

## UNFPA SWAZILAND

### Country Programme Performance Summary

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<b>A. Country Information</b>		
<b>Country name: Swaziland</b>		
<b>Category per decision 2007/42:</b> <b>Orange</b>	<b>Current programme period: 2011-2015</b>	<b>Cycle of assistance: 5</b>

<b>B. Country Programme Outputs Achievement</b> <i>(please complete for all your CP outputs)</i>			
<i>CP Output 1:1: Enhanced national capacity for planning, implementation and monitoring of prevention programmes to reduce sexual transmission of HIV (MTR-SP Outcome 4 ; Output 10).</i>			
Indicators	Baseline	Target	End-line data
• 1-1-1 Number SDP providing integrated RH and HIV services and information in Shiselweni region	27/38	36/38	16/36 <sup>1</sup>
• 1.1.2 Number of 15-24 years reached with UNFPA supported SBCC interventions in Shiselweni	400	11500	9840
• 1.1.3 Number of institutions with personnel trained on the HIV Prevention Toolkit	0	269	216
• 1.1.4 Number of 15-24 year olds reached with UNFPA supported SRH/HIV services in Shiselweni and Nationally	1898	10000	6561

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<sup>1</sup> The denominator changed because two facilities closed down in the Shiselweni region between 2010 and 2013 reducing the total number of facilities from 38 to 36 facilities. Whilst the programme had planned to ensure that 35/38 health facilities provide integrated SRH services in 2014, the 2013 Service Availability Mapping (SAM) revealed that only 16/36 health facilities are providing integrated SRH services in Shiselweni from a baseline of 27/38. The decline in the number of facilities providing integrated SRH services is a result of non- availability of integrated guidelines (HTC, PMTCT, and FP) in facilities, at the time of evaluation through the SAM.

### **Key Achievements**

1. Increased capacity to deliver youth friendly and integrated services access to services
  - The Family Life Association of Swaziland (NGO) was supported through procuring three youth friendly services mobile units for increasing access to integrated services by youth.
  - 6561 people aged 15-24 years were reached with integrated SRH/HIV services.
  - UNFPA provided technical support for the development of ASRH service delivery guidelines which were distributed to all health facilities in the country. A total of 128 health care workers from the Lubombo and Shiselweni regions were trained on the provision of youth friendly services ensuring that all health facilities in these two of the four regions had at least one health care worker trained on the use of the ASRH guidelines.
2. Increased access to information- increased demand for service
  - 216 out of 229 targeted youth serving organizations were trained on the HIV prevention tool kit to ensure standardized messaging on HIV prevention.
  - A national forum for youth was also supported where young people deliberated on SRHR issues. Community SBCC youth dialogues were supported focusing in all the constituencies in the Shiselweni region and 9840 young people were reached with UNFPA supported SBCC interventions in Shiselweni region. The purpose of these dialogues was to contribute to increased comprehensive knowledge among youth and to also create demand for integrated services.
  - In school CSE manuals were developed for secondary schools in collaboration with UNICEF and these manuals have been used in the national roll out of CSE to all secondary schools in the country.
3. Increased advocacy for Integration of SRH and HIV services
  - UNFPA advocated for improved policy environment for provision of integrated SRH/ HIV services and subsequently the Sexual and Reproductive Health policy; SRH strategy and the Health Sector Strategic Plan 11 were developed with UNFPA technical and financial support. Integration was adopted as a guiding principle in the policy documents.
  - The FP/ART integration service delivery guidelines and SOPs were developed with UNFPA TA and financial support with the aim of ensuring SRH (FP) is integrated in HIV (ART) clinics. Twenty five health workers were trained on guidelines and all ART clinics in the country were equipped for integrated FP/ART to facilitate wider reach of FP services to include HIV positive women
  - Five model health facilities were set up with equipment, trained health care providers to provide integrated SRH/HIV services and these sites have since been designated as centers of excellence for delivery of integrated services in the country. Other countries in the region have visited to learn from the set up and Government has committed to roll out the integration approach of HIV services in all MNCH service points following this model.

