United Nations

DP/FPA/CPD/SWZ/8

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
27 June 2025

Original: English

Second regular session 2025
25 to 28 August 2025, New York
Item 10 of the provisional agenda
UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Eswatini

Proposed indicative UNFPA assistance:	$7.6 million: $4.2 million from regular resources and $3.4 million through co-financing modalities or other resources
Programme period:	5 years (2026-2030)
Cycle of assistance:	Eighth
Category:	Tier II
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2026-2030

Note: The present document was processed in its entirety by UNFPA

I. Programme rationale

1. Eswatini, a landlocked country bordered by South Africa and Mozambique, has a population of 1.2 million, with a predominantly youthful demographic. With 73 per cent of the population under the age of 35, 70 per cent living in rural areas, and a median age of 22 years, Eswatini stands at a critical demographic crossroads. However, this youth bulge faces substantial socio-economic challenges, including a child poverty rate of 65.3 per cent and a youth unemployment rate of 58 per cent. Despite these challenges, there is a strategic opportunity to harness the growing workforce by investing in human capital, positioning Eswatini for sustainable development over the next 25 years.

2. Classified as a lower-middle-income country, Eswatini's gross domestic product per capita exceeds $3,800, with a human development index (HDI) of 0.611, ranking 144th out of 191 countries. Nevertheless, poverty remains widespread, with 58.9 per cent of the population living below the poverty line and income inequality high, as reflected in a Gini coefficient of 51.5. The country also suffered negative socio-economic impacts from the COVID-19 pandemic, severely affecting healthcare, education, and the economy. Notably, the National Development Plan (2022-2027) has prioritized economic recovery and enhancing the quality of life of the Swazi people (Emaswati).

3. The total fertility rate in Eswatini has declined from 4.0 in 2007 to 3.2 in 2017, while the contraceptive prevalence rate dropped from 66.1 per cent in 2014 to 57 per cent in 2021. The unmet need for family planning rose from 15 per cent in 2014 to 20.4 per cent in 2021, with the highest increases among young women aged 20-24 years, where the unmet need escalated from 17.4 per cent to 30.3 per cent over this period. Despite a slight decline in the adolescent birth rate from 87 per 1,000 in 2014 to 78 per 1,000 in 2021, the rate remains significantly higher among adolescents from the lowest wealth quintile, at 122 per 1,000. In 2023, the Ministry of Health reported 4,606 teenage pregnancies, emphasizing the ongoing barriers young people face in accessing quality sexual and reproductive health and rights (SRHR) information and services. These barriers include disruptions in family planning commodities, limited contraceptive options for young people, gaps in life skills education, inaccessibility of health facilities, and other challenges outlined in the 2024 Common Country Analysis. These issues underscore the urgent need for targeted interventions to improve access to family planning and comprehensive SRHR services for young people.

4. Maternal mortality remains high, with a maternal mortality ratio of 240 per 100,000 live births in 2020, down from 435 per 100,000 live births in 2015, but still far from the SDG target of 70 per 100,000 live births by 2030. Institutional maternal deaths fluctuated from 33 in 2021 to 23 in 2024. Disparities exist, with rural areas experiencing a maternal mortality ratio of 478 per 100,000 live births, compared to 382 per 100,000 live births in urban areas, and regional variations, such as 794 per 100,000 live births in Hhohho and 210 per 100,000 live births in Manzini. Women aged 30-39 years account for nearly half of maternal deaths. Despite high service coverage, including 96 per cent for at least one antenatal care visit, 76 per cent for four or more visits, 93.4 per cent skilled birth attendance, and 87.5 per cent postnatal care, systemic challenges persist. Delays in receiving timely, appropriate treatment, gaps in care quality, inefficient midwife deployment, limited emergency obstetric skills, and frequent stockouts of essential medicines continue to drive maternal deaths. Addressing these issues, strengthening health systems, improving emergency obstetric care, and ensuring the availability of essential medicines and equipment are urgent priorities to accelerate progress toward maternal health targets. Domestic financing for reproductive health currently accounts for only 13 per cent of health expenditures, underscoring the reliance on external funding and the need for stronger advocacy for increased domestic support.

