

Format for the Country Programme Performance Summary

A. Country Information		
Country name: Eswatini		
Category per decision 2013/31:	Current programme period: 2016-2020	Cycle of assistance: 6 th Country Program

B. Country Programme Outputs Achievement <i>(please complete for all your CP outputs)</i>
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Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.

Output 1: Enhanced national and regional capacities to develop and implement policies and programmes that prioritize access to sexual and reproductive health and rights information and services including resources through.

Indicators	Baseline	Target	End-line data
• Number of Maternity Care facilities with at least one SOPs derived from the national guidelines	2/11	11/11	11/11
• Number of up-to-date guidelines, protocols and standards for health-care workers for the delivery of high-quality integrated sexual and reproductive health/HIV and gender-based violence management services for adolescents and youth	2	8	9
• Percentage of health facilities integrating family planning in all maternal and HIV service entry points	74%	90%	74%
• Percentage of health facilities providing youth-friendly integrated family planning services	59%	80%	87%
• Comprehensive HIV/ SRH Package in place	No	Yes	Yes

Key Achievements *(input also from the last CP evaluation)*

- a. Supported development and implementation of national policies, guidelines, protocols and strategies on integrated family planning, including the following; National Family Planning guidelines, National Condom Strategy, National Adolescent Sexual Reproductive Health pre-service module for nursing & midwifery schools, National Adolescent Youth Friendly Health Service (AYFHS) standards, National AYFHS in-service manual, Family Planning -Anti-Retroviral Treatment Standard Operation Procedures (SOPs), National Sexual Gender Based Violence Guidelines, Ante-Natal Care Guidelines and Modules on Family Planning competency based training.
- b. UNFPA contributed to the national coordination of the planning process and implementation of interventions through Technical Working Groups and various committees. This further resulted in the strengthening of capacities within the Ministry of Health, implementing partners (IPs) and civil society organizations (CSOs) to lead implementation of their respective programmes.
- c. Notable progress was achieved regarding integration of programmes within the Sexual Reproductive Health Rights (SRHR) component (e.g. FP-HIV-SRHR & GBV integration). This has improved the delivery of services at regional and health facility level as confirmed by the stakeholders interviewed during the Country Programme Evaluation (CPE) consultations.
- d. Capacity building including development of guidelines, Standard Operation Procedures (SOPs) and standards as well as training of health care workers has improved the quality of service provision and consequently improved some of the key indicators related to FP, SRH and Maternal Neonatal Child Health (MNCH).
- e. Supported quarterly maternal death audit confidential enquiry in health facilities providing maternity services.
- f. Strengthened the capacity of health-care service providers to deliver the whole range of youth-friendly and high-quality family planning method mix and for uninterrupted supply of reproductive commodity at health facility level such that from the Service availability and readiness assessment (2018), a total of 87% facilities are providing adolescent youth-friendly health services.

Output 2: National capacities are strengthened including competent workforce to deliver high quality integrated SRH services and information, in particular for adolescents and in humanitarian settings.

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Number of facilities conducting Continued Medical Education (CME) at least twice a quarter on Maternal Neonatal Child and Adolescent Health (MNCAH) issues 	3/11	11/11	11/11
<ul style="list-style-type: none"> Health sector rapid response programme incorporates sexual and reproductive health rights/HIV and gender-based violence (GBV) in humanitarian preparedness plans 	No	Yes	Yes

Key Achievements (input also from the last CP evaluation)

- a. Provided technical assistance ensuring that the health sector response programme successfully incorporated SRH/HIV/GBV issues in planning, implementation and preparedness plans to integrate sexual and reproductive health and HIV in the health sector's emergency preparedness plans to cater for the needs of affected populations.

Output 3: National capacities are strengthened to effectively forecast, procure, distribute and track the delivery of sexual and reproductive health commodities, including in humanitarian settings.