*CP Output 2.1: Strengthened national systems for reproductive health commodity (MTR-SP Outcome 2 and Output 8).*

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
<ul style="list-style-type: none"> <li>• 2.1.3 Number of personnel trained in RHCS logistics management through UNFPA support</li> </ul>	112	624	592

## **Key Achievements**

1. Increased capacity for reduction of maternal mortality by improving Midwifery training and service delivery
  - In partnership with WHO, UNFPA supported the assessment of the Midwifery curriculum for its alignment with the WHO guidelines on Competencies and it was found that it was not aligned. The curriculum was then reviewed and a national framework for midwifery training was developed and adopted for use by the Schools
  - Standard of Midwifery training and practice we developed with support from UNFPA and WHO. These have been also adopted for implementation by the Nursing council of Swaziland
  - Capacity of the Maternal Death Review Committee was strengthened through local and international training. Technical support was provided in conducting quarterly maternal death reviews and producing quarterly and triennial reports. The reports have been used to address causes of maternal death at facility level. These reports have also been used to strengthen the case for advocacy for high quality maternal and neonatal child health care.
  - EMNOC guidelines were developed and distributed to all health facilities that provide maternity services and 130 midwives were trained on the guidelines; EmNOC equipment was purchased by UNFPA and distributed to four regional hospitals and five centres of excellence facilities in all 4 regions of the country.
2. Strengthening capacity for increased access to family planning services by ensuring an uninterrupted supply of RHC including condoms
  - The programme supported with financial and technical assistance for strengthened capacity of Government on uninterrupted RHC supplies at the national and regional levels by institutionalizing RHC logistics management as part of the national drug and supplies system.
  - Government was supported to established a TWG made of key stakeholder technicians to coordinate planning , projections, procurement and monitoring of the medical supplies including RHC by the central medical stores
  - The LMIS was strengthened by developing tools and institutionalizing the tool at the central medical stores and at facility level. A total of 592 out of a target of 574 health care workers have been trained on LMIS and all health facilities in the Shiselweni region have at least one person trained in logistics management. This has improved the proportion of government health facilities using the LMIS from 0 to 95%. The Central Medical Stores has adopted the RHCS LMIS as a model for other drugs and commodity supply chain management.
  - To improve planning and procurement of supplies a quantification and 5 year projection document for RHC including condoms was produced and in the process capacity for producing such documents was built among the national counter parts. This document is currently being used by the country in the planning for RHC needs
  - The first GPRHCS survey report was produced. The documents are used as reference document for strengthening the RHCS supply chain for uninterrupted supply and to inform programming by a wide stakeholder of the Government.
  - The government creation of a budget line for procurement of RHC and integration of RHCS into national pharmaceutical systems has also enhanced ownership and commitment toward supporting RHCS within the government.

*CP Output 3.1: Strengthened national capacity to incorporate population dynamics and its inter-linkages with needs of young people, sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies (MTR-SP Outcome 1 –Output1)*

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
• 3.1.1 Number of government ministries and civil society institutions with at least 1 trained planner in integrating population variables into development plans	6	18	12
• 3.1.3 Number of advocacy activities aimed at sensitizing policy makers and the public on the inter-linkages on population dynamics, SRH, and gender	4	10	12
• 3.1.4 Number of National sexual and Reproductive Health and Gender Policies and Strategies supported	1	3	3

### **Key Achievements**

1. Sustained advocacy for the ICPD agenda

- The country program supported advocacy activities such as the commemoration of the World Population Day, International Women's Day, International Day of the Girl Child and launch of the State of the World Population Report as part of the sustained dialogue on the ICPD issues. As a result, 12 out of a target of 10 advocacy activities aimed at sensitising policy makers and the public were undertaken.
- The country program also supported capacity strengthening for integration of population variables in development by developing integration guidelines and training planner from 12 of 18 government Ministries on integration.
- Principal Secretaries of all Government Ministries were sensitized to increase their understanding of the principles of integration of population variables in development programmes.
- The capacity of Government was strengthened through providing support for NPPPs to coordinate implementation of the population policy. Regular ICPD review reports were prepared and produced with support from the Country programme. The reports have been used to inform progress and for advocacy for the ICPD agenda.

