areas.</strong></td>
</tr>
<tr>
<td><strong>Increased from 250000 people in 2001 to 540000 in 2005.</strong></td>
<td><strong>The country is likely to meet this goal in 2015.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 8</th>
<th>Develop a global partnership for Development</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target 12:</strong></td>
<td><strong>Develop further an open, rule-based, predictable, non discriminatory trading and financial system includes a commitment to good governance, development, and poverty reduction — both nationally and internationally</strong></td>
</tr>
<tr>
<td><strong>Target 13:</strong></td>
<td><strong>Address the special needs of the least developed countries includes: tariff and quota free, access for least, developed countries’ exports; enhanced programme of debt relief for HIPCs and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction</strong></td>
</tr>
<tr>
<td><strong>This goal does not have specific indicators but it has targets.</strong></td>
<td><strong>Swaziland is currently facing a decline in economic growth and Foreign Direct Investment (FDI) and is unlikely the targets of this goal given her low economic growth rate.</strong></td>
</tr>
<tr>
<td><strong>However, it is worth noting that Swaziland is doing well on the financial sector performance and debt management.</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Source: Swaziland Millennium Development Goals Report 2007, p.5*
GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

Overview of Poverty and Hunger

Swaziland Poverty Reduction Strategy and Action Plan defines poverty as: *inadequate income to buy the minimum amount of food necessary to sustain a normal and active life (set at 2100 calories per person per day), and to acquire basic non-food requirements for a decent living. This is referred to as the income poverty. Along with inadequate income, poverty entails poor living conditions, social deprivations and isolation (referred to as human poverty).* The Participatory Poverty Assessment (PPA) of 1997 identified these deprivations to include poor conditions of housing and clothing, as well as lack of access to basic education, which lead to illiteracy. *Other characteristics of human poverty are vulnerability to: ill health and lack of access to health care, economic dislocation, displacement, disasters, exposure to ill treatment by organs of state and society, and powerlessness to influence key decisions affecting their lives.*

*Income and human poverty are related. Income poverty leads to human poverty, which in turn locks the poor in a vicious cycle of poverty.*

Poverty is associated with various factors, such as inequality, unemployment, and lack of education. The first MDG aims to eradicate extreme poverty and hunger. To channel and measure Swaziland’s efforts and progress towards meeting MDG#1, three targets – each with its own set of unique indicators – were established.

Measures Implemented

Measures that the Swaziland Poverty Reduction Strategy and Action Plan (PRSAP) have been implementing to empower the poor to generate their own income and reduce inequalities are:

a) The promotion of irrigation on Swazi Nation Land (SNL) to guarantee regular agricultural production;

b) Improving security of tenure on SNL to attract capital and generate incentives to increase production;

c) Promotion of rural production including support to high value crops through appropriate pricing and marketing improvements;
d) Diversification of industrial base to supplement traditional export products and heavy industries. This will involve a judicious mix of heavy, medium, small and cottage industries located in urban, peri-urban and rural areas;

e) Promotion of self-employment and informal sector growth;

f) Expansion of extension services to reach all Tinkhundla³, which are closer to poor communities. The measure will involve posting development /extension officers to all 55 Tinkhundla offices around the country;

g) Provision of physical infrastructure such as rural roads and reliable bridges that promote development in rural areas; and

h) Protecting the natural resource base so that it can support intensive production.

Swaziland’s National Development Strategy (NDS) devotes a significant amount of effort towards agriculture, land, and rural development. Strategies implemented include:

a) Agriculture: incorporates various forms of addressing food security, promotion of trade and agricultural research, and empowerment of farmers through enhancement of private sector involvement from subsistence to commercial farming.

b) Land: addresses rational land use and tenure, encouragement of community participation and empowerment, forestry and livestock production.

c) Rural Development: co-operatives, community participation, empowerment through entrepreneurship, and equitable access to benefits of development, integration of gender issues to mainstream research and policy initiatives.xxviii

Assessment of MDG Targets Data

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

Indicators:

i) Poverty headcount ratio

ii) Poverty Gap Ratio

iii) Share of poorest quintile in national consumption

---
³ Tinkhundla are administrative subdivisions smaller than a district, but larger than an Umphakatsi (or "chiefdom"). There are 55 Tinkhundla in Swaziland: 14 in Hhohho District, 11 in Lubombo District, 16 in Manzini District, and 14 in Shiselweni District.
The prevalence of poverty, measured by the proportion of people living below the poverty line, increased from 66% in 1995 to 69% in 2001, as shown by Figure 1.1.

Factors that increased the poverty levels are:

- A decline in incomes and stagnation of real private consumption associated with slowing economic growth that started in the early 1990’s and worsened post 2000;
- A fall in real GDP growth from an annual average of 8% in the 1980s to 3.5% in the 1990s and down to 2.4% in 2001;
- The relocation of some companies from Swaziland to South Africa after the democratization process of South Africa that led to increase in unemployment rates;
- The impact of HIV/AIDS during the same time.

Table 3: Statistics in Figures

<table>
<thead>
<tr>
<th>Indicator</th>
<th>1995</th>
<th>2001</th>
<th>2010</th>
<th>2015*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of population below the national poverty line</td>
<td>66</td>
<td>69</td>
<td>64</td>
<td>30</td>
</tr>
<tr>
<td>Urban</td>
<td>50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>76</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poverty gap ratio</td>
<td>48</td>
<td>33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share of poorest quintile in national consumption</td>
<td>3.9</td>
<td>4.3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: SHIES (1995 & 2001); # T21 2010 projection
* Desired target

The table above illustrates a summary of data from the three indicators of target A. From the graph, the percent of population below national poverty line has dropped 5% from the years 2001 to 2010 (from 69% to 64%). In 2001, poverty disparity between urban areas (50%) and rural areas (76%) is clearly evident. The poverty gap ratio has decreased significantly from 1995 to 2001 by 15%. This shows an increase in size of Swaziland’s middle class. Share of poorest quintile in national consumption, on the other hand, has increased from 3.9% to 4.3%. From the data presented, only one indicator (poverty gap ratio) shows favorable results for Target A. The data of the 3 indicators is projected in graphs as follows:
**Indicator A.1 Poverty head count**

Poverty head count measures the percent of the population living below the national poverty line. The percentage of poverty head count has increased from 66 to 69 percent from 1995 to 2001 due to economic factors outlined previously. Additionally, Swaziland has been experiencing the world’s highest HIV/AIDS prevalence (measured 35.4% in 2000), which has worsened the socioeconomic situation in the country. There has been a 4% decrease of poverty head count from 2001 to 2010. The desired target for this indicator by 2015 is 30%.

**Figure 3: Proportion of population living below the national poverty line**
1990 – 2015 Actual Desired Trends

Source: SHIES (1995 & 2001); T21 2010 projection

**Indicator A.2 Poverty gap ratio**

The poverty gap ratio (figure 1.2 below) shows the average extent to which individuals fall below the poverty line. The indicator measures the “poverty deficit” of the entire population and the per capita amount of resources that would be needed to bring all poor people above the poverty line through perfectly cashed transfers.

From table 3 above, the poverty gap ratio decreased from 48% in 1995 to 33% in 2001. MDGR 2010 states that Swaziland is in the right direction towards decreasing the poverty gap ratio significantly. The data is projected in the graph as follows:
Figure 4: Poverty Gap Ratio
1990 – 2015 Actual and Desired Trends

Source: SHIES 1995, 2001

Indicator A.3 Share of the poorest quintile in national consumption

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 percentage of total household consumption (or income), and it gives a relative inequality measure. In 1995, the poorest quintile consumed 3.9% of the total consumption in the country, compared with 59% consumed by the richest quintile. According to SHIES (2001), the bottom fifth of the quintile was consuming 4.3% of the total consumption, while the richest quintile was consuming 56.4% (Figure 1.3). Although the share of the poor has increased, it is too low relative to the rich.\textsuperscript{x1}

Figure 5: Share of Poorest Quintile in national consumption
1990 – 2015 Actual and Desired Trends

Source: SHIES 1995, 2001

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Target B: Achieve full and productive employment and decent work for all.

Indicators:

i) Growth rate of GDP per person employed
ii) Employment-to-population ratio
iii) Proportion of employed people living below $1 per day

Indicator B.1 (Growth rate of GDP per person employed)

The MDG team was unable to gather data for this indicator (growth rate of GDP per person employed) since figures are obtained from the Swaziland Population and Housing Census (SPHC), which is collected every ten years. In 2007, however, data collection method has changed by implementing the Integrated Labor Force Survey (LFS). Data gathered from the LFS, SPHC, and Swazi-Info demonstrated that the growth rate of GDP per person employed – a measure of labor productivity growth – was 6.6% between 1997 and 2007.xli The MDGR for 2010 was unable to form a conclusion on this figure, as more data will be needed.

Indicator B.2 (Employment-to-population ratio)

The employment-to-population ratio is the proportion of a country’s working-age population that is employed and is a good indicator of an economy’s ability to provide jobs. This ratio has increased from 1986 to 2007 by 9%, which is still considered low by Swaziland’s MDGR 2010. The low employment-to-population ratio is due to several factors including low economic activity (not working and not looking for employment), high unemployment rate, and the country’s high HIV/AIDS prevalence.

Table 4: Employment to Population Ratios

<table>
<thead>
<tr>
<th>Year</th>
<th>1986</th>
<th>1997</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment-to-population ratio</td>
<td>28%</td>
<td>31%</td>
<td>37%</td>
</tr>
</tbody>
</table>

Source: LFS 2007/08, calculated from the SPHC 1986 & 1997
**Indicator B.3 (Proportion of employed people living below $1 per day)**

The data for this indicator was obtained from SHIES. Data from 2001 shows that households with an employed head were less likely to experience poverty. It is quite unfortunate that the data also reveals that the poverty rate for households with an employed head is not significantly lower.

**Table 5: Poverty rate by household employment status in 2001**

<table>
<thead>
<tr>
<th>Poverty rate for all households</th>
<th>56%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty rate for those households with an employed head</td>
<td>47%</td>
</tr>
</tbody>
</table>

*Source: SHIES 2001*

**Target C: Half the proportion of people who suffer from hunger**

**Indicators:**

i) Prevalence of underweight children under five years of age

ii) Proportion of the population below minimum level of dietary energy consumption

**Table 6: Status in figures**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2000</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2015*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of underweight Children under five years of age (%)</td>
<td>10</td>
<td>5</td>
<td>7.2</td>
<td>6.6</td>
<td>5</td>
</tr>
</tbody>
</table>

* Desired target*

**Indicator C.1 (Prevalence of underweight children under five years of age)**

Table 3.5 above demonstrates a decline of 3.4% in prevalence of underweight children less than five years of age from 2000 to 2009. Swaziland is close to achieving this goal in 2015 with only a decrease in 1.6% left to reduce the prevalence of underweight children by half of initial prevalence.
Indicator C.2 (Proportion of the population below minimum level of dietary energy consumption)

The proportion of the population below the 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 (2100 kcal). It also refers to the percentage of the population that is undernourished.

