glaas UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water

Kingdom of Eswatini

Highlights based on country reported GLAAS 2016/2017 data

DEMOGRAPHIC ESTIMATES

Population (millions, 2017)[a]	**1.4 M**
% Urban (2014)[b]	21%
% Rural (2014)[b]	79%
Population growth rate (2015)[c]	**1.82%**

HEALTH ESTIMATES

	NATIONAL	GLOBAL	LOWER-MIDDLE INCOME COUNTRIES
Infant mortality (per 1000 live births, 2015)[c]	**49**	**33**	**41**
Under 5 mortality (per 1000 live births, 2015)[c]	**64**	**45**	**55**
Life expectancy at birth (years, 2015)[c]	**57**	**71**	**67**
Diarrhoea deaths due to inadequate WASH in children under 5 years (total, 2012)[d]	**155**	**360 688**	
Diarrhoea deaths due to inadequate WASH in children under 5 years (per 100 000, 2012)[d]	**92**	—	

SANITATION AND DRINKING-WATER ESTIMATES

	NATIONAL	URBAN	RURAL
% of population using at least basic sanitation services (2015)[e]	**58**	**58**	**58**
% of population using at least basic drinking-water sources (2015)[e]	**68**	**95**	**60**

WASH FINANCIAL ESTIMATES[f]

	—	2017
Government WASH budget (US$ millions, current US$)	—	**47**
Government WASH budget per capita (current US$)	—	**34.46**
Government WASH budget as percentage of GDP (%)	—	**1.26**
	—	2016
National WASH expenditure (US$ millions, current US$)	—	**27**
National WASH expenditure per capita (current US$)	—	**19.86**
National WASH expenditure as percentage of GDP (%)	—	**0.72**

[a] Total population, data supplement. United Nations, Department of Economic and Social Affairs, Population (2017). World Population Prospects: The 2017 Revision.

[b] Population of Urban and Rural Areas at Mid-Year (thousands) and Percentage Urban, 2014. United Nations, Department of Economic and Social Affairs, Population Division (2014). World Urbanization Prospects: The 2014 Revision, CD-ROM Edition.

[c] Total population, medium fertility variant. United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision, DVD Edition.

[d] WHO (2014) Preventing diarrhoea through better water, sanitation and hygiene: Exposures and impacts in low- and middle-income countries. World Health Organization, Geneva.

[e] UNICEF/WHO (2017) Joint Monitoring Programme. Progress on Drinking Water, Sanitation and Hygiene: 2017 Update and SDG Baselines. World Health Organization, Geneva.

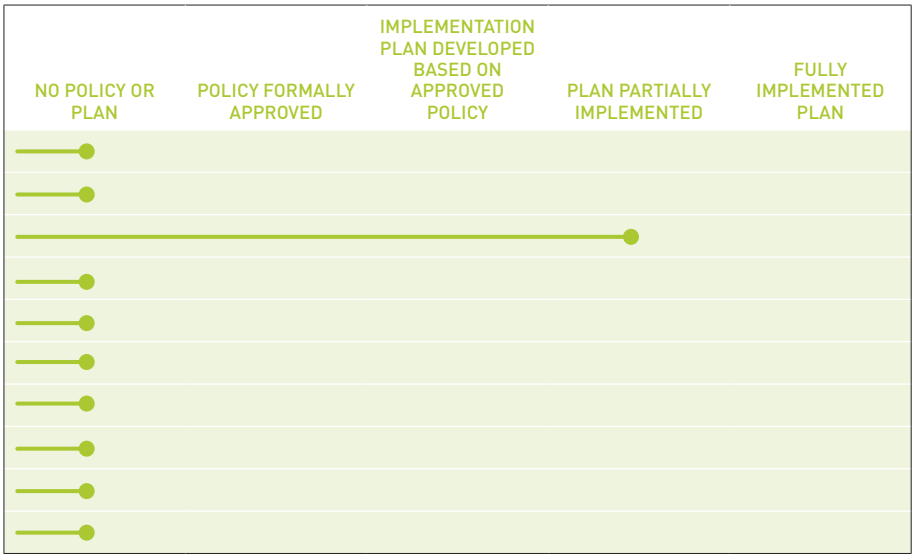
[f] WASH budget and expenditure data are sourced from the GLAAS 2013/2014 and 2016/2017 data. GDP data and average exchange rates are from the World Bank World Development Indicators database (sourced from the International Monetary Fund, International Financial Statistics).

UN WATER

World Health Organization

I. Governance

NATIONAL POLICIES AND PLANS: EXISTENCE AND IMPLEMENTATION



Under Sustainable Development Goal 6, there is a greater focus on safely managed sanitation services as well as wastewater treatment.

URBAN SANITATION POLICY	INCLUDED IN POLICY/PLAN
Access to basic sanitation	✖
Municipal wastewater	✖
Faecal sludge collection	✖
Safe use of wastewater	✖

✔ Yes. ✖ No.