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Percentage of generic contraceptives and RH medicines procured 	60%	90%	75%
<ul style="list-style-type: none"> Country adopted total market approach (TMA) to increase access to and uptake of FP services 	No	Yes	No

Key Achievements (input also from the last CP evaluation)

- a. Provided technical assistance on SRH commodity quantification, forecasting, supply chain management and partnerships with local and international as well as regional institutions on cross-border supply chain solutions.
b. Conducted research on supply chain management, policy and programming including the total market approach (TMA) to increase access to and uptake of FP services.

Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

Output 2.1: Adolescents and young people are empowered with skills and capabilities to make informed choices about sexual and reproductive health and rights and well-being improved, including through comprehensive sexuality education.

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Comprehensive Sexuality Education Youth resource package in place 	No	Yes	Yes
<ul style="list-style-type: none"> Number of adolescents and young people reached through TuneMe mobisite 	35,414	60,000	135,000
<ul style="list-style-type: none"> Existence of a comprehensive sexuality education curriculum for teacher training schools 	No	Yes	Yes
<ul style="list-style-type: none"> Number of government institutions and civil society organizations with capacity to implement comprehensive sexuality education programmes for out of school adolescents and youth 	1	4	4

Key Achievements (input also from the last CP evaluation)

- a. Advocated for scaling up and institutionalisation of comprehensive sexuality education both in and out of school. As a result, a national life skills education (LSE) manual for out of school youth has been developed under the auspices of the Ministry of Sports, Culture and Youth Affairs. Eswatini National Youth Council (ENYC) and Khulisa Umntfwana are using the Manual to reach out of school youth including in national traditional events. In addition, national LSE curriculum for in school youth has been rolled out to 98% secondary schools.

Output 2.2: Functional systems are in place to improve adolescents' and young people's leadership and participation in programme planning, implementation and evaluation in development and humanitarian contexts.

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Number of youths serving organizations and associations trained on SRHR for participation on youth development programming 	14	20	23

Key Achievements (input also from the last CP evaluation)

- Successfully supported the government to roll out Life Skills Education for in and out school. More than 98 % (271/272) secondary schools are providing LSE, reaching approximately 130,000 learners. UNFPA also increased reach to young people through social media and or technology (Eswatini Tune Me Application). The country office continued to reach hard to reach youth through the Girls Leading Our World and Brothers Reaching Out Initiatives in 60 communities, reaching about 1300 adolescents girls and 1200 young men, as well as through a parent-to child communication (PCC) initiative. A total of 80 mothers were reached. Involvement of multiple actors at different levels including the youth and adolescents was key in achieving planned activities. The CO's interventions created demand for services directed at youth and adolescents. UNFPA improved coordination and partnership as well as leveraging of partners working in the youth development agenda in Eswatini. Government leadership was instrumental in the implementation of LSE.
- Supported the establishment of forums for youth participation in development processes.
- Supported the review and launch of the National Youth Policy and the Ministry of Sport, Culture and Youth Affairs Strategy.
- Strengthened young people's engagement and leadership through various fora such as participation in the Nairobi Global ICPD summit.

Outcome 3: Gender equality, empowerment of all women and girls and reproductive rights are advanced in development and humanitarian settings.

Output 3.1: Strengthened national human rights protection and accountability systems to advance gender equality and empowerment of women and girls.

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Swaziland has a functioning referral system for gender-based violence response 	No	Yes	Yes
<ul style="list-style-type: none"> Number of stakeholders capacitated on the objects and contents of the SODV Act 	0	4	15
<ul style="list-style-type: none"> Availability of action plan for implementation of accountability frameworks recommendations for advancing gender equality and empowerment of women and girls and promoting human rights 	No	Yes	Yes

Key Achievements (input also from the last CP evaluation)

- The programme significantly contributed towards creating an enabling environment towards GBV prevention, response and management through the development of strategies, guidelines, response structures and engagement of men and boys to mitigate and prevent gender inequality and social norms and the role of men to end injustice and promote gender equality. However, gaps in the availability of up-to-date data and lack of a robust monitoring system for GBV and institutionalisation of response system remain key challenges.

Output 3.2: Improved multi-sectoral capacity to prevent and address gender based violence and harmful practices at all levels including humanitarian context.