Maize prices are used to measure food prices in the country and can indicate the accessibility to food by the poor. Figure 1.5 below shows a trend in prices of maize per ton from 2004 to 2010. Prices of maize per ton increased exponentially from 2005 to 2008, which was due to high shortages from domestic production. (MDGR 2010). From 2008 to 2010, prices stabilized at E2000.

Figure 7: Maize Price/ton

Source: Swaziland National Maize Corporation
Analysis

The targets and their respective indicators demonstrate a disparity in poverty based on urban development; poverty is more widespread in rural areas compared to urban areas. Children from rural areas are nine times more likely to fall within the poor food consumption category than those from urban areas with proportions of 3% and 0.37% respectively.\textsuperscript{xii} Unemployment is a measure of poverty; areas that have high unemployment rates tend to demonstrate high levels of poverty. Disparity in unemployment rates is also evident along the lines of gender and age. Data collected by the LSF in 2007/08 demonstrated that men possess noticeably better employment prospects than women. In terms of employment-to-population ratio, women have a much lower ratio of 31\% compared to 43\% for men. Additionally, unemployment rates are higher for women (31.2\%) compared to men (25\%).\textsuperscript{xiii} Swaziland’s youth (15-24 years) faces the highest unemployment rates, at 53\%, the highest of the general population.\textsuperscript{xiv} Swaziland’s high HIV/AIDS prevalence has challenged the country’s efforts in combating poverty; as more people get ill from AIDS, job security is diminished.

Swaziland is currently working on implementing various policies to address various challenges centered on poverty. These policies include National Food and Nutrition Policy and Strategic Plan, the National Food Security Policy and the Poverty Reduction Strategy and Action Programme. Additionally, efforts to subsidize farming inputs are currently in action. This is based on a Comprehensive Food Security Policy for the country that addresses the issue of agricultural inputs for production.

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Overview of Universal Primary Education in Swaziland

Swaziland Poverty Reduction Strategy and Action Plan defines basic education as:

1. Being able to survive
2. To develop to the full one’s capacities
3. To participate fully in development
4. To improve the quality of life
5. To make informed decisions
6. To continue learning and development.

In Swaziland, about 23% of children never go to school and a further 17% dropout of school before they finish primary school. Those children are deprived of a basic need to read and write and their chances of breaking the poverty cycle are very slim.\textsuperscript{}\textsuperscript{xlv}

**Measures Implemented**

Swaziland’s Poverty Reduction Strategy and Action Plan prioritize education, and asserts that the goal of the government in primary education is to provide relevant, high quality, and affordable primary education for all Swazi children by the year 2015. A total of 13 strategies in providing primary education have been set to practically implement this goal, which include:

i) Get those children who never attend school (23%) to learn to read and write. Investigate possibilities of expanding the curriculum for Sebenta\textsuperscript{4} to accommodate them. For those at school going age, be catered under Universal Primary Education (UPE).

ii) Gradually introducing universal primary education in all public schools by the year 2006. Although the focus initially is on primary education, there is need for the country to consider Early Childhood programs and the lower levels of secondary education becomes the core of “basic education”.

iii) Standardizing school uniform to reduce the cost to parents throughout the Kingdom

iv) Standardizing infrastructure in all primary schools thus ensuring even quality of education in rural and urban schools.

v) Formulating and implementing new primary school entry requirements to facilitate admission of children above age 5-6 years in public primary schools without the prerequisite of pre-school education.

vi) Shifting from highly subsidizing tertiary education and using savings to pay school fees for universal primary education and subsequently secondary education.

---

\textsuperscript{4} Sebenta National Institute is a non-profit making organization (public enterprise) that provides a variety of services to enable people to achieve personal goals through Adult Basic Literacy and Non-formal Education.
vii) Constructing additional primary schools to accommodate the anticipated influx arising the demand of universal primary education.

viii) Increasing the intake in teacher training schools to produce enough primary school teachers and to ensure that teachers are equipped with teaching like skills, counselling and parenthood.

ix) Improving teachers’ accommodation by constructing new primary school teachers’ houses or creating of schemes that would allow teachers to own land and buy houses within the communities that they serve.

x) Reducing primary school dropouts and repetition rates by implementing the “continuous assessment policy” that aims to improve the flow from one class level to the next.

xi) Introducing school gardens and feeding schemes so that all children especially the OVCs have at least one full balanced meal a day in school, in order to encourage poor children to go to school.

xii) Revising school curriculum to strengthen the practical or vocational subjects in schools and expanding and operationalising the pre-vocational programme that is already piloted in 16 schools.

xiii) All these initiatives have to be targeted at the poorest of the poor. This means that the country will only observe gains when the lowest 20% of the population gains access to the services.

Furthermore, National Development Strategy stresses the need for an improvement in education and training, and a set of goals have been established that move beyond improving access to and quality of primary education into the efficiency and relevance of tertiary education to future citizens.

Assessment of MDG Targets Data

Target 2A: Ensure that, by 2015, all boys and girls complete a full course of primary schooling.

Indicators:

i) Net enrolment ratio in primary school

ii) Proportion of pupils starting grade 1 who reach the last grade of primary school

iii) Literacy rates of 15-24-year-olds
The table above shows that in 2007, only 78.5% of children who started grade 1 reached grade 5. Such low figures have been attributed to AIDS death rates in children, who contracted the virus through mother-child transmission; teacher absenteeism, with an estimate of 10% of teachers not at work on an average school day (World Bank, 2006); and high rates of unqualified teachers at the primary school level who have not met prerequisite qualifications. Literacy rates of 15-24 year-olds is higher than the figures above with literacy rate at 95.4% in 2007, as shown in the table below:
Table 8: Literacy rates of 15-24 year olds, 1986 - 2007

<table>
<thead>
<tr>
<th>Year</th>
<th>1986</th>
<th>1997</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>86.1%</td>
<td>92.6%</td>
<td>96.1%</td>
</tr>
<tr>
<td>20-24</td>
<td>80.6%</td>
<td>90.7%</td>
<td>94.5%</td>
</tr>
<tr>
<td>15-24</td>
<td>83.7%</td>
<td>91.7%</td>
<td>95.4%</td>
</tr>
</tbody>
</table>

*Source: Calculated from the SPHC 1986, 1997 & 2007 (Vol. I)*

**Analysis**

Swaziland’s overall primary school enrolment has clearly increased from 1988 to 2002, showing an increase of just over 150,000 in 1988 to over 200,000 in 2007. Additionally, literacy rates have improved significantly from 1986 to 2007. From the data provided, literacy rates of 15-24 year olds remain slightly higher for females than males. Forms of inequality in access to education exist on a regional and urban/rural basis. Swaziland’s most urban regions (which includes the Manzini region), for instance, have the highest literacy rates compared to the nation’s rural regions, which include the Lubombo and Shiselweni region. Swaziland’s government attributes low literacy rates in these regions to correlating high poverty rates. Shiselweni, the country’s poorest region, also performed poorly in terms of drop out rates. Lubombo, on the other hand, experienced the highest repetition rates.

Some challenges the country faces in achieving universal primary education include global economic and financial crises that have put a strain on national budget to continue prioritizing education; skewed education expenditure that is heavily targeted towards tertiary education; high poverty rates, and high drop-out and repetition rates.

Swaziland has been making some progresses, however, which are evident in primary education becoming more accessible due to State Funded Primary Education Program; the support of disadvantaged children through OVC initiatives, and the implementation of the country’s new constitution, which provides for free primary education, making it “an explicit constitutional right for every child.”

In 2001 there were 547 primary schools in the country (mainly constructed by communities) with a total enrolment of 230,000 pupils. Of the total enrolment, 82% of the children are in rural areas. The enrolment has recently received a boost from the Education Fund (E36 million), the Social Protection of Vulnerable Children Including
Orphans Project, and UNICEF support, which paid school fees mainly for orphans and children more likely to drop out due to lack of school fees. Children of school going age but who never had a chance to go to school have continued to be by-passed by the existing arrangements for assistance. Again this huge investment did not reach the poorest of the poor and there is still a concern that the poor are not being reached by these initiatives. (PRSAP, 2005).

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Overview of gender equality and empowerment

Swaziland’s Poverty Reduction Strategy and Action Plan addresses and prioritizes gender equality and assesses this form of equality along the lines of poverty, income generation, education, health and HIV/AIDS, and culture. According to Swaziland’s PRSAP, women and children in Swaziland are the most disadvantaged and form the majority of the poor and deprived.

Measures Implemented

One of the goals of the PRSAP is to ensure gender equality and afford people of all gender; particularly women and other disadvantaged groups equal access to social services and increased opportunity to utilize factors of production for the improvement of their livelihoods. The PRSAP has also developed a total of 19 goals aimed towards promoting gender equality that review existing policies; cultural practices that discriminate women; implementation of measures that promote female acquisition to property and asserts; and any other practice that infringe on the rights of women as equal citizens.

Assessment of MDG Targets Data

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

Indicators:

i) Ratio of girls to boys in primary, secondary and tertiary education

ii) Share of women in wage employment in the non-agricultural sector
iii) Proportions of seats held by women in National Parliament

Table 9: Ratio of girls to boys in primary, secondary and tertiary education

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratio of girls to boys in primary</td>
<td>0.99</td>
<td>0.94</td>
<td>0.95</td>
<td>0.94</td>
<td>0.94</td>
<td>0.94</td>
<td>0.92</td>
<td>0.92</td>
<td>1.01</td>
<td>-</td>
</tr>
<tr>
<td>Ratio of girls to boys in secondary</td>
<td>0.99</td>
<td>1.01</td>
<td>1.01</td>
<td>1.01</td>
<td>1.00</td>
<td>1.01</td>
<td>1.01</td>
<td>1.01</td>
<td>1.06</td>
<td>-</td>
</tr>
<tr>
<td>Ratio of girls to boys in tertiary education</td>
<td>1.03</td>
<td>1.05</td>
<td>1.03</td>
<td>1.06</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: * Desired target

The ratio of girls to boys in primary is slightly lower (0.92 in 2007) compared to the ratio in secondary (1.01) and tertiary (1.06) education. The higher rate of females in secondary schools could be attributed to the all-females secondary schools in places such as Manzini that prioritize female education, and consequently preparing them for tertiary education. The target for 2015 is to have a higher ratio for females at all levels of education. MDGR 2010 reported that girls are still disadvantaged as the female population is slightly higher than the male population (by 5,000 in 2007).

The share of women in wage employment in the non-agricultural sector is the number of female workers in wage employment in the non-agricultural sector expressed as percentage of total wage employment in that same sector. (Swaziland MDGR 2010). The figure below illustrates a constant downward trend rate from 33% to 29% from the previous years to 2006-2007. The public sector, on the other hand, shows an upward trend from 47% in 2006 to 48.6% in 2008.

Figure 9: Share of Women in wage employment in the formal private non-agricultural sector
1990 – 2015 Actual and Desired Trends

Source: Employment and Wages Survey results 2008
The proportion of seats held by women in the national parliament is the number of seats held by women members in single or lower chamber of national parliament expressed as a percentage of all occupied seats. (Swaziland MDGR 2010).