*Output 4-1: Strengthened national capacity for implementation of international agreements, national legislation and policies in support of gender equality and reproductive rights (MTR-SP Outcome 5- Output 12)*

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
• <b>4.1</b> Percentage of interventions in the prioritized gender policy action plan implemented	0	100%	70%

### **Key Achievements**

1. Increased capacity for gender mainstreaming

- The capacity of Government was strengthened through providing support for a NPPP to provide technical assistance for improved coordination of the national gender programme.
- Increased capacity for coordination of the national gender equality programme: Implementation of the prioritized activities of the National Gender Policy action plan increased from 0 to 70%; regular meetings for planning and progress review were held timely and regularly facilitating a well-coordinated programme.
- Supported the implementation of international commitments on gender equality and human rights, including the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the 1995 Beijing Declaration and Platform for Action, SADC Protocol on Gender and Development and Millennium Developmental Goals 1, 2 and 3. As a result the UNFPA advocacy and UNFPA supported dialogues on key issues on gender equality in the country contributed to the ratification of the SADC Protocol on Gender and Development and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa.
- UNFPA advocated to the government for women and children's rights related in particular to gender equality, sexual reproductive health and participation. Government and civil society were facilitated to participate in regional and global conferences and the lessons from these informed the policy and law reports.
- A study on the participation of women in positions of power was undertaken and the report showed that there is need to focus on women empowerment and participation. The report is used to evaluate national efforts in this regard.

*Output 4-2: Strengthened national capacity for prevention of and response to Gender Based Violence (GBV) (MTR-SP Outcome 5 -Output 13)*

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
• <b>4.2.1</b> Number of government civil society institutions and communities trained on Gender Based Violence in Shiselweni	0	13	12
• <b>4.2.2</b> Number of Gender Based Violence survivors utilizing response services in the Shiselweni region and Nationally	49	3000	3992

### **Key Achievements**

1. Law reforms

- The country program provided technical assistance and advocacy that facilitated the passing of the Sexual Offences and Domestic Violence Bill (SODV) the 9th Parliament. However, the Bill could not receive royal assent to make it law and it has to go back to review. Sustained advocacy was maintained through annual commemoration of international day such as the International Women’s Day, The Day of a Girl Child and 16 days of Activism Against Gender Based Violence that are part of advocacy campaigns to place gender equality issues and rights of woman on the national agenda of Swaziland

2. A strengthened capacity for response to GBV in the Shiselweni region.

- Two civil society institutions were supported to lead the GBV awareness raising and response in the Shiselweni Region
- Supported training professional on awareness about GBV from 12 of 13 targeted government, civil society and communities’ institutions. The cadres trained comprised of police officers, traditional leaders, community based volunteers and youth leaders. Community dialogues on GBV were supported in all the chiefdoms in the Shiselweni regions and this created an increased awareness on GBV and demand for service delivery for GBV survivors.
- A total of 3,992 GBV survivors in the Shiselweni region utilized GBV services, far surpassing the target to reach 3,000 survivors.
- Supported the establishment of a Gender Based Violence Referral Network and Partnership of all organizations dealing with GBV in Shiselweni as part of capacity building for prevention and response to GBV in that region.
- Supported a Court Watch Program that was conducted to monitor how timely finalization of GBV cases that were already before court proceeds.

3. Engaging men and boys in the GBV prevention and response

- Supported the establishment of the National Men Engage Network with the aim of strengthening the national capacity to engage men and boys in addressing Sexual and Reproductive Health Rights and GBV. The network has a membership of over 35 organizations consisting of government, NGOs and community based organizations working in the areas of gender, GBV, HIV and SRH.