SUSTAINABILITY MEASURES	EXISTENCE AND LEVEL OF IMPLEMENTATION	RESPONSIBILITY ASSIGNED TO
Keep rural water supply functioning over the long-term	✖	Community based management model
Improve reliability and continuity of urban water supply	✔	Swaziland Water Services Corporation (SWSC)
Rehabilitate disused drinking-water hand pumps	✖	Department of Water Affairs (DoWA)
Rehabilitate broken or disused latrines in schools	✖	Ministry of Education and Training
Safely empty or replace latrines when full	✖	Ministry of Health (MoH)
Maintain sewer systems and treatment facilities	✔	SWSC
Ensure environmental sustainability of water services	■	SWSC
Improve climate resiliency	✖	Ministry of Natural Resources & Energy, Ministry of Environment
Rehabilitate disused WASH systems in health care facilities	✖	MoH
Safely reuse wastewater and/or faecal sludge	✖	
Ensure drinking-water quality meets national standards	✔	DoWA, MoH

✔ Plans exist with high levels of implementation. ■ Plans exist, but only moderate levels of implementation. ✖ No plan or low levels of implementation.

I. Governance (continued)

SAFETY PLANNING

	LEVEL OF DEVELOPMENT
Water safety planning	■
Sanitation safety planning	

✔ Formally approved. ■ Under development/anticipated. ✖ Not required.

COORDINATION MECHANISMS: EXISTENCE AND LEVEL OF COORDINATION

Mechanism exists to coordinate WASH actors	■
Is it a formal mechanism?	

✔ Yes. ■ Under development. ✖ No.

DOES THE COORDINATION MECHANISM:

Include all governmental agencies that directly or indirectly influence service delivery	■
Include non-governmental stakeholders	■
Include donors that contribute to WASH activities nationally	■
Include mutual review and assessment	■
Apply evidence-based decision-making	✖
Base its work on a sectoral framework or national plan	✖
Have documentation of the coordination process	✖
Have an allocated budget line	✖

Top five development partners (as reported by country)

1) Swaziland Water Services Corporation
2) Micro Project Programme
3) Rural Water Supply Branch
4) Swaziland Water and Agriculture Development Enterprise
5) World Vision

✔ Yes. ■ Partly. ✖ No.

COMMUNITY AND USER PARTICIPATION

	USER PARTICIPATION PROCEDURES DEFINED IN LAW/ POLICY[a]	LEVEL OF PARTICIPATION[b]	WOMEN'S PARTICIPATION INCLUDED IN LAW/ POLICY[a]
Urban sanitation	✖		
Rural sanitation	✖		
Urban drinking-water	✖		
Rural drinking-water	✖		
Hygiene promotion	✖		
WASH in health care facilities	✖		
Water pollution control	✖		
Water quality monitoring	✖		
Water rights/allocation	✖		
Water resources management	✖		
Water-related environmental protection	✖		

[a] ✔ Yes. ✖ No.
[b] ✔ High. ■ Moderate. ✖ Low.

II. Monitoring

JOINT SECTOR REVIEW (JSR)

Year of most recent JSR: 2016

	SANITATION	DRINKING-WATER	HYGIENE
Sectors covered	✖	✔	✔

✔ Yes. ✖ No.

DATA AVAILABILITY FOR DECISION-MAKING

	SANITATION	DRINKING-WATER	HEALTH SECTOR
Policy and strategy			
Resource allocation			
Status and quality of service delivery			
National standards			
Response to WASH-related disease outbreak			
Identify public health priorities for reducing diseases			
Identify priority health care facilities needing improvements			

✔ Data available and used for a majority of decisions. ■ Partial data or only used for a minority of decisions. ✖ Limited availability.

REGULATION

	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Regulatory authority responsible for setting tariffs				
Legally binding national standards for service quality				✖
Regulatory authority responsible for service quality				✔
Collection of coverage data from service providers	■	✖	■	■
Collection of data on quality[a]	■	✖	■	■
Publish publicly accessible reports[b]	■	✖	■	■
Publish publicly accessible reports on service quality	■	✖	■	■
Regulatory authority located in a different institution than service providers				✖
Regulatory authority can report findings without government clearance				✖
Regulatory authority can dismiss employees without government clearance				✖
Funding independent of government budget				✖
Ability to take punitive action against non-performers	■	✖	✖	✖

✔ Yes. ■ Partially. ✖ No.

[a] For sanitation, effluent quality data from treatment plant operators; for drinking-water, water quality data from service providers.

[b] For sanitation, reports on treated wastewater flows; for drinking-water, reports on drinking-water quality.

III. Human resources

Impact of increased human resources capacity	SANITATION	DRINKING-WATER	HYGIENE
Policy development	■	■	■
Institutional coordination	✔	■	✔
National and local/provincial WASH planning	✔	■	✔
Construction of facilities	✔	■	✔
Operations and maintenance	✔	■	✔
Community mobilization	✔	■	✔
Financial planning and expenditure	■	■	■
Enforcement of regulations	■	■	■
Health promotion	✔	■	✔
Monitoring and evaluation	✔	■	✔

✔ Large benefit from increased WASH human resources capacity. ■ Moderate benefit. ✖ Little or no benefit.