**Figure 10: Proportion of seats held by women in national parliament**

1990 – 2015 Actual and Desired Trends

![Graph showing the proportion of seats held by women in national parliament from 1990 to 2015.](source: SwaziInfo)

**Analysis**

Overall, Swaziland has made significant progress in promoting gender equality and empowering women, particularly in the political arena. This goal has been made possible through various initiatives, which include signing of the SADC Protocol on gender by His Majesty King Mswati III, and a commitment to CEDAW in 2004, which is now disseminated at grassroots level, and the approval of the Gender Policy which addresses female discrimination and empowerment.

Swaziland’s efforts towards promoting gender equality and empowering women have contributed towards an increase in the share of wage employment in the formal public non-agricultural sector, suggesting a strong potential for reaching the 52% target for the public sector by 2015. Additionally, an increase in proportion of seats held by women in national parliament is evident, highlighting an increase of 8% in proportion of female ministers from 2003 to 2008.

The overall ratio of girls to boys varies in primary, secondary, and tertiary education. In primary education, the ratio is slightly higher for boys, then girls, which then rise for girls in higher education. MDGR 2010 reports that girls are still disadvantaged as they are prone to higher dropout rates due to early pregnancy, poverty, and the impact of HIV/AIDS.
GOAL 4: REDUCE CHILD MORTALITY

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

**Indicators:**

i) Maternal mortality ratio

ii) Proportion of births attended by skilled health personnel

<table>
<thead>
<tr>
<th>Table 10: Maternal mortality and Proportion of births attended by a skilled health personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indicator</strong></td>
</tr>
<tr>
<td>Maternal mortality (per 100,000)</td>
</tr>
<tr>
<td>Proportion of births attended by a skilled health personnel</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Table 11: Table Early Childhood Mortality Rates by region</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Region</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Hhohho</td>
</tr>
<tr>
<td>Manzini</td>
</tr>
<tr>
<td>Shiselweni</td>
</tr>
<tr>
<td>Lubombo</td>
</tr>
</tbody>
</table>

*Source: SPHC 1997, SDHS 2007
SDHS* Note that the country figures for Infant mortality and Under-five mortality were 85 and 120 which are higher than the regions figures
All these figures however, are in SDHS.*

Infant mortality rates have increased over the years from 1995 to 2007. This has been attributed by the high AIDS epidemic in the country, in addition to the global recession that increased food shortages, and affected government’s ability to fully meet all health needs of mothers. The soaring HIV rates have made mothers and their children more susceptible to infectious diseases, such as TB, measles, and the fatal H1N1 flu virus. MDGR 2010 has reported that overall infant mortality and under-five mortality have decreased over the years. Under-five mortality, however, remains higher than infant mortality.
Education and age have been found to be major determinants in the rates of infant mortality. In assessing infant mortality rates, Swaziland’s government discovered that the mother’s level of education was directly related to infant mortality rate. For instance, infant mortality rate was 96% per 1,000 live births to mothers with no education compared to 48 per 1,000 live births to mothers with tertiary education. (SDHS, 2007). Additionally, higher infant mortality rates were found amongst younger mothers.

Ongoing policies and programs that Swaziland is currently implementing to reduce overall infant and under-five mortality rates include the Integrated Community Management of Childhood illnesses to improve delivery of child survival interventions to disadvantaged populations, and improve health infrastructure by providing the equipment necessary for health workers to perform optimally. (MDGR, 2010). Swaziland has also been successfully implementing preventing mother-to-child-transmission (PMTCT), which are universally accessible.

Swaziland is not likely to meet this goal by 2015 due to the health and economic challenges faced. The country has, however, implemented policies and programs that have generally decreased infant mortality rates over the years.

**GOAL 5: IMPROVE MATERNAL HEALTH**

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

**Indicators**:

i) Maternal mortality ratio

ii) Proportion of births attended by skilled health personnel

**Table 12: Maternal mortality and proportion of births attended by a skilled health personnel**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality (per 100,000)</td>
<td>370</td>
<td>370</td>
<td>229</td>
<td>589</td>
<td>92</td>
</tr>
<tr>
<td>Proportion of births attended by a skilled health personnel</td>
<td>-</td>
<td>70</td>
<td>74</td>
<td>74.3</td>
<td>100</td>
</tr>
</tbody>
</table>

Swaziland’s government considers maternal mortality ratio (MMR) to be the annual number of women who die from any cause-related to or aggravated by pregnancy or its management during pregnancy and childbirth, or within 42 days of termination of pregnancy. As shown in the graph above, maternal mortality has soared over the years. Similar to infant mortality, maternal mortality has also been affected by the HIV/AIDS pandemic, and food shortages during the global recession.

Swaziland has experienced a drastic increase of HIV infection amongst pregnant women over the past years. In 1992, for example, the HIV rates among pregnant women were at 3.9% compared to 42.6% in 2004. (HDR, 2008). HIV has made pregnant women more vulnerable to opportunistic infections.

MDGR defines the proportion of births attended by skilled health personnel as the percentage of deliveries attended by trained health personnel to give the necessary supervision, care and advice to women during pregnancy, labour, and the post-partum period; to conduct deliveries on their own; and to care for newborns. Skilled personnel include doctors, nurses, midwives, or nursing assistants.

Swaziland’s skilled health personnel have increased slightly over the years, and the rates have been maintained. MDGR 2010 notes that Swaziland is doing very well in this indicator, as the rates are above the average of most African countries.

**Target 5B**: Achieve, by 2015, universal access to reproductive health

**Indicators**:

i) Contraceptive prevalence rate

ii) Adolescent birth rate

iii) Antenatal care coverage

iv) Unmet need for family planning
Table 13: Statistics of Goal 5B Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2000</th>
<th>2002</th>
<th>2007</th>
<th>2015*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive prevalence rate</td>
<td>27.9</td>
<td>48.1</td>
<td>50.6</td>
<td>100</td>
</tr>
<tr>
<td>Adolescent birth rate</td>
<td>-</td>
<td>-</td>
<td>22.6</td>
<td>-</td>
</tr>
<tr>
<td>Antenatal care coverage</td>
<td>-</td>
<td>-</td>
<td>97</td>
<td>100</td>
</tr>
<tr>
<td>Unmet need for family planning</td>
<td>-</td>
<td>-</td>
<td>13.2</td>
<td>-</td>
</tr>
</tbody>
</table>

Note: * Desired Target

Swaziland considers contraceptive prevalence rate as the percentage of women, married or in union, aged 15 to 49, who are currently using, or whose sexual partner is using, at least one modern method of contraception, regardless of the method. Contraceptive use has increased significantly over the years, which are directly resulted from government’s efforts to promote safe sexual practices in the fight against HIV/AIDS. The country has made progress with this indicator. More work, however, needs to be done. As most of Swaziland’s population lives in rural areas, Swaziland’s health workers need to reach out to rural communities to educate men and women on the options available.

The second indicator for target number 2 address adolescent birth rate, which is regarded as the annual number of births by women 15 to 19 years of age per 1,000. It also represents the risk of childbearing among adolescent women aged 15 to 19.

Education plays a vital role in adolescent birth rate; educated young females are less likely to get pregnant than less educated young females. Additionally, females in the lowest wealth quintile (rates at 33%) were found to have higher pregnancy rates than females in the highest wealth quintile (15%). (MDGR, 2010). Teenage pregnancy has contributed towards higher maternal and infant mortality rates. Education and access to resources (wealth) also play a role in determining adolescent birth rate.

Antenatal care coverage is defined as the percentage of women aged 15 to 49 with a live birth in a given time period that received antenatal care provided by skilled health personnel at least once during pregnancy. Swaziland has been successful in this area due to the increasing number of health clinics around the country. Thus, access to antenatal care has been successful overall.
Unmet need for family planning refer to those who are sexually active but are not using any method of contraception, and report not wanting any more children. Surveys conducted by Swaziland’s government reveal that the population is informed on either modern or traditional forms of contraception. Despite the universal knowledge on forms of contraception, the Swazi government is still finding ways to encourage various population groups, especially the youth, on usage of various contraception methods.

Swaziland has made some progress in goal 5, meeting some targets, and showing some improvement in others. Data, however, shows that there is a strong urban bias, particularly in the distribution of health staff. Additionally, access to health personnel during weekends is difficult in rural areas, which heightens emergency situations. Some rural communities have health facilities a distance away, which may also lack supplies for emergency obstetrics care. The government has been working on policies, protocols, and standardized guidelines to address such challenges.

**GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES**

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

**Indicators:**

i) HIV prevalence among population aged 15 to 24 years

ii) Condom-use at last high-risk sex

iii) Proportion of population aged 15 to 24 years with comprehensive correct knowledge of HIV/AIDS

iv) Ratio of school attendance of orphans to school attendance of non-orphans aged 10 to 14 years.
Table 14: Statistics of Goal 6A Indicators

<table>
<thead>
<tr>
<th>Description</th>
<th>Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV prevalence (15-49 yrs), 2007</td>
<td>26%</td>
</tr>
<tr>
<td>Estimated population living with HIV, 2009</td>
<td>184,906</td>
</tr>
<tr>
<td>Projected number of new infections in 2010</td>
<td>13,795</td>
</tr>
<tr>
<td>Estimated AIDS deaths in 2008</td>
<td>7,782</td>
</tr>
<tr>
<td>Proportion receiving ARTs in December 2009 according to CD 4 count of 200</td>
<td>84.5%</td>
</tr>
<tr>
<td>Proportion receiving ARTs in December 2009 according to CD 4 count of 350</td>
<td>52.8%</td>
</tr>
</tbody>
</table>


**Target 6B**: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.

Indicators:

i) Proportion of population with advanced HIV infection with access to antiretroviral drugs

Table 15: Statistics of Goal 6B Indicator

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2007</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy</td>
<td>51.6</td>
<td>84.5</td>
</tr>
</tbody>
</table>

Source: Ministry of Health Monitoring and Evaluation Report December 2009

Swaziland has made significant progress in lowering HIV rates in the country from over 40% to 26%. The country has also increased the percentage of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) from 51.6% in 2007 to 84.5% in 2009, as shown in the table above. The country has also been working towards fully implementing preventing mother-child transmission (PMTCT) to ensure an HIV-free generation.
Target 6C: Have halted by 2015, and begun to reverse the incidence of malaria and other major diseases.

Indicators:

i) Incidences and deaths rates associated with malaria

ii) Proportion of children under 5 sleeping under insecticide-treated bed nets

iii) Proportion of children under 5 with fewer who are treated with appropriate anti-malarial drugs

Table 16: Statistics of Goal 6C Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths associated with malaria</td>
<td>62</td>
<td>46</td>
<td>30</td>
<td>28</td>
<td>17</td>
<td>27</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Laboratory Confirmed cases of malaria</td>
<td>670</td>
<td>342</td>
<td>574</td>
<td>279</td>
<td>155</td>
<td>78</td>
<td>83</td>
<td>73</td>
</tr>
</tbody>
</table>

*Source: SNMCP*

Swaziland has managed to eradicate malaria, with deaths at 62 in 2001 to 5 in 2008. The country has successfully implemented policies designed on prevention measures, such as distribution of treated nets and anti-malaria drugs, especially targeted towards children under fives years of age. The country’s malaria team has worked directly with the Global Malaria Elimination Team to learn of other ways to eliminate the disease. Moreover, Swaziland has been selected as the continent’s consultant to advice other countries on measures to eradicate malaria.