*Output 5-1: Enhanced national capacity for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and SRH (MTR Outcome 7-Output 17)*

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
<ul style="list-style-type: none"> <li>• Number of government ministries, civil society institutions with HR trained in generating, managing, and utilizing disaggregated data for development</li> </ul>	7	14	11
<ul style="list-style-type: none"> <li>• Number of surveys conducted and research reports produced and disseminated for different audiences</li> </ul>	6	14	12

### **Key Achievements**

1. Evidence based advocacy
  - Produced and disseminated policy briefs which used evidence to sharpen and focus messages on selected ICPD areas of SRHR, HIV, and Population dynamics, and Youth, GBV and gender equality. The briefs were used to support advocacy efforts in national, high level events and community engagements.
2. Capacity for data collection, management, analysis including in-depth analysis and dissemination of data
  - Multi-sectoral stakeholders were trained with support from UNFPA in collaboration with the University of Swaziland on in-depth analysis of secondary data. The products of the training include the production of the market segmentation report which is being used to reach out to underserved population with family planning services.
  - The Central Statistics Office staff capacity was enhanced through training on data analysis techniques that include use of CSPro, and Geographic Information System (GIS) thereby improving the quality of national data. These skills are used in managing data currently.
  - The country program increased the capacity of the central statistics office staff on generation and analysis of data to produce evidence. The Central Statistical Office was supported to undertake preparation and dissemination of ; the 2012 Inter-censal Demographic and Housing Survey; 2014 Multiple Indicator Cluster Survey (MICS); 2011 Vulnerability Assessment Analysis Survey (VAC); Women in Decision-Making Positions Survey; Market Segmentation Analysis on Family Planning; National Population Projections, 2008-2030 and Sectoral Population Projections, 2007-2030; Swaziland HIV Incidence Measurement Survey 2010-2012; Catchment Populations of Health Facilities; These reports have been used to develop programmes and policies as well as evaluate progress towards national and global goals.
3. Use of population data for policy formulation
  - Provided technical support to the government for the preparation of the National Development Strategy, the SRH policy, SRH strategy, Health sector strategic plan. These documents used data to inform their policy direction.
4. Capacity for quality census undertaking
  - UNFPA has provided technical support in the preparation of the Census master plan for the 2017 Population and Housing census and this document is being used to continue planning for the 2017 national census..

### **C. Overall Summary of Findings from Final Country Program Evaluation**

#### **Findings and conclusions**

##### **Sexual Reproductive Health**

Interventions in integrated SRH and HIV services, midwifery training, maternal death audits and integration of family planning and condom use in service delivery areas were strengthened. Key integrated SRH/HIV documents were developed with UNFPA support. The condomize campaign lead by UNFPA increased the supply and distribution of condoms in the country. Five functional model health centres of excellence on integration of SRH/HIV services were established and as a result increased Government's commitment to roll out integration of HIV in all health facilities was achieved. Youth friendly services were increased as three mobile youth friendly units were procured for the Family Life Association of Swaziland.

##### **Population and Development**

Data availability for evidence-based planning was enhanced, although their effective use still needs strengthening. The National population Unit was supported to sustain the advocacy on the ICPD agenda. UNFPA supported the Central Statistical Office to conduct a number of surveys as well as trainings to meet data demands. Through this support Central Statistical Office produced National Population projections; Sectoral Projections; Population projections by Tinkhundla; conducted the 2012 Inter-censal Demographic and Housing Survey; 2014 Multiple Cluster Indicator Survey (MICS); conducted in-depth analysis training workshops which produced the Market Segmentation Analysis on Family Planning. UNFPA has been supporting the preparatory activities of the 2017 Population and Housing Census.

##### **Gender**

UNFPA supported the Department of Gender and Family Issues as part of strengthening government's capacity to implement policies and international agreement. UNFPA supported the development of tools for the operationalization of the National Gender Policy such as the National Gender Policy Action Plan and the Monitoring Evaluation framework, the development of country progress reports on international agreements, the drafting of the Sexual Offences and Domestic Violence Bill and the National Strategy to End Violence Draft (2013-2018).