5. Gender-based violence (GBV) and harmful practices remain pervasive in Eswatini. One in four girls (25 per cent) experiences sexual violence before the age of 18, and nearly half of women (48.2 per cent) face some form of sexual violence during their lifetime. Intimate partner violence affects one in two women, with urban areas reporting higher rates (59.1 per cent), compared to rural areas (50.7 per cent). Although child marriage has significantly declined, from 10.9 per cent in 2010 to 1.9 per cent in 2021, GBV and harmful practices persist due to entrenched social, economic and political inequalities. Patriarchal norms, slow law enforcement and an underdeveloped justice system exacerbate these issues. The lack of a functional GBV management information system and limited male engagement in promoting positive masculinity further hinder progress. As a result, women and girls face elevated risks of GBV, unintended pregnancies, sexually transmitted infections, and HIV. Addressing harmful gender norms, including through policy engagement with traditional

leaders, strengthening GBV response systems and promoting positive masculinity are crucial to advancing gender equality and the protection of women and girls in Eswatini.

6. Eswatini's national data systems, such as the Population and Housing Census, the Multiple Indicator Cluster Survey, the Health Facility Assessment Survey and national administrative data, face significant challenges in data analysis and utilization. Since the 2017 Census, the addition of five new constituencies has necessitated geographic information system (GIS)-based re-mapping for the 2027 eCensus. While efforts like maternal and perinatal deaths surveillance and response have improved data systems, gaps remain, including insufficient subnational disaggregation, difficulties identifying marginalized populations, limited analytical capacity and inadequate dissemination of SRH, GBV and HIV data. These gaps undermine effective policy implementation and programming, making it essential to strengthen data collection, analysis and utilization to ensure evidence-driven interventions in the new country programme.

7. Eswatini has made significant progress in addressing HIV/AIDS, achieving the 95-95-95 global targets ahead of the 2030 deadline. HIV prevalence has declined, from 31 per cent in 2011 to 24.8 per cent in 2023. However, incidence remains high among young people, particularly young women, with an incidence rate of 0.7 per cent. Moreover, comprehensive knowledge about HIV prevention has declined among both young men (from 53.6 per cent in 2010 to 46.5 per cent in 2022) and young women (from 58.2 per cent in 2010 to 50.9 per cent in 2022). The decline in prevention knowledge is partly attributed to reduced intensity in social and behaviour change communication programmes and a focus on treatment rather than prevention. Additionally, limited resources have led to reduced promotion and distribution of condoms, increasing the vulnerability of young girls to unprotected sex.

8. Eswatini faces a critical juncture, shaped by the megatrends of climate change, urbanization and deepening inequalities, each posing significant implications for the country's development trajectory. As one of the countries highly vulnerable to climate-related shocks, such as floods, cyclones and droughts, Eswatini experiences severe disruptions to health services, exacerbating existing health risks, particularly for persons in vulnerable situations. Rapid urbanization, with an annual rate of 1.83 per cent, is driving socio-economic transformation, creating opportunities for employment and services while straining infrastructure, increasing informal settlements and intensifying youth unemployment. These challenges threaten access to essential services, including sexual and reproductive health and rights (SRHR). Strengthening the resilience of health systems and communities is imperative to ensuring uninterrupted, equitable access to SRHR services, safeguarding the well-being of those most at risk and advancing Eswatini's sustainable and inclusive development.

9. The evaluation of the previous country programme identified several key achievements: (a) strengthening health systems to ensure continuity of SRHR services; (b) integrating SRHR/HIV/GBV issues into emergency preparedness and response; (c) enhancing emergency obstetric care capacity through the safe delivery application; (d) securing and implementing a third-party procurement facility to improve reproductive health commodity security; (e) enhancing multisectoral coordination in GBV response and advocacy; (f) improving data availability, including small area estimation and civil registration and vital statistics reports; and (g) strengthening inclusive policies and accountability mechanisms to protect adolescent SRHR. These successes have contributed significantly to advancing SRHR services, gender equality, and data-driven programming, and will inform the design of the new country programme.