IV. Financing

EXISTENCE AND IMPLEMENTATION OF WASH FINANCING PLAN

	NO AGREED FINANCING PLAN	FINANCING PLAN IN DEVELOPMENT	FINANCING PLAN AGREED, BUT INSUFFICIENTLY IMPLEMENTED	FINANCING PLAN AGREED AND USED FOR SOME DECISIONS	FINANCING PLAN AGREED AND CONSISTENTLY FOLLOWED
Urban sanitation			●		
Rural sanitation			●		
Urban drinking-water			●		
Rural drinking-water			●		
Hygiene promotion			●		
WASH in health care facilities			●		
WASH in schools			●		

FINANCIAL REPORTING

	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Expenditure reports available and include actual expenditure vs. committed funding	✖	✖	■	■

✔ Government, official development assistance (ODA) and non-ODA expenditure reports are available. ■ Some reports available. ✖ Expenditure reports are not available.

UTILIZATION OF AVAILABLE FUNDING (ABSORPTION)

	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Domestic commitments	✔	✔	✔	✔
Donor commitments	✔	✔	✔	✔

✔ Over 75%. ■ Between 50% and 75%. ✖ Less than 50%.

COST RECOVERY STRATEGIES

	SANITATION		DRINKING-WATER	
	Urban	Rural	Urban	Rural
Operations and basic maintenance covered by tariffs				

✔ Covers over 80% of costs. ■ Covers between 50% and 80% of costs. ✖ Covers less than 50% of costs.

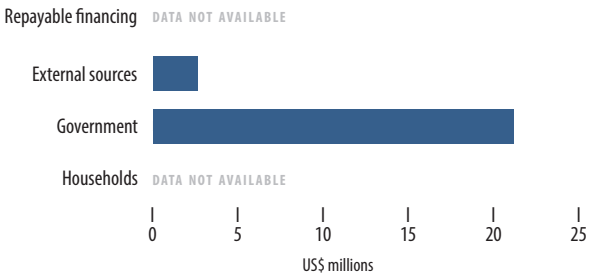
SUFFICIENCY OF FINANCE TO MEET NATIONAL TARGETS

	URBAN	RURAL
Sanitation	■	■
Drinking-water supply	■	■
Drinking-water quality	■	■

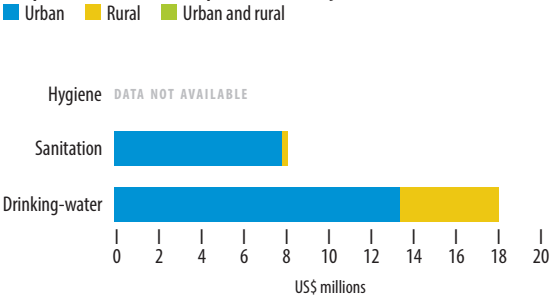
✔ More than 75% of what is needed. ■ Between 50% and 75% of what is needed. ✖ Less than 50% of needs.

NATIONAL WASH EXPENDITURE (US$ MILLIONS): 26.7

Reported WASH expenditure by source of financing, 2016



Reported WASH expenditure by subsector, 2016



V. Equity

GOVERNANCE

Plans for vulnerable population groups: existence and level of implementation

Poor populations	■
Populations living in slums or informal settlements	■
Populations living in remote or hard to reach areas	■
Indigenous populations	
Internally displaced persons and/or refugees	✖
Women	■
Ethnic minorities	
People living with disabilities	■
Populations with high burden of disease[a]	■

✔ Plans exist with high levels of implementation. ■ Plans exist, but only moderate levels of implementation. ✖ No plan, or low levels of implementation.

MONITORING

Tracking of progress in access to services

	SANITATION	DRINKING-WATER	HYGIENE
Poor populations	✔	✔	✔

✔ Yes. ✖ No.

FINANCE

Specific financial measures to increase access for:

	SANITATION	DRINKING-WATER
Rural populations	✖	✖
Poor populations	✖	✖
Populations living in slums or informal settlements	✖	✖
Populations living in remote or hard to reach areas	✖	✖
Indigenous populations	✖	✖
Internally displaced persons and/or refugees	✖	✖
Women	✖	✖
Ethnic minorities	✖	✖
People living with disabilities	✖	✖
Populations with high burden of disease[a]	✖	✖

✔ Yes, and measures are applied. ■ Yes, but measures are not applied consistently. ✖ No.
[a] e.g. diarrhoea, undernutrition, neglected tropical diseases and cholera.

Changes in budget allocations to target inequalities (past three years)	

↑ Increasing. ■ Relatively constant. ↓ No.

Affordability

	SANITATION	DRINKING-WATER
Affordability schemes for vulnerable groups	✖	✖

✔ Affordability schemes exist and are widely used. ■ Affordability schemes exist, but are not widely used. ✖ No schemes exist.

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