UNFPA also contributed to enhancing community capacity to prevent and respond to gender-based violence as evidenced by the establishment of the Gender Referral Network in Shiselweni, Men Engage Network in Swaziland, sensitization meetings for chiefs, tindvuna, chief runners and chief inner council and community mobilization through dialogues that were designed to educate and inform communities about GBV, SRH, HIV and Human rights. Through advocacy, the Sexual Offences and Domestic Violence Bill was passed into law by parliament although it delayed to get royal assent which unfortunately necessitated that the bill be re-tabled for fresh debate by the new parliamentarians.

##### **Effectiveness of programme interventions**

Management and coordination systems to ensure the achievement of the country program outputs and outcomes are in place. The coordination of the CP was done by the Ministry of Economic Planning and Development (MEPD) through the National Population Unit (NPU) and UNFPA supported and collaborated with NPU in the management and coordination of the implementation of the CP. Increases in demand and access for integrated SRH/HIV services demonstrates the effectiveness of the program interventions in terms of creating awareness to the right holders and the duty bearers.

##### **Efficiency of programme management**

Joint programming on HIV and AIDS with UN agencies and other partners such as NERCHA, PSI, PEPFAR, C-CHANGE, and CSOs in providing technical support ensured leveraging of resources happened which in turn lead to efficiencies in programme management. High quality business controls also ensure that value for money was realized in each intervention undertaken.

### **D. Country Progress on Strategic Plan Outcomes Achievement**

**Outcome 1: Increased access to and utilization of quality HIV- and STI-prevention services, especially for young people, with a focus on HIV and SRH integration (MTR-SP Outcome 4).**

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
• Percentage of deliveries attended by a skilled health worker	74%	85%	82%
• 1.1.1 Number SDP providing integrated RH and HIV services and information in Shiselweni region	27/38	36/38	16/36 <sup>2</sup>

<sup>2</sup> The denominator changed because two facilities closed down in the Shiselweni region between 2010 and 2013 reducing the total number of facilities from 38 to 36 facilities. Whilst the programme had planned to ensure that 35/38 health facilities provide integrated SRH services in 2014, the 2013 Service Availability Mapping (SAM) revealed that only 16/36 health facilities are providing integrated SRH services in Shiselweni from a baseline of 27/38. The decline in the number of facilities providing integrated SRH services is a result of non- availability of integrated guidelines (HTC, PMTCT, and FP) in facilities, at the time of evaluation through the SAM.

• Condom use during last high-risk sexual encounter	55% (women), 68% (men)	75% (women) and 85% (men)	76.5% (women) and 89.6% (men)
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### **Summary of National Progress**

- Increase in percentage of deliveries attended by a skilled health worker from a baseline of 74% in 2010 to 82% in 2014.
- Integration of HIV into SRH in policies and programmes was adopted as an approach for responding the national development challenges.
- Facilities providing youth friendly services in the Shiselweni region improved from 6/37 to 28/36 between 2010 and 2013 and 6561 people aged 15-24 years were reached with integrated SRH/HIV services. Five centers of excellence were supported to be models for integration of HIV in SRH and this provided lessons for national roll out.
- CSE was piloted secondary schools by the Ministry of education and Training in collaboration with UN Agencies and the programme is being rolled out in all secondary schools in the country
- Standardized messaging on HIV prevention was developed and capacity to deliver high quality, age specific SBCC programmes, increased among 216 of the 269 targeted organizations.
- Demand for integrated SRH/HIV services increased as about 9840 young people were reached with UNFPA supported SBCC interventions in Shiselweni region
- Male and female condoms were promoted and demand for condoms, particularly targeting youth was supported.

### **UNFPA's Contributions**

UNFPA technical and financial support in integrating HIV in SRH, developing policy documents and strengthening capacity for high quality integrated services through training health care providers; youth, programme managers and senior Government Officials.

Financial support was provided for community mobilization to increased comprehensive knowledge about SRH and HIV as well increasing demand for services particularly by young people. Supplies and equipment were procured to enhance service delivery.