10. The programme will build on lessons learned from the previous programme: (a) the effectiveness of joint programmes on disability, gender, and HIV; (b) the importance of multisectoral coordination for GBV response and advocacy; (c) the critical role of partnerships and resource leveraging for SRHR financing, as seen in condom programming; (d) the effectiveness of emergency preparedness in maintaining maternal and neonatal health services during crises; (e) the impact of third-party procurement in reducing stockouts and improving family planning commodity availability; and (f) the integration of SRHR with youth empowerment, entrepreneurship and mental health.

11. The 2024 Common Country Analysis highlights persistent challenges in achieving the SDG targets for persons in vulnerable situations – particularly adolescent girls, young women and persons with disabilities – who continue to face significant barriers to accessing essential services. For example, only 4 per cent of health facilities are accessible to persons with disabilities, and inclusive education options remain limited. Furthermore, approximately 74 per cent of healthcare workers lack training to effectively serve persons with disabilities, including in sign language and in addressing intellectual disabilities. In response to these critical

gaps, the programme will prioritize persons in vulnerable situations, with a focus on advancing their sexual and reproductive health and rights (SRHR) and access to inclusive education, ensuring no one is left behind.

II. Programme priorities and partnerships

12. Aligned with the goal of accelerating progress towards the transformative results, the new country programme is aligned to the National Development Plan (NDP), 2023-2028, the Government of Eswatini 'Nkwee!!' Programme of Action; the African Union Agenda 2063; the UNFPA strategic plan, 2022-2025, the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2026-2030, and contributes to the achievement of Sustainable Development Goals (SDGs) 1, 3, 4, 5, 10, 16 and 17. It will also support the implementation of the voluntary commitments made by the government of Eswatini at the 2019 ICPD+25 Summit and its renewed pledges at ICPD30. Specifically, the programme will contribute to the UNSDCF priority areas of 'inclusive social well-being' and 'shared and sustainable prosperity.'

13. To ensure adaptability and addressing of emerging challenges, UNFPA, in partnership with key stakeholders, conducted a strategic foresight exercise. This exercise identified youth empowerment and social norms as critical drivers impacting sexual and reproductive health and rights (SRHR) programming, leading to the development of four strategic scenarios to inform the programme's high-impact acceleration pathways. The insights gained shape the strategic vision for the programme, ensuring flexibility in adapting to future challenges.

14. Developed within the framework of the UNSDCF process, the programme was designed in consultation with a broad range of stakeholders, including the government, civil society organizations, multilateral partners, academia and media. A human rights-based, gender-transformative approach was central to the design, ensuring representation from persons in vulnerable situations, including women, youth-led organizations, and organizations representing persons with disabilities. This inclusive approach emphasizes leaving no one behind, addressing geographic disparities and prioritizing young people aged 10-24 years, women of reproductive age and persons with disabilities.

15. The programme will leverage UNFPA global and regional expertise in family planning, maternal health, adolescent and youth SRHR services, gender-based violence (GBV) prevention and response, coordination, life skills education and data for evidence-based policy advocacy and programming to address inequalities. Furthermore, UNFPA remains a leading partner in facilitating the integration of SRHR and GBV response in humanitarian settings, in collaboration with the government and other stakeholders.

16. Building on lessons from the 'Hotspot Analysis on Teenage Pregnancy' (2019-2023), which identified high rates of teenage pregnancy in regions like Northern Hhohho and Southern Lubombo, the programme will address persistent disparities in access to SRHR services. Limited access to health services and family planning commodities exacerbates early and unplanned pregnancies, worsens maternal health outcomes, and deepens vulnerabilities, especially among adolescent girls.

17. The programme will leverage on innovative digital solutions to expand access to integrated SRHR information and high-quality services. This will ensure that young people are equipped with the tools and knowledge to make informed decisions. A data-driven approach will be employed to identify high-impact interventions, prioritizing marginalized populations, including persons with disabilities.