Tuberculosis

Indicators:

i) Incidence, prevalence and death rates associated with tuberculosis

ii) Proportion of tuberculosis cases detected and cured under directly observed treatment short course
Table 17: Incidence, prevalence and death rates associated with Tuberculosis 1990 and Period 2000-2007 (per 100 000 population)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence of Tuberculosis</td>
<td>267</td>
<td>801</td>
<td>916</td>
<td>994</td>
<td>1075</td>
<td>1127</td>
<td>1141</td>
<td>1169</td>
<td>1198</td>
</tr>
<tr>
<td>Prevalence of Tuberculosis</td>
<td>629</td>
<td>740</td>
<td>832</td>
<td>693</td>
<td>739</td>
<td>776</td>
<td>788</td>
<td>801</td>
<td>812</td>
</tr>
<tr>
<td>Mortality of Tuberculosis excluding HIV</td>
<td>-</td>
<td>45</td>
<td>50</td>
<td>36</td>
<td>38</td>
<td>40</td>
<td>40</td>
<td>41</td>
<td>40</td>
</tr>
<tr>
<td>Mortality of Tuberculosis including HIV</td>
<td>-</td>
<td>317</td>
<td>365</td>
<td>201</td>
<td>202</td>
<td>237</td>
<td>268</td>
<td>282</td>
<td>277</td>
</tr>
<tr>
<td>Total mortality from Tuberculosis</td>
<td>79</td>
<td>362</td>
<td>415</td>
<td>237</td>
<td>240</td>
<td>277</td>
<td>308</td>
<td>323</td>
<td>317</td>
</tr>
</tbody>
</table>

Source: WHO Global Tuberculosis Control 2009

Swaziland still has the highest HIV prevalence worldwide. The country has, however, managed to decrease rates from over 40% to 26%. There has been a growing concern on extremely fatal HIV/TB co-infection, which has worsened the HIV pandemic. This is due multiple drug resistance that has challenged efforts to combat HIV and TB rates. The country has managed to supply 84% of its population with CD4 count of 200 with anti-retroviral drugs (ARV). Overall access to ARV has also increased over the years, from 51% to in 2007 to 84% in 2009.

World TB Day on March 24th 2013 marked 1000 days between then and the end of the Millennium Development Goals (MDGs) deadline on 31 December 2015. Hon. Benedict Xaba, Minister of Health of Swaziland invited a high level delegation to Mbabane to catalyze a greater response towards ending the Tuberculosis (TB) and TB/HIV co-epidemic in SADC countries. Swaziland has acknowledged that despite progress and a number of important political declarations and commitments, an accelerated response to the TB and TB/HIV epidemic is urgently needed.

**GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY**

**Target 7A:** Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources

**Indicators:**

i) Proportion of land area covered by forest

ii) Carbon dioxide emissions, total, per capita and per $1 GDP
iii) Ratio of area protected to maintain biological diversity to surface area
iv) Energy use (kg oil equivalent) per $1 GDP
v) Proportion of population using solid fuels

**Figure 11: Proportion of land area covered by forests (%) out of 17,340 km² 1990 – 2015 Actual and Desired Trends**

![Graph showing proportion of land area covered by forests](image)

*Source: Global Forest Resources Assessment 2010*

**Table 18: GHG emissions by SECTOR (metric tons CO₂ equivalent)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Energy</th>
<th>Industrial Processes</th>
<th>Agriculture</th>
<th>Land Use and Forestry</th>
<th>Waste</th>
<th>Total CO₂ Emission estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>1,055,950</td>
<td>3,194,100</td>
<td>1,233,490</td>
<td>346,480</td>
<td>499,980</td>
<td>6,330,000</td>
</tr>
<tr>
<td>2000</td>
<td>1,333,800</td>
<td>9,063,500</td>
<td>1,602,910</td>
<td>1,105,130</td>
<td>6,657,800</td>
<td>19,763,140</td>
</tr>
</tbody>
</table>

*Source: Meteorological Department*

**Figure 12: Energy Use in Swaziland**

![Energy Use Pie Chart](image)

*Source: MNRE. National Energy Policy Implementation Strategy (2009), Energy Department*
The proportion of land covered by forests refers to the forest area as a share of total land area. Land covered by forests in Swaziland includes indigenous and natural forests, and commercial timber plantations. Swaziland’s proportion of land covered by forests has increased over the years, and Swaziland will definitely meet this indicator. This is due to the protection that Swaziland has implemented towards biodiversity conservations. Legally proclaimed conservation areas have also increased over the years.

Carbon dioxide emissions, however, have increased drastically over the years, as has been the case globally. This is mainly due to the rate of industrialization and urbanization that has been occurring in the country.

The country has also experienced an increasing energy-use due to various factors, which include rural electrification, and a rise in affordable imported vehicles. Renewable energy still remains the main form of energy, which accounts for 48% of the National Energy Policy Implementation Strategy. Petroleum, coal and electricity contribute 23, 16, and 13% respectively. Renewable energy is derived from hydro-electricity, biogases from the sugar processing industry, and wood waste from industrial timber processing.

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

**Indicators:**

i) Proportion of population using an improved drinking water source

ii) Proportion of the population using an improved sanitation facility

**Figure 13: Proportion of population using an improved drinking water source in rural areas**

1990 – 2015 Actual and Desired Trends

*Source: SDHS 2007, SWSC 2009*
MDGR 2010 reports that sustainable access to safe drinking water in rural areas has been improving since 1997 from 40% to 59% in 2009. Current commitments to further improve access to safe drinking water include installation of 60 micro pumps and the completion of three macro schemes.

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. More than 50% of households have an improved toilet facility. (SDHS, 2007). Access to sanitation in rural areas has improved at a higher rate than in urban areas.

**GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT**

**Target 8A**: Develop further an open rule-based predictable, non-discriminatory trading and financial system

**Target 8B**: Address the special needs of landlocked and small island developing states

**Target 8C**: Deal comprehensively with the debt problems of developing countries through national and international measures to make debt sustainable in the long term.

**Target 8D**: In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries

**Target 8E**: In co-operation with the private sector, make available the benefits of new technologies, especially information and communications
Table 19: Sector Allocable Official Development Assistant to Swaziland 2006 – 2009 (US $)

<table>
<thead>
<tr>
<th>Source</th>
<th>2007/8</th>
<th>2008/9</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic education</td>
<td>8,250,000</td>
<td>-</td>
<td>4,017,470</td>
</tr>
<tr>
<td>Primary health care</td>
<td>500,000</td>
<td>2,000,000</td>
<td>-</td>
</tr>
<tr>
<td>Safe water and sanitation</td>
<td>8,350,002</td>
<td>-</td>
<td>573,300</td>
</tr>
<tr>
<td>Agriculture</td>
<td>213,510</td>
<td>2164,000</td>
<td>1,973,494</td>
</tr>
<tr>
<td>TOTAL</td>
<td>17,313,512</td>
<td>4,864,000</td>
<td>6,564,264</td>
</tr>
</tbody>
</table>

Source: Aid Coordination & Management Section

Official Development Assistant (ODA) in Swaziland has been decreasing over the years, and Swaziland has felt the impact of food, fuel, and the global economic crises. Additionally, MDGR 2010 reported that donor agencies are offering bailout packages to their own economies at the expense of developing economies like Swaziland.

Swaziland’s economic performance, trade relations, pricing and investments is heavily influenced by developments in South Africa, who is Swaziland’s main trading partner. Swaziland’s major export markets are the Southern African Customs Union (SACU), Common Market for Eastern and Southern Africa (COMESA), Southern African Development Community (SADC), the European Union (EU), and the USA. The country has been making progress on the road to trade integration as a member of SADC due to phasing out of tariffs and import quotas by 2012 within SADC, thus promoting intra-SADC trade and strengthening of regional economic integration. Additionally,

The global economic crisis has had a major impact on trade in Swaziland and has affected various industries. These include manufacturing, mining, agriculture, tourism, and retail and wholesale sectors. The country’s textile industry, for example, experienced cancellation of orders as a result of buyer default. As a result, more than 3,000 workers were retrenched. The mining industry has also been affected due to decrease in global commodities such as coal, and diamonds.

In Swaziland’s total external debt stock in 2008 was E4 billion, which was an increase of 25% from the debt recorded in 2007 (E3.2 billion). MDGR 2010 notes that the growth in debt is primarily due to increased disbursements of loans for large ongoing
projects, most of which are at peak implementation. This has also been contributed by the country’s local currency depreciation against the US dollar and other major currencies.

**Overview Analysis**

Overall, Swaziland has made progress in achieving some of the MDGs, with some targets well achieved and others still lacking. The country has, however, made significant progress in education, particularly through the introduction of free universal primary education. Remarkable progress in other areas includes female representation in parliament, eradication of malaria, and an improvement in antenatal care due to an increase in health clinics around the country. The country is still working towards eliminating gender disparity in employment; unemployment rates are higher for females than males (31.2% to 25% respectively). Additionally, regional statistics in education, employment, and overall development highlight an urban bias, with urban areas at an advantage and yet approximately 70% of Swaziland’s population resides in rural areas.

In summary, the country has experienced a difference in the overall development as a result of the implementation of the MDGs. The MDGs highlight the need of education in solving various challenges such as poverty, and maternal and infant mortality rates. One of the main challenges that Swaziland is currently facing is the high HIV/TB co-infection rates that have led toward multiple drug resistance strains and the global recession, which has affected educational, health, agricultural, and economic sector.