### **Outcome 2: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions (MTR-SP Outcome 3)**

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
• 2.1.1 % of government health facilities with no stock out of contraceptives in the last 12 months in Shiselweni region <sup>3</sup>	0%	95%	95%
• 2.1.2 Unmet need of FP among HIV positive Women attending ANC services <sup>4</sup>	63.90%	50%	no data

### **Summary of National Progress**

- Unmet need for family planning decreased from 25% to 13%
- RHCS was integrated in the national health systems for drugs and supplies and the functionality of the RHCS supply chain management was enhanced leading to reduced stock outs of all FP commodities from 100% to about 25% at health facility level nationally.
- RHC were procured through the programme to ensure an uninterrupted stock level in all service points.
- All ART clinics provide Family planning targeting HIV positive women and girls

### **UNFPA's Contributions**

- Procurement of RHC including condoms and medical supplies and equipment
- Financial and technical support to strengthen capacity for service delivery and supply chain management, coordination including monitoring and evaluation

### **Outcome 3: Population dynamics and its inter-linkages with needs of young people, sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies (MTR-SP Outcome 1)**

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
• Number of new and revised national plans that integrate population variables	4	4	5

<sup>3</sup> Indicator is at outcome level but was wrongly placed at output level.

<sup>4</sup> Indicator is at outcome level but was wrongly placed at output level. The indicator could not be populated as there were no population level studies undertaken to inform it in the period of the country program.

• 3.1.2 Institutional Framework of the revised population policy in place and supported	No	Yes, Institutional Framework in place	No data
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### **Summary of National Progress**

- The following documents were revised or developed and they incorporate population dynamics and other population variables: National development strategy; the Sexual reproductive health policy, HIV policy, the SRH strategic plan and the Health sector Strategic plan 11.
- Capacity of integrating population variables in development planning increased as 12 of the 18 Government ministries have planners trained on the use of integration guidelines.
- Sustained policy dialogue and engagement on the ICPD issues resulted in increased commitment of Government to the ICPD agenda and understanding of the unfinished business that has to be carried through beyond 2014

### **UNFPA's Contributions**

- UNFPA placed human resources in the National Population Unit to strengthen coordination of the implementation of the national population programme.
- Financial and technical support was provided to develop population integration tools and guidelines, Midterm review of the national population policy, development of key policy documents;
- Technical and financial support was provided to increase capacity for integration, advocacy and policy review through training and technical assistance.
- UNFPA supported Government Officials, Policy makers, civil society, and youth to attend regional and global forums to participate in global dialogue on the ICPD issues.

### **Outcome 4: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy and Gender Based Violence prevention and response (MTR-SP Outcome 5)**

<b>Indicators</b>	<b>Baseline</b>	<b>Target</b>	<b>End-line data</b>
• Number of gender-related policies and bills approved or passed	1	5	4
• Number of health facilities offering services to survivors of gender-based violence.	5	40	11

### **Summary of National Progress**

- Sustained advocacy led to high level of commitment by Government for gender equality as the following was realized: the upgrading of the gender Unit in the Deputy Prime Minister's Office into a department and the establishment of high level committee for GBV response ready to be approved by cabinet; ratification of the SADC Protocol on Gender and Development and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa; the passing of the Sexual Offences and Domestic Violence Bill (SODV) by the 9th Parliament. However, the Bill has not been signed into law but it is being debated again.
- Capacity of two civil society organizations was enhanced and a total of 3,992 GBV survivors in the Shiselweni region utilized GBV services, far surpassing the target to reach 3,000 survivors; a referral network between the community, the police and the health facility was established and it is functional. All communities and their traditional leadership in the Shiselweni region were reached with information on GBV and they were sensitized to join national efforts in stemming GBV in the country.
- Men engage network launched. Supported the establishment of the National Men Engage Network with the aim of strengthening the national
- Implementation of international commitments on gender equality and human rights, including the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the 1995 Beijing Declaration and Platform for Action, SADC Protocol on Gender and Development and Millennium Developmental Goals.