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Number of civil society organizations with the capacity to design and implement programmes engaging men and boys on gender-based violence), sexual and reproductive health and rights. 	0	5	20
<ul style="list-style-type: none"> Number of sectors oriented on national multi-sectoral guidelines on GBV. 	0	4	6
<ul style="list-style-type: none"> At least 40 percent of yearly gender-based violence reported cases reported in the justice system concluded 	No	Yes	Yes

Key Achievements (input also from the last CP evaluation)

- Contributed towards preventing and responding to GBV in the country through leading the Social Protection Cluster.
- Supported the establishment and operationalization of the GBV referral networks in the four regions of Eswatini

Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.
Output 4.1: National population data systems have the capacity to map inequalities and inform interventions in times of humanitarian crisis.

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Number of researches on critical determinants contributing to protection or violation of rights of youth and adolescents in the areas of sexual and reproductive health, HIV and gender-based violence. 	6	10	32
<ul style="list-style-type: none"> Number of selected government institutions with skilled staff and modern technologies to collect, analyse and disseminate socioeconomic and demographic data. 	0	4	1
<ul style="list-style-type: none"> Number of functional participatory platforms that advocate for increased investments in adolescents and youth, within development and health policies and programmes 	2	19	14
<ul style="list-style-type: none"> Availability of functional national system to collect and disseminate disaggregated data on the incidence and prevalence of gender based violence 	No	Yes	Yes

Key Achievements (input also from the last CP evaluation)

- UNFPA made significant contribution to building the capacities of national government institutions towards generation, analysis and dissemination of data on population, SRH, HIV/AIDS, gender and youth enabling mapping of inequalities and inform interventions in times of humanitarian crisis. Secondment of consultants on demography and ICT enabled the Kingdom to conduct an ICT-enabled census for the first time. Capacity building of the planners and statisticians on generation of thematic areas of the report, the focus on vulnerabilities will be enhanced through the availability of data, and technical capacities. Financing production of the annual CRVS reports elicited interest, in addition to research with recommendations on how to improve civil registration.
- Supported data generation including Vulnerability Assessment Committee (VAC) and Multiple Indicator Cluster surveys.

Output 4.2: Demographic intelligence is mainstreamed at national and regional levels to improve the responsiveness and impact of ICPD related policies and programmes.

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Number of national profiles on Demographic dividend (DD) generated 	0	1	1

Key Achievements (input also from the last CP evaluation)

- UNFPA made significant contributions to policy development through supporting conduct of various studies and reports in the period of CP focus. Demographic Dividend enabled rethinking towards focusing development investments in young people; ICPD@25 put Eswatini in the world profile on population; Status of the Youth report also contributed to providing necessary data to inform the Youth Strategic Plan; among others. During the designing of such documents, UNFPA's technical assistance was highly regarded as it brought in the experiences of other countries, which enhanced learning among the targeted institutions. Resource constraints inhibit full realization of population into planning processes.
- Demographic dividend study for Eswatini completed with technical and financial inputs from UNFPA.
- National Population Policy reviewed with UNFPA technical inputs.

C. National Progress on Strategic Plan Outcomes ¹	Start value	Year	End value	Year	Comments
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access					

¹ The format is aligned to the UNFPA Strategic Plan outcomes, 2014-2017.

Percentage in which at least 95% of service delivery points in the country have seven life-saving maternal/reproductive health medicines from the WHO priority list.	44%	2013	100%	2020	These are secondary and tertiary SDPs. In between stock outs are still experienced.
Contraceptive prevalence rate (total)	66.1%	2016	66.1%	2020	No new surveys undertaken yet. MICS ongoing, results anticipated in 2021.
Proportion of demand for contraception satisfied (total)			82%	2020	
Percentage in which at least 60% of service delivery points in the country have no stock-out of contraceptives in the last six months	92%	2013	71%	2020	Based on last Survey on the availability of Contraceptives and Life-saving Maternal Health Drugs (2017)
Percentage in which at least 80% of live births in the country are attended by skilled health personnel			88.3%	2020	
Number of adapted and implemented protocols for family planning services in the country that meet human rights standards including freedom from discrimination, coercion and violence	No (1)	2008	Yes (2)	2020	National Policy on Sexual and Reproductive Health and National Family Planning Service Guidelines
Percentage of women and men aged 15-49 who had more than one sexual partner in the past 12 months who reported use of a condom during their last intercourse (female/male)	Women – 73% Men (15-59) – 69.2%	2010	Women – 66% Men – 82.6%	2020	Data from MICS 2010 and 2014