Summary of the country’s progress is presented in the table below:
### Table 20: 2010 MDG Status at a glance: Swaziland’s progress towards achieving the MDGs

<table>
<thead>
<tr>
<th>GOALS / TARGET</th>
<th>WILL THE GOAL / TARGET BE MET</th>
<th>STATE OF SUPPORTIVE ENVIRONMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ERADICATE EXTREME POVERTY AND HUNGER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day</td>
<td>Potentially</td>
<td>Strong</td>
</tr>
<tr>
<td>Achieve full and productive employment and decent work for all, including women and young people</td>
<td>Potentially</td>
<td>Strong</td>
</tr>
<tr>
<td>Halve, between 1990 and 2015, the proportion of people who suffer from hunger</td>
<td>Potentially</td>
<td>Strong</td>
</tr>
<tr>
<td><strong>ACHIEVE UNIVERSAL PRIMARY EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure, by 2015, that all boys and girls will be able to complete a full course of primary schooling</td>
<td>Likely</td>
<td>Strong</td>
</tr>
<tr>
<td><strong>PROMOTE GENDER EQUALITY AND EMPOWER WOMEN</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eliminate gender disparity in primary and secondary education preferably by 2005 and in all levels of education by 2015</td>
<td>Likely</td>
<td>Strong</td>
</tr>
<tr>
<td><strong>REDUCE CHILD MORTALITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</td>
<td>Likely</td>
<td>Strong</td>
</tr>
<tr>
<td><strong>IMPROVE MATERNAL HEALTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio</td>
<td>Likely</td>
<td>Strong</td>
</tr>
<tr>
<td>Achieve by 2015 universal access to reproductive health</td>
<td>Likely</td>
<td>Strong</td>
</tr>
<tr>
<td><strong>COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have halted by 2015 and begun to reverse the spread of HIV/AIDS</td>
<td>Potentially</td>
<td>Strong</td>
</tr>
<tr>
<td>Achieve by 2010, universal access to treatment for HIV/AIDS for all those who need it.</td>
<td>Likely</td>
<td>Strong</td>
</tr>
<tr>
<td>Have halted by 2015 and begun to reverse the incidence of malaria</td>
<td>Achieved</td>
<td>Strong</td>
</tr>
<tr>
<td>Have halted by 2015 and begun to reverse the incidence of tuberculosis</td>
<td>Potentially</td>
<td>Strong</td>
</tr>
</tbody>
</table>
Table 20: 2010 MDG Status at a glance: Swaziland’s progress towards achieving the MDGs (continued)

<table>
<thead>
<tr>
<th>GOALS / TARGET</th>
<th>WILL THE GOAL / TARGET BE MET</th>
<th>STATE OF SUPPORTING ENVIRONMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENSURE ENVIRONMENT SUSTAINABILITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</td>
<td>Potentially</td>
<td>Good</td>
</tr>
<tr>
<td>Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation</td>
<td>Potentially</td>
<td>Strong</td>
</tr>
<tr>
<td>To have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers</td>
<td>Potentially</td>
<td>Good</td>
</tr>
<tr>
<td>DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop further an open, rule-based, predictable, non-discriminatory trading and financial system</td>
<td>Potentially</td>
<td>Good</td>
</tr>
<tr>
<td>Address the special needs of the least developed countries</td>
<td>Potentially</td>
<td>Good</td>
</tr>
<tr>
<td>Address the special needs of landlocked and small island developing States</td>
<td>Potentially</td>
<td>Good</td>
</tr>
<tr>
<td>Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</td>
<td>Potentially</td>
<td>Good</td>
</tr>
<tr>
<td>In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries</td>
<td>Likely</td>
<td>Good</td>
</tr>
<tr>
<td>In co-operation with the private sector, make available the benefits of new technologies, especially information and communications</td>
<td>Likely</td>
<td>Good</td>
</tr>
</tbody>
</table>

Source: Swaziland Millennium Development Goal Report 2010, p. 6-7

**KEY**

**WILL THE GOAL OR TARGET BE MET**

- COUNTRY WILL MEET THE MDG
- COUNTRY MAY OR MAY NOT MEET THE MDG

**STATE OF SUPPORTING ENVIRONMENT**

- POLICIES IN PLACE, GOVERNMENT COMMITMENT IS HIGH
- POLICIES IN DRAFT FORM, WORK IN PROGRESS
CHAPTER 4

Analysis of work done by Swazi Government, UN, and NGOs

Brief Overview

Swaziland has been working towards implementation of development plans that were initiated prior to the establishment of the MDGs in 2000. Such plans, as outlined in chapter 3, include Swaziland’s National Development Strategy, and the Poverty Reduction Strategy and Action Plan. Swaziland’s Poverty Reduction Strategy and Action Plan form the groundwork on which the nation’s development and priorities are based. The MDGs cover merely a fraction of Swaziland’s PRSAP initiatives. In my analysis of work done by Swazi government, UN, and NGOs, I will rely heavily on material obtained from my field research trip that was conducted over a period of 2 weeks in Swaziland, sponsored by the Pamela Daniels Fellowship.

Swaziland’s Ministry of Economic Planning and Development forms a central role in overseeing the implementation of the nation’s development plans and strategies. Additionally, this governmental sector oversees any related projects that are run under other ministries in government. Parliament’s Cabinet who is just above the Ministry of Economic Planning and Development, however, must first approve developmental plans. This Ministry then works directly with line ministries, regional administrations, donors and NGOs, and the private sector. All these sub-divisions then implement practical measures in their own field of expertise to implement on a national, regional, and community level. The structure of the organization is illustrated in the figure below.
United Nations and Swaziland

In meeting the MDGs, Swaziland has formed partnership with various international agencies and organizations, besides the United Nations, such as the World Health Organization, UNAIDS, and the SADC community. Additionally, local experts within the country, in various fields including agriculture, health, and economics, are playing a key role in working together towards achieving developmental goals established both by the Kingdom and the United Nations. The MDG reports have been prepared in a consultative manner, involving key government officials, civil society,
academics, donors and the UN Country Team. The UN plays a consultancy role in the
country, leaving implementation and practical measures under the wings of the Ministry
of Economic Planning and Development.

The Swazi Government and the MDGs

Swaziland’s government has been working towards the establishment and
achievement of developmental strategies, prior to the implementation of the MDGs,
which are still ongoing today - evident in the NDS and PRSAP. The Ministry of
Economic Planning and Development, is a central sector of government. They work in
conjunction with the Ministry of Finance and Public Service, to oversee all projects
related to the nation’s development, formulation, and coordination of policies through
preparation, administration, and monitoring of the country’s development framework
(NDS and PRSAP).

National Development Strategy Overview

The National Development Strategy (NDS) are key macro and sectoral strategies
for the nation’s development. The NDS are regarded as the 2022 Vision, launched by His
Majesty King Mswati III. The NDS was initiated as a result of the collection of views
from the general public, which was accomplished through the appointment of the
Economic Review Commission (ERC). The NDS document provides a long-term
framework (25 years) within which short and medium-term action programs are
formulated by the Swazi government.

Poverty Reduction Strategy and Action Plan Overview

The Poverty Reduction Strategy and Action Plan (PRSAP) is regarded as one of
the key documents for implementing the National Development Strategy and attaining
the vision in 2022. This project in itself was aimed at answering some of the challenges
that were identified as part of the MDGs, which is also used as a key-planning tool for the Ministry of Economic Planning and Development. Swaziland’s former Minister of Economic Planning and Development, Hon. AMC Dlamini regards it as “a strategic planning document designed to guide the formulation and action for poverty reduction in all key areas of development. It will be the centre of overall planning and budgeting. Poverty reduction will from now on be central to all sectoral development plans and the medium term expenditure framework.”

_A focus on the Government of Swaziland_

During my time in Swaziland, I had the opportunity to interview key individuals in government who represented the Ministry of Economic Planning and Development, the Ministry of Agriculture, and the Ministry of Health, who not only talked of the position of Swaziland in achieving the MDGs, but also highlighted key points in Swaziland’s progress, challenges faced, and the vision for Swaziland beyond 2015.

**Ministry of Economic Planning and Development**

The former Minister of Economic Planning and Development, Rev. AMC Dlamini, highlighted that the country has been facing a sluggish economic growth due to a number of factors, which include a lack of foreign direct investments (FDI) in the country; the need to diversify export products to find new markets; the need for commercialization of subsistence farming to allow for generation of income; industrialization of the economy; and development of human capital through skills for empowerment and sustainability.

In order to address existing challenges, the Ministry of Economic Planning and Development has implemented policies that are aimed towards the implementation of strategies established in the PRSAP. These include the Restructuring and Diversification
Unit, which were designed to meet reforms adapted by the European Union that relies on
Swaziland’s sugar exports.\textsuperscript{5} They also include Swaziland Demographic and Health
Survey, which provides demographic information for health and HIV, which were
necessary particularly for the Ministry of Health’s monitoring and evaluation purposes.
Also included is the National Population Policy, which was absent prior to being
launched under the leadership of Former Minister of Economic Planning and
Development, Hon. AMC Dlamini.

\textbf{Image 4: Rev. AMC Dlamini, Swaziland’s Former
Minister of Economic Planning and Development}

The Ministry has also embarked on macro projects that deliver goods and services
in terms of infrastructure for development of rural communities. Major dams have been
constructed around the country to foster commercialization of agriculture. Projects have
been implemented to ensure clean water and sanitation, and are readily provided
throughout the country. Additionally, every clinic and hospital around the country is
connected to an electricity grid so that no health facility is left without access to
electricity. The Ministry has also established an Investor Road Map, which aims to attract
foreign direct investments in the country.

\textsuperscript{5} Swaziland is the third leading producer of sugar worldwide.
**Ministry of Agriculture**

Swaziland is an agro-based economy. The Ministry of Agriculture has an important mandate in ensuring a food secure nation. The Ministry with its department and public enterprises plays a coordinative role in policy legislation, strategy development and implementation. This is done mainly by providing services to farmers and guiding the agricultural sector stakeholders to achieve optimal household and national food security and improvement of overall economic growth in a sustainable way. Their approach as a ministry is to work with stakeholders to create an environment where they can work together to transform the approach in an inclusive manner.

Government has been embarking on various downstream developmental projects to improve the agricultural sector. For instance, in 2008, government subsidized services to enable local farmers to increase maize yields during the drought season. Additionally, construction of dams has helped various communities, enabling them to obtain water supply for personal and agricultural uses.

The purpose of large-scale dam development was government’s attempt to change the paradigm of smallholder farmers. Swaziland’s Principal Secretary from the Ministry of Agriculture, Dr. Robert Thwala, noted that significant transformation has been witnessed.

The country still faces challenges in this sector, which include efficient service delivery and a decrease in frontline extension staff (from 223 to 144). Mobility by frontline extension staff has been almost grounded, due to government prioritizing needs during the global recession. Transportation has also been a challenge due to the control of fuel, which has influenced the ministry’s community programs.
Dr. Thwala has greatly emphasized the need to empower smallholder farmers, and the need to ensure access to food in various ways. “What is critical is access to food,” he noted. The ministry has been working to address issues of immediate food security by implementing a program that allows each household to have some land around the household for subsistence purposes to feed themselves rather than only growing food for large scale commercial purposes. Benchmarks have been established to ensure that these households are producing enough to sustain themselves and to have reserves for emergency cases, and thus ensuring food security. The Ministry of Agriculture has also embarked on another program, which ultimately lacked funding that was centered on subsidizing farmers. The objective was to accelerate food security at household and national level.

Ministry of Health

The Government of Swaziland has put health as one of their priorities. The Ministry of Health’s mission statement focuses on providing services that are accessible, equitable, affordable, and socially acceptable. The central objective of the Ministry of Health is to build a healthy nation. They have implemented a strategic health plan that
was implemented in 2008, which incorporates short and long-term goals to meet the health needs of the country and guides the Ministry in resource mobilization.

Swaziland started their primary health care services in 1998, which has made primary health care easily accessible. The Ministry of Health has also been able to decentralize services for TB treatment in rural areas, especially small clinics in various communities. The country is working towards procuring treatment drugs themselves, as they currently have to rely on drug supply from other countries. Hon. Minister Xaba noted that currently about 83% of individuals in need of antiretroviral therapy have access to treatment.