### **UNFPA's Contributions**

- Supported the recruitment of a National Professional Programme Personnel to assist the DGFI department in the coordination and implementation of the National Gender Policy Action Plan, for the duration on the CP.
- Advocacy for gender equality issues coupled with technical and human resources support led to a paradigm shift which resulted in the Gender unit promulgated to a department level.
- Technical and financial support was provided for heightened and sustained advocacy, community mobilization and capacity strengthening for service delivery.

### **Outcome 5: Improved availability and analysis resulting in evidence-decision making and formulation (MTR-SP Outcome 7)**

Indicators	Baseline	Target	End-line data
Number of new and revised national plans that integrate population variables	4	4	5
Number of surveys conducted and research reports produced and disseminated for different audiences	6	14	12
<ul style="list-style-type: none"> <li>The country has increased availability of evidence as number of surveys were supported with the programme and these include: 2012 Inter-censal Demographic and Housing Survey; 2014 Multiple Indicator Cluster Survey (MICS); 2011 Vulnerability Assessment Analysis Survey (VAC); Women in Decision-Making Positions Survey; Market Segmentation Analysis on Family Planning; National Population Projections, 2008-2030 and Sectoral Population Projections, 2007-2030; Swaziland HIV Incidence Measurement Survey 2010-2012; Catchment Populations of Health Facilities; Population Projections by Tinkhundla (constituency level) 2009-2013</li> <li>The evidence from these surveys is used to inform policy formulation and evaluate development progress.</li> <li>Capacity for in-depth analysis of secondary data and including the use of statistical soft wares among stakeholders was enhanced through training.</li> </ul> <p>UNFPA supported the development of the Census master plan for the 2017 Population and Housing census.</p> <p><b>Summary of National Progress</b> <b>UNFPA's Contributions</b></p> <ul style="list-style-type: none"> <li>Financial support was provided to facilitate training of central statistics Office staff local and internationally on data collection, analysis and report writing.</li> <li>Technical and financial support was provided to carry out surveys and research and produce reports and disseminate information for use by stakeholders.</li> <li>Technical support was provided to procure hardware and software for data analysis and management at the Central Statistics Office.</li> <li>Technical support was provided to support the preparation s for the 2017 round of census</li> </ul>			

E. Country Programme resources							
SP Outcome against CP outcomes <sup>5</sup>	Regular Resource (Planned and Final Expenditure)		Others (Planned and Final Expenditure)		Total (Planned and Final Expenditure)		
	Planned	Final Expenditure	Planned	Final Expenditure	Planned	Final Expenditure	
<b>MTR-SP Outcome 4:</b> CP Outcome 1: Integrated HIV/SRH	1,600,000	2,204,522	1,000,000	2,603,421	2,600,000	4,807,943	
<b>MTR-SP Outcome 3:</b> CP Outcome 2: Family Planning	600,000	929,659	800,000	2,209,682	1,400,000	3,139,341	
<b>MTR-SP Outcome 1:</b> CP Outcome 3 Population and Development <sup>6</sup>	1,000,000	1,574,534	1,800,000	0	2,800,000	1,574,534	
<b>MTR-SP Outcome 7:</b> CP Outcome 5: Data							
<b>MTR-SP Outcome 5- CP Outcome 4:</b> Gender equality and reproductive rights	1,000,000	1,435,022	500,000	0	1,500,000	1,435,022	
Programme coordination and assistance	800,000	631,692	0	0	800,000	631,692	
<b>Total</b>	<b>5,000,000</b>	<b>6,775,430</b>	<b>4,100,000</b>	<b>4,813,103</b>	<b>9,100,000</b>	<b>11,588,533</b>	

<sup>5</sup> After the MTR alignment process the CP outcomes numbering was maintained but can be linked to the SP outcomes as indicated in bold

<sup>6</sup> These two outcomes are merged at planning, therefore cannot be separated