18. The programme places young people at the heart of Eswatini's development vision, recognizing their significant potential as key drivers of the nation's human capital growth. By prioritizing youth empowerment, the programme aims to reduce the unmet need for family planning among 10-24-year-olds by 50 per cent, contributing to a decrease in preventable maternal deaths and GBV. This will improve on their bodily autonomy and ensure a healthier future for young people.

19. In accelerating progress towards attaining the three transformative results, the country programme will prioritize three integrated outputs: (a) quality of care and services; (b) gender and social norms; (c) population change and data. These three outputs are mutually reinforcing pathways to achieve the overarching goal of reducing preventable maternal mortality, adolescent birth rates and GBV prevalence. Strengthened systems and services (output 1) will directly enhance access to and quality of SRHR, particularly for adolescent girls and young women. These improvements are amplified by shifts in harmful norms and increased agency (output 2), enabling demand generation and community uptake. Meanwhile, improve data systems (output 3) ensure targeted, evidence-informed action and accountability across all interventions, closing equity gaps and

adapting to emerging demographic trends. Together, the outputs address both supply and demand-side barriers to SRHR, creating sustainable impact at scale. The programme will adopt an intersectional approach to address the complex and overlapping challenges faced by persons in vulnerable situations, working with the Government, civil society organizations, United Nations agencies and development partners.

20. Applying a human rights-based approach, the programme will focus on persons in vulnerable situations, including adolescent girls, young women and persons with disabilities. The programme will prioritize the accelerators of innovation and digitalization, data and evidence, partnerships and financing, and leaving no one behind. Strategic shifts and game changers to drive acceleration include: (a) generating evidence to tailor actions addressing inequalities and monitoring the impact of megatrends on family planning, maternal health, HIV and GBV; (b) transitioning from funding to financing for SRHR; (c) scaling up successful models for building resilient health systems through the utilization of the safe delivery application; (d) improving the quality of and access to integrated service packages for maternal and neonatal health, family planning, adolescent and youth-friendly health services, HIV, and GBV – prioritising those left furthest behind, through innovative and digital solutions; (e) strengthening the empowerment of women, adolescents, and young people, including the most vulnerable, through human rights-based approaches; and (f) leveraging public-private partnerships and South-South and triangular cooperation to promote innovative financing for sustainable family planning.

21. UNFPA will leverage its comparative advantage and technical expertise to advance SRHR and the ICPD agenda in collaboration with other United Nations agencies, within the framework of 'delivering as one.' UNFPA will work with the Government as a key partner and scale up partnerships – with development partners, international financial institutions, civil society organisations, the private sector, organizations of persons with disabilities, faith-based organisations and academia – in the implementation of the country programme at the regional and national levels. As a member of different coordination mechanisms for disaster and emergency response, UNFPA co-leads the protection cluster within the United Nations to ensure partnership and coordination in humanitarian response.

A. Output 1. By 2030, strengthened capacity of systems and institutions to provide high-quality, comprehensive sexual and reproductive health information and services, including reproduction health commodities, to empower adolescents and young people to achieve their bodily autonomy.

22. This output aligns with UNSDCF outcome 1, and the UNFPA strategic plan output on quality of care and services. In implementing this output, a health system strengthening approach will be adopted to inform strategies that accelerate the reduction of unmet need for family planning, preventable maternal deaths, GBV and harmful practices, including reduction in sexual transmission of HIV and other sexually transmitted infections among adolescent girls and young women aged 10-24 years, with a focus of the Northern Hhohho and Southern Lubombo regions. Recognizing the interplay of gender and social norms, the programme will address deeply entrenched inequalities that limit access to SRHR services, particularly for young people, women and marginalized groups. Population data will inform targeted interventions, ensuring that urbanization trends– including rural-to-urban migration and the growth of informal settlements – are factored into service delivery models. This approach will also respond to spatial inequalities that exacerbate health access gaps between urban, peri-urban and rural communities. A key focus will be on strengthening the adaptive capacity and resilience of communities – particularly women, young people, and persons with disabilities – in the face of climate shocks. By integrating sexual and reproductive health and rights (SRHR) into climate resilience strategies, the programme will ensure that persons in vulnerable situations have uninterrupted access to essential SRHR services and information, even during crises. Furthermore, UNFPA will develop standard operating procedures for service continuity during emergencies as well as integrating SRHR in other humanitarian interventions. The programme will also leverage strategic partnerships across sectors to improve SRHR financing and expand access, particularly through joint programming initiatives that integrate disability, gender and HIV interventions.