Swaziland has been successfully working towards promoting an HIV-free generation in the near future. More than 96% of babies born to HIV positive mothers are HIV negative due to access to effective treatment (prevention of mother to child transmission treatment). This highlights some of the progress the country is making towards the fight against HIV/AIDS. The government has also managed to successfully implement prevention services, such as vaccination programs, which has led to the eradication of polio. Swaziland is currently in the elimination phase towards eradicating malaria, and now acts as the continent’s consultant in helping other countries to address
the malaria challenge. In 2011, the country won the Innovative Award by the United Kingdom in eliminating malaria, and in January 2013, the Kingdom was presented with a second award by the African Union for being the best country in eradicating malaria.

![Image 7: Hon. Minister Benedict Xaba, Swaziland’s Minister of Health demonstrating the floor plans of a fully equipped medical facility that will meet all the medical needs of the country – one of the Ministry’s biggest project.](image)

Swaziland is currently experiencing a rise in cancer and diabetes rates due to an increasing number of Swazis embracing western diet and lifestyle. The Government of Swaziland is working towards building a cancer clinic and a radiology center to meet this rising health concern. Swaziland’s Minister of Health, Hon. Benedict Xaba expressed a need to address lifestyle and dietary habits; “We have discovered that most Swazi people now use a lot of transport so they don’t exercise. We are launching a campaign to address lifestyle and proper eating habits.” His hope for Swaziland is to have a Kingdom that is HIV-free, hence they have been actively working towards prevention measures to ensure that the new generation is born without HIV. Minister Xaba emphasized that the only way that Swaziland will proper is by promoting health because, as he noted, it is “health that is your wealth.”
Non-Governmental Organizations in Swaziland and the MDGs

NGOs in Swaziland usually work on the grassroots level, and address various challenges ranging from social issues to the implementation of health programs. Examples of notable Swazi-run NGOs, whose focus fall under the agenda of the MDGs include Swaziland Action Group Against Abuse (SWAGAA), The Forum for African Women Educationalist Swaziland Chapter (FAWESWA), and Family Life Association of Swaziland (FLAS). Various international-run organizations, such as UNICEF and World Vision play a key role in meeting some of Swaziland’s needs such as assisting in the educational funding of orphaned vulnerable children, and reaching out to the rural community in various ways. I have learned that local community efforts are playing a critical role in the well being of society. For example, in some communities, women have come together to learn how to sew, make soaps, and floor polish in order to generate some income.

A Critical Assessment

My field research shed light on the vast contrast that exists between official reports and development strategy drafts to the practical and on-site situation. Through interviews, interactions with local women, and on-site visits to various sectors of the community, I have learned that Swaziland’s government and the Swazi people have been working tirelessly towards achieving developmental strategies and goals established in various ways.

All prominent leaders who play a vital role in overseeing projects and strategies confirmed that indeed the MDGs serve as a benchmark for development, in addition to providing motivation and encouragement due to the support received by the international community. Hon. AMC Dlamini stated that the whole idea of the MDGs was to galvanize...
governments to rise up and take full responsibility of their citizens and provide necessary services to improve the livelihood of their people. Achieving the MDGs have been difficult, but some have been achieved, as others in the process of being achieved. Overall, whether achieved or not, the difference has been felt. He added that it was a good initiative to challenge governments to put first their citizens.

Swaziland’s government has been burdened with a big responsibility to not only oversee its own development strategies and plans, but to also perform and provide results for the United Nation’s MDGs. This has put a strain on the government because, as stated by Honorable HRH Prince Hlangusemphi, Swaziland’s current Minister of Economic Planning and Development, the ministry is understaffed and lacks some of the resources to fully implement the MDGs, evident in the shortage of reliable transportation necessary to reach out to every corner of the country, in addition to collecting data for the MDGR.

My experience in Swaziland enabled me to realize how mainstream media tends to highlight mostly work done by foreign agencies and organizations. The main headlines on Swaziland tend to be very negative and critical, yet there are numerous initiatives by government and the local community that are aimed toward growth, development, and sustainability. Failing to highlight such local initiatives channels financial and other forms of support more towards those international agencies, rather than directly to local ministries and local efforts that are working directly in communities at the grassroots level. The Swazi people are driving themselves forward, and women are at the forefront of this progress, as we shall see in the proceeding chapter.
CHAPTER 5
Field Case Studies: Swazi Women

Position and role of Swazi women in Swaziland’s society and development

In Swazi society and culture, each gender plays a specific role in the community and meets specific needs that cannot be fulfilled by the other gender. Traditionally, Swazi elderly women play a crucial role in the family, and in the community at large. Their experience and wealth of knowledge classify them as a fountain of wisdom that is served to guide the younger generation and add stability to the community. Such high esteem bestowed upon women is particularly evident in the role of Swaziland’s Queen Mother, who reigns with His Majesty, forming a dual monarchy government system.

This chapter focuses on women in Swaziland; their role in society, challenges faced, and how they are rising up above their challenges to be empowered in various ways. A section of this chapter also presents case studies. During my time in Swaziland, I travelled to various communities in the Kingdom to interview local women. These case studies shed light on aspects of their lives, which statistical data fail to present.
### Table 21: Statistics on Swazi Women

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy: females as a % of males, 2010</td>
<td>98</td>
</tr>
<tr>
<td>Adult literacy rate: females as a % of males, 2005-2010*</td>
<td>98</td>
</tr>
<tr>
<td>Enrolment ratios: females as a % of males, Primary GER, 2007-2010*</td>
<td>93</td>
</tr>
<tr>
<td>Enrolment ratios: females as a % of males, Secondary GER, 2007-2010*</td>
<td>90</td>
</tr>
<tr>
<td>Survival rate to last grade of primary: females as a % of males, 2006-2009*</td>
<td>102</td>
</tr>
<tr>
<td>Contraceptive prevalence (%), 2006-2010*</td>
<td>49</td>
</tr>
<tr>
<td>Antenatal care coverage (%), At least once, 2006-2010*</td>
<td>97</td>
</tr>
<tr>
<td>Antenatal care coverage (%), At least four times, 2006-2010*</td>
<td>97</td>
</tr>
<tr>
<td>Delivery care coverage (%), Skilled attendant at birth, 2006-2010*</td>
<td>82</td>
</tr>
<tr>
<td>Delivery care coverage (%), Institutional delivery, 2006-2010*</td>
<td>80</td>
</tr>
<tr>
<td>Delivery care coverage (%), C-section, 2006-2010*</td>
<td>12</td>
</tr>
<tr>
<td>Maternal mortality ratio†, 2006-2010*, reported</td>
<td>590</td>
</tr>
<tr>
<td>Maternal mortality ratio†, 2008, adjusted</td>
<td>420</td>
</tr>
<tr>
<td>Maternal mortality ratio†, 2008, Lifetime risk of maternal death: 1 in:</td>
<td>75</td>
</tr>
</tbody>
</table>

*Source: UNICEF, Swaziland Statistics (online)*

Swaziland’s statistical data focusing on women in society, as shown in the table above, reveals that there is a small percentage of disparity in areas such as life expectancy (98% female to male ratio); adult literacy rate (98% female to male ratio); and primary school enrollment ratio (93% female to male ratio). So despite female representation at highest levels, women face challenges, which are unique to them.
Status in Society

The Kingdom of Swaziland has made deliberate efforts towards the promotion of gender equality and the empowerment of women through various efforts such as acceding to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) on 26th March 2004. The Ministry of Justice, with support from the UNDP and the Gender and Family Unit within the Prime Minister’s Office, is currently in the process of analyzing the current legislative framework, in order to harmonize civil law to make it consistent with Swazi obligations under the constitution and with international instruments. This had led to a revision of a number of pieces of legislation from the civil law system, which is recognized as perpetuating women’s inequality. These are:

- **The 1964 Marriage Act**: This sets the marriageable age for men at 18 years, and women at 16. Unless a couple explicitly marry outside of ‘community of property’, upon marriage women assume a legal status comparable to that of a minor child.

- **The 1968 Deeds Registry Act**: This act requires that all property be registered in the husband’s name, unless the couple is married out of ‘community of property’. A couple will automatically be married under community of property unless they specifically choose not to.

- **The 1970 Maintenance Act**: Under this act both parents are obligated to provide for children. However, the right to maintenance is not automatic, and women are vulnerable to losing custody of their children due to societal pressure.

- **The 1902 Administration of Estates Act**: This requires that the estate of those who have entered into marriage through Swazi law and custom be distributed according to the same. Swazi Law and Custom prohibits women from inheriting property.

In addition to rectification of CEDAW, Swaziland has been working towards implementation of Policy and Legal Framework for women’s rights protection, which
includes Southern African Development Community (SADC) Gender and Development Protocol, and Gender Policy. The SADC Gender and Development Protocol seek to address issues pertaining to the rights of women in the SADC region. The protocol recognizes the challenges women face in the enjoyment of their full rights and places an obligation upon SADC Member States to ensure the necessary changes to laws, cultures, and practices to create enabling environment for women to exercise their human rights on an equal basis with men.

The government of the Kingdom of Swaziland established a Gender Coordination Unit in 1997 to coordinate all gender related activities in the country. One of the key mandates of this Unit is to mainstream gender into all government policies, programs and activities. In addition, the Gender Unit was tasked with the responsibility of sensitization of the entire populace on Gender and Sustainable Development.

Women face unique challenges to men. For years, Swazi women have held the status of minors in society; have faced the challenge of securing bank loans for business start-ups; and are faced with dual-career family pressures. Women, however, often have life skills and natural abilities that are useful in self-reliability and sustainability. They have inherent skills for networking, negotiating, multitasking, budgeting, and delegating—all skills relied on to manage their families.

The status of women in society has changed considerably from being regarded as minors to full participants in society. This view of women as minors was laid out by Swaziland’s Business Woman of the Year 2006, Mrs. Sylvia Mthethwa, who informed me that in the past women required consent from a male counterpart, usually her husband, to be able to obtain a bank loan for a business start-up. That, however, has changed as a new culture is emerging: “it has been a norm in this country that if you are a
woman your place is in the kitchen. Now things have changed, we are no longer in the kitchen, women are out there to work.” She highlighted the situation that women are in, requiring them to prove their abilities to their male counterparts, which result in women working harder than the opposite gender to show their abilities and realize their potential.

Access to Resources

i) Economic Sector

Swazi women are becoming more directly involved in the country’s economy in various sectors, particularly in the agricultural sector. Projects and initiatives implemented by the Ministry of Agriculture have been assisting mostly women, who form 73 to 75 percent of smallholder farmers in Swaziland. Smallholder farmers drive the agricultural sector in the country; their role is therefore vital to the country’s economic progress. Women have been directly involved in programs initiated by government that focus on conservation agriculture, agro forestry, rotational agriculture, piggery, and poultry. Women readily absorb new technology introduced due to the close connection they have with the land. Additionally, the farmers’ groups that form a growing initiative in the farming community consist of mostly women. Evidently, women are sustaining Swaziland’s Agricultural development. Swaziland’s main industry is agriculture, and smallholder farmers form the heart of this economy. It is therefore clear that women, who form over 70% of smallholder farmers, play a vital role in the nation’s economy. Furthermore, as an expansion from agriculture, small and medium-sized enterprises, which are dependent on agricultural products, are increasingly being run by women.