Has the country increased the national budget for sexual and reproductive health by at least 5 per cent?					Country has a national SRH budget, however it been maintained constant because financial challenges.
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Summary of National Progress

The programme strengthened the regulatory and policy environment for the provision of SRH services in the country through supporting reviews of existing policies and the development of new ones including the following; Antenatal Care Guidelines finalized; National Guidelines for Health Sector Response to Sexual Violence on clinical management rolled out at the regional level; Novel Corona Virus (COVID-19) guidelines. Capacity for health care workers was developed to ensure provision and uptake of quality SRH services. As a result, 74 per cent of health facilities provided youth-friendly integrated family planning services; 24 health care workers were trained to confidently and competently provide cervical cancer screening Visual Inspection using Acetic Acid (VIA) and cryotherapy; 166 health care workers trained in Health Sector Response to Sexual Violence.

National commodity security was strengthened through logistics management information system data verification visits in 120 health facilities in all four regions. About 81 per cent of health facilities reported no stock-out of family planning commodities in the three months prior to survey, indicating an improvement from 30 per cent reported on the Service Availability Mapping of 2013.

UNFPA’s Contributions

UNFPA facilitated the introduction of implants into the country’s FP method mix starting with Jadelle which became very popular to the clientele and later also introduce the implanon. The programme also built capacity for Health Care workers (HCWs) through conducting in-service trainings for Health Care Workers on long term family planning (FP) methods, Cervical cancer screening and treatment, Logistics Management Information System (LMIS) as well as quantification and procurement of SRH commodities and equipment. In addition, policy guiding documents were also reviewed and updated accordingly including the National Condom Strategy, the National Family Planning guidelines and the Sexual Reproductive Health Strategic Plan. Life-saving maternal health medicines including magnesium sulfate and oxytocin were procured in response to high stock-out levels in the country’s maternity units. Manuals for dealing with sexual gender based violence were developed and health care workers were trained. As a result, 74 per cent of public health facilities at secondary and tertiary levels provided essential health services packages for survivors of sexual violence.

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health

Percentage of young women and men aged 15-24 who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (female/male)	49% - women; 51% - men	2016	49% - women; 51% - men	2020	No new surveys undertaken yet. MICS ongoing, results anticipated in 2021.
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Does the country have laws and policies that allow adolescents (regardless of marital status) access to sexual and reproductive health services?	Yes	2016	Yes	2020	Yes. The country has the National Policy on Sexual and Reproductive Health
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Summary of National Progress

Life Skills Education for in-school youth was scaled up to 282 secondary schools, reaching approximately 130,000 learners. Adolescents & young people are empowered with skills and capabilities to make informed choices about SRHR & well-being improved including Comprehensive Sexuality Education. Functional systems are in place to improve adolescent and young people's leadership and participation in programme planning, implementation and evaluation in development & humanitarian contexts.

UNFPA's Contributions

Despite facing the world's highest HIV prevalence, UNFPA contributed towards the country aggressively tackling HIV and AIDS such that the country has become the first country to surpass the UN 2030 target of 95-95-95 ten years ahead of target.

Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth					
Does the country have the gender equality national action plans that integrate reproductive rights with specific targets and national public budget allocations?	No	2016	Yes	2020	A costed GBV strategy and implementation plan is in place.
Proportion of taken actions by the country on all of the Universal Periodical Review (UPR) accepted recommendations on reproductive rights from the previous reporting cycle	No data	2011	No data	2020	Country due for review which is yet to be undertaken virtually due to COVID-19 pandemic.
Percentage of women aged 15–49 who think that a husband/partner is justified in hitting or beating his wife/partner under certain circumstances	33% men and 39% women	2016	No new data	2020	No new information this was from eNSF (2014-2018) also cited on GBV strategy

Summary of National Progress

The programme supported creating a conducive policy and environment for the advancement of sexual and reproductive health and rights for the population of Eswatini, in particular women and girls and youth as well as vulnerable populations, including programming for gender equality and gender-based violence interventions. As a result, through advocacy of the country office, together with other partners and stakeholders, the Sexual Offences and Domestic Violence Act was passed into law in 2018.

UNFPA's Contributions

Improved multi-sectoral capacity to prevent and address gender based violence and harmful practices at all levels including in humanitarian contexts. Strengthened national human rights protection and accountability systems to advance gender equality and empowerment of women and girls.

Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

Has the country had at least one census of good quality that was processed, analyzed and disseminated following internationally agreed recommendations (during the last 10 years)?	Yes	2007	Yes	2017	Last Population Housing Census conducted in 2017
Has the country collected, analyzed and disseminated a national household survey that allows for the estimation of key population and reproductive health indicators (in the last 5 years)?	Yes	2007	Yes	2017	Last Population Housing Census conducted in 2017.
Has the country completed evaluations on strategic interventions around sexual and reproductive health and adolescent and youth?	Yes	2014	Yes	2019	CPE conducted for 5 th and 6 th CPDs.
Proportion of new national development plans that address population dynamics by accounting for population trends and projections in setting development targets	0	2016	4	2020	

Summary of National Progress

In 2017, Eswatini conducted its sixth National Population and Housing Census, the largest national data collection undertaking which provides demographic and socio-economic data on every person who is resident in Swaziland at the time of the census. UNFPA Eswatini country office provided both financial and technical support during all stages of a national census, and helped to ensure that the data was widely utilized and disseminated for development. With UNFPA support, there are 4 major national plans and policies that integrated the demographic dividend concept. Civil registration has been supported such that the 2018 Annual Civil Registration and Vital Statistics Report was produced.

UNFPA's Contributions

UNFPA Eswatini worked with the government, civil society and academic institutions to build and strengthen capacity for research, production and dissemination of quality and timely data on population and development issues, for use in programming and policy, including in humanitarian settings. The programme provided technical assistance to the national Central Statistics Office on the use of modern and innovative technologies and approaches in data collection, processing, and analysis in the preparation and implementation of the 2017 Population and Housing Census. UNFPA also worked with government and civil society to generate evidence on the legal and socio-cultural factors contributing to the protection or violation of the rights of youth and adolescents, particularly as they relate to sexual and reproductive health, HIV and AIDS and gender-based violence. The preparation and production of a national demographic dividend advocacy document is one of the core technical support areas to the government that inform targeted national advocacy for increased investments in young people. The country office also supported multi-sector information sharing forums (including NGOs, government sectors, parliament, academia and youth) to encourage the dissemination and use of national data to ensure sustainable development.

D. Country Programme Resources

SP Outcome	Regular Resource (Planned and Final Expenditure)		Others (Planned and Final Expenditure)		Total (Planned and Final Expenditure)	
Choose only those relevant to your CP						
Increased availability and use of integrated sexual and reproductive health services	1.7	1 390 515,53	1.4	1 045 132,18	3.1	2 435 647,71

Youth policies and programmes, and increased availability of comprehensive sexuality education	0.2	433 432,66	1.6	999 033,03	1.8	1 432 465,69
Advanced gender equality, women's and girls' empowerment, and reproductive rights	0.3	369 866,22	0.6	97 827,06	0.9	467 693,28
Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics	0.4	1 025 666,20	0.9	335 221,55	1.3	1 360 887,75
Programme coordination and assistance	0.4		-			
Total	3.0	3 219 480,61	4.5	2 477 213,82	7.5	6 696 694,43