23. To achieve this output, the programme will focus on the following high-impact acceleration pathways: (a) strengthen the capacity of service delivery points to provide comprehensive, high-quality postpartum family planning services for young mothers, including disability-inclusive SRHR care; (b) improve 'last-mile' distribution and explore third-party procurement models of family planning and reproductive health commodities in underserved regions, with a focus of the northern Hhohho and Lubombo regions; (c) scale

up adolescent-friendly and youth-friendly health services, including the use of digital platforms in identified rural hotspots, to advance integrated SRHR/HIV and innovative national condom programming for adolescent and young people; (d) roll out targeted life skills education programmes for in-school and out-of-school youth, while ensuring they have access to integrated SRHR, HIV and GBV information and services; (f) expand the use of digital solutions for maternal health, including telehealth, to enhance the quality of services for young mothers, especially in remote areas; (g) enhance the capacity of institutions to deliver the Minimum Initial Service Package to ensure that essential SRHR services are available in emergency settings and other high-need areas; (h) strengthen maternal and perinatal death surveillance and response, including the measurement of maternal mortality ratios, ensuring that data is used to improve service delivery and reduce maternal mortality; (i) enhance health systems capacities to respond to climate-related shocks, ensuring continuous access to maternal health, family planning and gender-based violence services during times of crisis; (j) participate in multi-country or subregional programmes on prevention of adolescent pregnancy; and (k) advocate for increased domestic financing for young people's health and integration of adolescent sexual and reproductive health in entrepreneurship and mental health programmes to promote holistic empowerment.

B. Output 2. By 2030, strengthened mechanisms and capacities of actors and institutions to address harmful gender and social norms to advance gender equality and women's and girls' empowerment and decision-making.

24. This output is aligned with UNSDCF outcome 1 (deliver quality services particularly for persons in vulnerable situations) and the UNFPA strategic plan output on gender and social norms. The output will contribute to strengthening gender equality and the empowerment of women and girls by addressing GBV as well as gender and social norms that limit access of adolescents and young women to SRHR services and information. Implementation will emphasize cross-sectoral partnerships and coordinated advocacy to leverage resources and amplify the impact of national efforts to address GBV and harmful gender norms.

25. To achieve this output, the programme will focus on the following high-impact acceleration pathways: (a) map out prevailing drivers and social norms that foster GBV and hinder women and girls' SRHR/HIV/GBV service uptake for targeted interventions; (b) engage communities, working with local leaders, influencers and community groups to foster dialogue and promote gender equality; (c) scale up national empowerment programmes for adolescent girls and young women, with the aim to break cycles of vulnerability; (d) launch targeted national multimedia campaigns to raise awareness and promote behavioural change against GBV and encourage the uptake of family planning among adolescent girls and young women; and (e) scale up male involvement initiatives to address negative gender and social norms.

C. Output 3. By 2030, strengthened data systems and evidence that take into account population changes in development policies and programmes, especially those related to sexual and reproductive health and rights, ensuring the integration of demographic change and key megatrends.

26. This output is aligned with UNSDCF outcome 1 and the UNFPA strategic plan output on population change and data. This output will focus on evidence generation to support programming for SRHR, GBV and HIV, emphasizing hotspot data analysis and utilizing georeferenced disaggregated data, especially for the 10-24-year age group. UNFPA will enhance national statistical systems to produce timely, disaggregated data that informs policies and programmes, addressing equity gaps in accessing sexual and reproductive health and rights. This strengthened data ecosystem will also support tracking progress on national ICPD commitments and monitoring demographic shifts and key megatrends, including the demographic dividend, urbanization, inequalities and climate change, to ensure evidence-based planning and decision-making.