Swaziland’s government is also finding ways to incorporate more women in various sectors of the economy. For example, there is now an increasing rate of women running construction companies, in addition to an increasing percentage of female
representation in the boards of large companies. Furthermore, organizations such as Circle of Champions allow for the networking of female entrepreneurs, and today more women are involved in micro projects through NGOs, government projects, or their own efforts and initiatives.

**ii) Non-Governmental Organizations**

There exists various organizations within Swaziland that meet a wide array of needs centered on social, educational, economic, and health needs.

Young female education is prioritized through all-girls’ schools, particularly in the Manzini region. MDGR 2010 reported that in 2007, the ratio of girls to boys in primary education was 0.92, compared to 1.01 in secondary education. The ratio of girls to boys in tertiary education (1.06) is much higher. Organizations such as Forum for African Women Educationalists, Swaziland Chapter (FAWESWA) aim to eliminate gender disparities between boys and girls in schools by promoting female education that ensure female access to education, good performance, and retaining them in school until they complete.

The AIDS pandemic has led to an increased percentage of single parents in Swaziland, leading to the founding of organizations such as Swaziland Single Mothers’ Association (SWAMASO), which aims to improve the lives of single mothers and reduce high teen pregnancy rates. NGOs such as Imbita Swaziland Women’s Finance Trust aims to make credit accessible to underprivileged rural Swazi women, and also provides them with demand-driven, high-quality training services, and building the capacity of people participating in the small and medium size enterprise sector so that they can become large enterprises capable of creating job opportunities.
Gender-based violence has been a widespread concern in Swaziland. A study conducted by UNICEF in 2007 revealed that approximately 1 in 4 females in Swaziland experience physical violence as a child, and among youth aged 18-24 about 9% have experienced coerced sexual intercourse before they turned 18.\textsuperscript{iii} The most prevalent forms of abuse are physical, emotional, and sexual. Non-governmental organizations, such as Swaziland Action Group Against Abuse (SWAGAA), work directly with victims of abuse and sexual assault in order to enable them to understand laws within the Swazi Constitution that protect them. Meetings held in rural communities bring women together to address various challenges faced that are centered on gender abuse. The mission commits them to the eradication of Gender Based Violence (GBV) through prevention, care and support, access to justice and advocacy initiatives.\textsuperscript{iv} Additionally, with the help of female layers, SWAGAA plays a vital role in providing legal advice to women with regards to property rights. The NGO also works tirelessly towards eliminating confusion centered on women and their constitutional rights.

Organizations such as Family Life Association of Swaziland (FLAS) provide various forms of resources that bring women together to be empowered in having full autonomy over their lives and teach them the values of family planning. Their vision is to be a leader in delivering innovative, youth focused services; sharing best practices and knowledge; engaging in advocacy and partnerships; and implementing sustainable, gender sensitive service delivery models that result in the prevention and reduction of unwanted pregnancies, maternal mortality, sexually transmitted infections, HIV and AIDS, unsafe abortions and gender-based violence.\textsuperscript{iv} FLAS believes in and advocates for the right to informed choice for all and strives to ensure that the people of Swaziland have access to high-quality sexual and reproductive health (SRH) services and information.
Moreover, through micro projects, rural women are being equipped with skills such as making floor polish, fabric softener, soap, clothe bleach, and sewing skills that enable them to be self-reliable and thus allowing them to generate an income to support themselves and their families.

As we can see from the above, a significant number of NGOs in Swaziland play a vital role in promoting the MDGs. They also address specific challenges that women are facing and actively work towards improving their lives in various aspects.

**iii) Politically**

The Kingdom of Swaziland, a dual monarchy, is headed by a hereditary king, and a queen mother. This dual form of leadership illustrates the role of elderly women in society. The Queen Mother, the *Indlovukazi*, is seen as the spiritual and national head of state, whereas His Majesty King Mswati III is regarded as the administrative head of state. This shows the prominence of elderly women at highest levels. The Queen Mother has used her authority to empower women in various ways. One of her initiatives, *Swazi Secrets*, for example, has mobilized rural Swazi women through micro projects that are empowering them economically and through leadership positions in the company’s board.

Today, women are beginning to hold prominent positions in political leadership, and using their positions to empower women as challenges are addressed. The current Minister of Housing and Urban Development, Lindiwe Dlamini, for instance, is female and has been working on addressing gender-based violence in Swaziland. Other female members of parliament include Senator Jabulile Mashwama, who is the Minister of Commerce, Industry, and Trade. In 2006, Constance Simelane, was appointed Deputy Prime Minister – Swaziland’s first female Deputy Prime Minister. This occurred the same year that the country granted women equal rights under the Constitution.
Swaziland’s High Court also has a female representative, Justice Qinisile Dlamini, who has been working towards eliminating gender inequality and critically assessing old laws that are unjust towards women.

Over the years, Swaziland has demonstrated in increasing percentage of women in parliament, from 3% in the 1st Parliament to 22% in the 9th Parliament. In the High-level meeting of the Global POWER® Women Network Africa, Minister Lindiwe Dlamini predicted that these percentages are bound to increase in the coming 2013 elections given the momentum. The table is illustrated as follows:

Table 22: Percentage of Women Parliamentarians in Swaziland

<table>
<thead>
<tr>
<th>Parliament</th>
<th>Number of parliamentarians</th>
<th>Number of women</th>
<th>% Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Parliament (1967 – 1972)</td>
<td>40</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2nd Parliament (1972-1978)</td>
<td>44</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>3rd Parliament (1978 – 1983)</td>
<td>70</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>5th Parliament (1988 – 1993)</td>
<td>70</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7th Parliament (1998 – 2003)</td>
<td>95</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>8th Parliament (2003 -2008)</td>
<td>95</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>9th Parliament (2008 - 2013)</td>
<td>95</td>
<td>21</td>
<td>22</td>
</tr>
</tbody>
</table>

Case Studies

Siphiwe

Siphiwe comes from a family of four. She grew up in a community where girls learn from an early age to weave baskets using grass and dyes from their mothers. They also make beautiful beadwork and sell their products in local market places to earn a living. Siphiwe’s mother would sell her products to Gone Rural, an organization that purchases these crafts and artwork from rural women and sells them locally and internationally. One of the missions of Gone Rural is to preserve traditional culture that is expressed in artwork and hand-made crafts, and design them with contemporary relevance to create a market for it. They purchase craftwork from over 760 women
nationally. Siphiwe’s mother passed away in July 2012, leaving Siphiwe to cater for her family. *Gone Rural* recruited Siphiwe, who now continues to create the beautiful beadwork and artwork that her mother taught her for *Gone Rural*.

Image 8: Siphiwe sells her artwork to “Gone Rural,” an organization that purchases these crafts and artwork from rural women and sells them locally and internationally. Siphiwe hopes to open her own craft store in the near future as she recognizes her talents.

She noted that the pay she receives for her artwork is insufficient. For example, it takes her two full days to weave a beautiful bowl that has a ceramic center. *Gone Rural* supplies the dyes and ceramic center of the bowl, and she purchases the grass herself. She is paid a total of E65 (less than $10), while the bowl costs a little over E900 (~$100). Siphiwe expressed her desire to be paid more for all the hard work she puts into the craftwork, in addition to being compensated for the grass she purchases for the weaving. At times, she has to work through the night to complete the order placed for that week. Her hope is to open a shop of her own as she recognizes her talents. Due to her financial limitations, however, that desire seems far-fetched, she noted.
Dudu

Dudu has been working for *Swazi Candles* since 1992. *Swazi Candles*, situated in the Malkerns Valley in the Kingdom of Swaziland, has been producing fine handmade candles since 1981. Their artists and craftsmen produce unique candle designs, which are renowned throughout the world. They believe strongly in the principles of Fair Trade and are members of the World Trade Fair Organization. Their workers are part of the decision-making processes and they have systems of Health Care, Pension Funds, Food and Travel allowances and Funeral Insurances in place.

*Dudu*

Dudu’s employment in *Swazi Candles* has been fruitful. Over the years, she has managed to save money to buy a house, pay the tuition of her daughter through university and support her parents. Dudu is a very expressive and assertive woman. She expressed how many women are gifted, yet few women utilize their gifts to grow and empower themselves. “Women are afraid of their talents,” she noted. From Dudu’s viewpoint, the solution to unemployment and other social issues is for individuals, particularly women, to make use of what is readily available to them, such as the skills they learn from their
mothers, which include craftwork and agriculture. According to Dudu, all these are an invaluable resource that certain women fail to see or even appreciate.

**Yvonne**

*Swazi Secrets* is a company that was birthed as a result of the Queen Mother of Swaziland’s vision to mobilize women in rural communities and commercialize Swaziland’s Marula tree, which is considered native to the country. Rural Swazi women, whose leadership and teamwork have mobilized each other, own the company. Women in various rural communities in the Lowveld, located in the eastern region of Swaziland, grow and harvest kernels and certain nuts, which are then purchased by *Swazi Secrets* to make natural cosmetics and beauty products. This kind of initiative has enabled women such as Yvonne to climb up the ladder of leadership, beginning as a regular board member to embark on a more active position as Chair of the Board.

*Image 10: Yvonne has been empowered by initiatives such as “Swazi Secrets” that has enabled her to climb up the ladder of leadership, beginning as a regular board member to embark on a more active position as Chair of the Board.*
Temhlanga

Most of Swaziland’s population lives in rural communities, where access to land is readily available compared to urban areas. Temhlanga lives in a small rural community a few miles from Lozitha Palace. Swazi free-range chickens and lush vegetable gardens surround her homestead.

Image 11: Temhlanga and her family own a large piece of land that enables them to plant crops and vegetables, which are sold for income. Temhlanga also braids her during her spare time for extra income.

Temhlanga expressed her viewpoint, and disapproval towards the Swazi government. She felt that the government was not helping her community. “We have no water,” she said. Ironically, a small river flows less than a mile from her home, which is used by the local community. Temhlanga also complained of government’s inability to meet her family’s needs. Temhlanga’s family owns a significant amount of land surrounding that community. They plant vegetables and crops to sell in local markets. During her spare time, Temhlanga braids hair for extra income. Very little was said about the advantages of access to land for women and how the land was being utilized for their advantage. Rather, she focused on the lack of pesticides government was failing to provide her and her family to ensure that their crops and vegetables were free of pesticides.
**Analytical Insights from Field Work**

My field trip enabled me to realize that Swazi women have access to various resources, which a percentage of women are fully utilizing. Additionally, women in Swaziland are beginning to mobilize themselves in various ways, rather than fully relying on international agencies to come to their aid. While it’s important to stress government’s responsibility for development, sadly, there still exist a certain percentage of women who feel that in order for them to succeed, they need government’s assistance or some form of intervention from the international community. Some of these women already have resources and only need to examine how they can help themselves and be empowered in turn.

During my time in Swaziland, I learned that women are beginning to be directly involved in all sectors of society, and are working hard to prove their abilities to their male counterparts. As a result, they are proving their commitment, reliability and vision, which have led to a higher demand and more expectation being placed on their products and services.

Furthermore, there has been an increase in micro projects, such as *Swazi Secrets* mentioned earlier, that are aimed at empowering women through skills and education to promote sustainability and self-reliance. This is creating a self-sustaining cycle because as more women learn skills and gain knowledge, they pass on their experience to the younger generation, who are then able to also enter the entrepreneurial world, and the process continues to sustain itself in that manner.

The growing percentage of women farmers and the success that they are demonstrating in this field is contributed by their close connection with the land, as noted by Dr. Robert Thwala, the Principal Secretary of the Ministry of Agriculture. In the past,
the men would leave for work in the mines, and it was the women who would stay behind in the homestead and take care of the fields and livestock. This has led to their awareness of not only how to best care for the land, but also how climate change is having an effect on their fields and livestock.

My conversations with local women and women leaders in various communities in the Kingdom of Swaziland enabled me to understand the role of women in the economy of the country, and how women are mobilizing themselves to address various forms of challenges related to poverty, gender-based violence, economic disadvantage, and health-related issues.

There has been a growing awareness of the need for women to increase their political participation and to represent themselves in government to make their voices heard. The Queen mother has been urging women to vote for their female representatives. An increasing number of women are becoming convinced that they have the resources and power to make a difference.
CHAPTER 6

Moving Forward

Reflections on the MDGs

As the target year for the achievement of the MDGs draws closer, governments of a number of developing countries are acknowledging that not all goals will be met by 2015. Swaziland is one of those numerous countries. The country has, nonetheless, made significant progress in various areas of national strategies and development plans that are overlapped with the MDGs such as achieving universal primary education, and implementing ways to empower women in various sectors of society. The implementation of the MDGs is still currently ongoing, leaving room for more developmental improvements.

In Swaziland, the coordination of the MDGs has been done through specific government sectors, which I have learned can be under-staffed and under-resourced. This makes both the implementation of the MDGs and process of data collection challenging. Swaziland’s current Minister of Economic Planning and Development, Hon. Prince Hlangusemphi, expressed the need for reliable transportation and staff to collect data all over the country. I learned that some of the data that has been used for the reports is outdated, but they have to use what they have to produce some statistical information for the reports. This creates gaps in graphs, presented in Chapter 3, which does not allow one to make solid conclusions in data evaluation.
Overall, from the international level, the MDGs have failed to acknowledge that different developing nations are at different developmental stages. By establishing a uniform set of goals to be met by partnering countries means that each country will have to work to achieve those goals by 2015, and thus failing to acknowledge unique developmental priorities that individual countries need to focus on. This is summed up in a World Bank research paper, published by the Development Research Group in 2012: “The Millennium Development Goals, which expire in 2015, were a global agreement to promote human development and reduce poverty. But they did not create a legalized institutional regime, in which precise obligations would be delegated to specific actors, nor were they, in many respects, compatible with the incentives of the countries whose heads of state endorsed them.”

Considering that the MDGs have failed to acknowledge unique developmental framework of each country, in addition to the developmental stage they were currently on prior to MDG implementation, it begs the question of which developmental standard we are to meet – a developmental framework that is unique to each country’s own history, demographic, culture, and economic framework or a standardized global framework?

On the other hand, the MDGs have given governments something positive to work towards. Additionally, by partnering with the UN in this endeavor, governments become motivated to work towards a greater goal. The purpose and success of the MDGs is perfectly summarized by Swaziland’s Former Minister of Economic Planning and Development, Rev. AMC Dlamini: “The MDGs was realistic in the sense that the whole idea of the MDGs was to galvanize governments and to bring about the electrification of government to rise up and take full responsibility of their citizens so that they provide them with the necessary services and develop the livelihoods of their people. Even though they are ambitious, some are achievable. Whether achieved or not, the difference
has been realized. I wouldn’t say it was unfair, but I would say it was a good initiative to challenge governments to put first their citizens.” Furthermore, the MDGs have brought countries together to support each other towards this endeavor.

**Swaziland in 2015 and beyond**

Swaziland’s overall development has been made possible through public and private sector, which also consist of governmental and non-governmental organizations. As seen in prior chapters, non-governmental organizations play a crucial role in grassroots campaigns, in addition to mobilizing specific population groups. Rather than implementing developmental projects on solely governmental wings, Swaziland’s government should establish stronger ties with NGOs that are directly involved at grassroots levels. This combination of efforts promotes stronger community initiatives and programs.

Additionally, the Ministry of Agriculture has recognized the need to promote efficient service delivery. Service delivery has been negatively impacted by the economic recession that Swaziland experienced, causing government to cut down on staff and fuel, which have slowed community efforts. The Ministry of Economic Planning and Development has also acknowledged that assistance offered by the international community have been targeted towards the same areas of need, consequently limiting benefits. The needs and priorities of countries change over the years as they develop in various sectors. To address this, Hon. Prince Hlangusemphi has suggested establishing a coordinated area that works towards shifting programs to other constituencies to maximize benefits in the country.
Hon. Prince Hlangusemphi greatly stressed the need for the international community to not only help the country with funding, but to also equip and empower the Swazi people with expertise to enable them to be a fully self-sustainable nation. Former Minister of Economic Planning and Development, Rev. AMC Dlamini also highlighted the need for the Swazi people to be part of the developmental agenda; “As much as we talk about investments and development, our people also need to be part of the development agenda of government. As Swaziland develops their human resource, they will then be able to absorb the people they are producing in their universities and colleges.” To fully utilize their human resources, Rev. Dlamini stressed on the need for Swaziland to industrialize their economy to get more industries in the country that will fully utilize the workforce that is not in the employment sector.

As more women are beginning to mobilize themselves, Swaziland’s future development will be more dependent on women’s efforts. More women are filling company boardrooms, as majority of small business owners are women. Additionally
there is an increasing number of female political leaders who are working towards addressing current challenges faced by women. Business Woman of the Year 2006, Sylvia Mthethwa, noted that as Swaziland’s economy improves, Swaziland should continue prioritizing the needs of women by equipping them with educational and leadership skills to make sure that they can stand on their own.

Swaziland is currently still working towards the implementation of the MDGs until 2015. The country is also simultaneously working towards its own national development plan, which is established in the National Development Strategy (NDS), to be met in 2022. This developmental strategy incorporates key macro and sectoral strategies for the nation’s development and is aimed to be met over a period of 25 years.
CHAPTER 7

Conclusion

This thesis, entitled “An investigation of the progress and feasibility of the Millennium Development Goals in Swaziland – a Case Study,” has enabled me to not only understand Swaziland’s progress in achieving the MDGs, but also look deeply into the efforts being initiated and implemented by Swaziland’s own government. Having recently returned from the Kingdom of Swaziland after my two-week field trip, I have observed Swaziland’s commitment towards achieving the MDGs, and towards improving the condition of its citizens as a whole in spite of the challenges faced. Interviews with leaders in the fields of health, agriculture, economics, and women’s leadership, as well as interactions with ordinary individuals, enabled me to witness local efforts aimed to improve conditions of citizens, and the common ground of the Swazi people – most everyone I spoke with was directly involved in creating change or was a direct recipient of programs designed to improve the lives of citizens in some way. Additionally, my time in Swaziland enabled me to personally meet His Majesty King Mswati III, with whom I had the opportunity to briefly share the goals of my research, and attend a High Level Event that marked a 1,000-day countdown to reducing tuberculosis and TB/HIV deaths. This high profile panel, organized by Swaziland’s Honorable Minister of Health, Minister Xaba, brought together health leaders from Africa and international agencies to launch a fresh offensive against tuberculosis (TB), including TB among people living with HIV. Indeed, this visit was perfect timing for me to capture a historic moment in the Kingdom of Swaziland, a nation with the highest HIV prevalence in the world. This High Level Event proved government’s commitment to continue mobilizing local and international
leaders to addressing and tackling health and other challenges the country is currently facing.

Image 13: Lozitha Palace, Swaziland: briefly sharing the goals of my research with Swaziland’s Head of State, HM King Mswati III during a reception at the Palace to welcome High Level Delegates attending the Conference on Eradication of TB and HIV co-epidemic in the SADC region.

Image 14: Swaziland High Level Event: Swaziland working towards 1,000 days countdown to reduce tuberculosis and TB/HIV deaths - the core focus of MDG #6. This image captures UN’s Executive Secretary of Stop TB Partnership, Lucica Ditiu; UNAIDS Executive Director, Michel Sidibé; Swaziland’s Prime Minister, Sibusiso Dlamini; and Swaziland’s Minister of Health, Benedict Xaba.
Furthermore, my interaction with local women gave me new insights on the challenges women are facing and what the women are doing themselves to be empowered. My time in Swaziland gave me a whole new perspective on local efforts, and an appreciation for how the Swazi people, particularly women in are mobilizing themselves to empower each other.

I have realized that Swaziland has made significant progress in various aspects of development – some of which are not outlined in the Millennium Development Goals Reports (MDGR). For example, most of Swaziland’s rural areas have access to the electrical grid. This has been particularly beneficial for the electrification of every hospital and clinic. Swaziland’s government has also invested tremendously towards the construction of dams for facilitated water supply in rural communities for both personal and agricultural purposes. This has enabled local farmers to subsidize agriculture for income. The MDGR also fail to highlight local projects that are designed to empower women and promote sustainable development. This study has enabled me to see first hand that Swaziland remains fully active in addressing the challenges that country is facing, in spite of not fully meeting all the MDGs.

I have also learned that one cannot look at a country’s developmental progress without first analyzing women’s position and role in that society. Women play a critical role in Swaziland’s economy, particularly in the agricultural sector, which is Swaziland’s main industry. Considering that Swaziland’s overall economy relies heavily on the agricultural sector, women are indeed vital to the success of the country’s development.

Finally, I would like to reiterate that although the MDGs have played an important role in establishing a global platform for development, there is a need to
recognize the specific needs of individual countries, especially countries of the Global South like Swaziland. For example, Swaziland is currently experiencing an alarming increase in obesity and diabetes rates due to Western diet influence, yet the MDGs fail to recognize that pressing need. This creates complications on how government prioritizes their rising needs given the urgency and priority placed towards meeting the MDGs.

Furthermore, developmental plans and strategies require time and resources to be firmly established, thus making the given MDGs timeframe of 15 years (in comparison to Swaziland’s timeframe of 25 years through the National Development Strategy (NDS)) quite unrealistic and ambitious. The government of Swaziland has acknowledged that indeed the MDGs are quite ambitious. The MDGR are an unrealistic method of evaluating a country’s developmental progress given each country’s unique position. Contextual approach is therefore highly essential in establishing a platform for development. It should not be a one-size-fits all approach as each country has unique needs that are specific to their political structure, demography, geography, history, traditions, and culture.
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ENDNOTES

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