27. To achieve this output, the programme will focus on the following high-impact acceleration pathways: (a) conduct in-depth data analysis to enhance SRHR programming, including linkages between disability, gender, HIV and youth outcomes, and enable more effective and targeted interventions for young people; (b) improve repackaging and dissemination of existing national SRHR data for evidence-based advocacy and programming; (c) strengthen the capacity of statisticians and national institutions for population data analysis, enabling them to disaggregate and effectively analyse SRHR data at all levels, including at subnational levels; (d) strengthen the capacity of the Central Statistical Office to conduct the 2027 Population and Housing

eCensus; (e) strengthen national data systems for GBV monitoring, reporting, programming and response; (f) promote the implementation and monitoring of the national population policy, including the impact of megatrends, such as climate change and urbanization, on population dynamics; and (g) strengthen institutional capacity for developing tools to unlock the potential of the demographic dividend.

III. Programme and risk management

28. The programme will be implemented, monitored and evaluated by UNFPA, in partnership with the Government of the Kingdom of Eswatini, under the overall coordination of the Ministry of Economic Planning and Development, together with other national partners and the United Nations System in Eswatini, following UNFPA guidelines and procedures. Government leadership in programme implementation will be strengthened to ensure national ownership and sustainability. The country programme will be delivered through a team of technical and operations staff, with a skills mix that require policy level engagement in programme delivery, particularly in SRHR, gender, youth, data and knowledge management, including the impact of megatrends, climate change, innovation and digital technology. Technical support from the regional office, the Middle-Income Country Technical Hub, the Regional Operations Shared Service Centre and UNFPA headquarters, will be secured, as required. Furthermore, UNFPA will leverage expertise across the United Nations country team (UNCT) to support the delivery of programme results. The office will operate under the recently approved office structure to deliver the programme.

29. UNFPA, in collaboration with the Government, will ensure that programme design, implementation and management are informed by systematic, structured and timely risk assessment. Risk mitigation measures will be implemented and monitored to preserve and sustain the value of programme investments. The harmonized approach to cash transfers will be used, leveraging inter-agency cooperation for risk mitigation and cost efficiencies.

30. Potential risks to the programme include: (a) change in geopolitical landscape with a likelihood to impact the sexual and reproductive health and rights agenda; (b) threat of financial and social instability; (c) humanitarian crises and climate change-induced shocks, which include drought, floods and epidemics; (d) economic instability, which may result in reduced investments in health and other social services; and (e) persistence of gender inequality that compromises participation and access to integrated SRHR services.

31. Risk mitigation strategies include: (a) exploring innovative financing for resource mobilization, including with the private sector and international finance institutions; and (b) partnering with other United Nations agencies for joint resource mobilisation efforts. In addition, the country office will minimize programme disruptions by becoming more agile and flexible in the face of crises through contingency planning and application of business continuity plans. As another measure of mitigating risks, the country office will implement recommendations of the 2024 OAIS audit report on programme management for the country office.

32. Informed by the country office partnership and resource mobilization strategy, the programme will intensify resource mobilization and innovative financing efforts, targeting domestic resources, traditional and non-traditional donors and the private sector. Additionally, UNFPA will shift from funding to funding and financing by leveraging partnerships – with the Government, the United Nations, the private sector, and South-South and triangular cooperation, as well as international financial institutions – for the achievement of the transformative results. Strategies will include co-financing with the private sector, innovative financing through development impact bonds, hosting a series of high-profile events to mobilize development partner's interest in funding UNFPA programmes and through domestic funding by individuals.

33. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

34. UNFPA will contribute to the United Nations ‘delivering as one’ modality through active participation in joint programming and joint programmes, monitoring, reporting and evaluation of the UNSDCF, 2026-2030. The UN-Info platform will be used to report on and consolidate information by aligning the country programme results framework with the UNSDCF results framework. Joint workplans will include agency-specific activities and outputs, aligned to government priorities, with roles and responsibilities clearly articulated. As part of the UNSDCF monitoring and evaluation group, UNFPA will contribute to monitoring and to quarterly, annual reports and the final evaluation. It will also help the UNCT monitor the ‘leave no one behind’ principle by developing disaggregated data and indicators.
35. The UNFPA country office and the Ministry of Economic Planning and Development through the National Population Unit will oversee the programme implementation, holding regular coordination and follow-up meetings, including with the programme implementing partners, based on UNFPA policies, results-based management principles and the programme monitoring and evaluation plan.
36. Result-based management will guide the programme, using data and evidence to shape interventions, establish learning and accountability mechanisms. This will include spot checks, field visits, quarterly and annual reviews and partner training, as needed, in collaboration with other United Nations agencies and relevant national sectors. Using UNFPA results-based management guidelines, the country office will develop a robust monitoring and evaluation plan, including the costed evaluation plan and tools for results monitoring and reporting.
37. UNFPA, in conjunction with Government and other partners, will conduct an end-of-programme evaluation and undertake thematic evaluations to identify lessons learned and document good practices. The Government and UNFPA will work with other United Nations agencies, multilateral and bilateral partners to strengthen national and country monitoring and evaluation mechanisms to systematically obtain evidence to track results, especially on the SDGs and the National Development Plan, and enhance evidence-based decisions

RESULTS AND RESOURCES FRAMEWORK FOR ESWATINI CPD (2026-2030)

NATIONAL PRIORITY: The strategic focus for the National Development Plan (NDP) is to ensure the country moves towards a vision whereby the economy grows, people's lives are improved as they live in a peaceful environment without fear, health and education accessible, jobs are created by a competitive private sector, and the environment is well taken care and preserved for present and future generations by 2028.

UNSDCF OUTCOME(S): 1. By 2030, all people in Eswatini are benefiting from efficient systems that deliver quality social services particularly for the vulnerable and marginalized populations. 2. By 2030, Eswatini have strengthened systems that promote inclusive and sustainable economic growth and expanded livelihoods especially for youth and marginalized populations.

RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2030, the reduction in the unmet need for family planning has accelerated. 2: By 2030, the reduction of preventable maternal deaths has accelerated.

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
UNSDCF Outcome indicator(s) and Related UNFPA Strategic Plan Outcome indicator(s): • Maternal mortality ratio *Baseline: 240 per100,000 (2020); Target: 70 per100,000(2030)* • Adolescent birth rate *Baseline: 78 per1,000 (2022); Target: 60 per1,000 (2030)* • Proportion of women aged 1549 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care *Baseline: 25.7% (2022); Target: 51.4% (2030)* • Annual rate of reduction of unmet need for family planning *Baseline: 30.3% (2024); Target: 15.15% (2030)*	Output 1. By 2030, strengthened capacity of systems and institutions to provide high-quality, comprehensive sexual and reproductive health information and services, including reproduction health commodities, to empower adolescents and young people to achieve their bodily autonomy	• Proportion of health facilities providing postpartum family planning among young people aged 10-24 years, with UNFPA support, disaggregated by region *Baseline: 0 (2026); Target: 90% (2030)* • Proportion of health facilities implementing at least 80% of recommended actions from maternal and perinatal death surveillance and response reviews *Baseline: 0% (2026); Target: 50% (2030)* • Domestic resources committed for procurement of reproductive health commodities *Baseline: $488,437 (2025); Target: $1,000,000 (2030)* • Percentage of public health facilities reporting stockouts of contraceptives in the previous year *Baseline: 67.4% (2024); Target: 47.480% (2030)* • Number of young people aged 10-24 years, reached with integrated sexual and reproductive health services through UNFPA support, disaggregated by sex, disability and region *Baseline: 120,000(2024); Target: 300,000(2030)* • Number of young people (aged 10-24 years) reached with LSE programmes in-school and out-of-school with UNFPA support, disaggregated by sex, and region *Baseline: (a) in-school: 344,939 (2024); Target: 400,000 (2030)* *Baseline: (b) out-of-school: 1, 671 (2024); Target: 7,500 (2030)*	Ministry of Economic Planning and Development, Ministry of Health, Ministry of Education and Training, Ministry of Sports, Culture and Youth Affairs; The Family Life Association of Eswatini, National Emergency Response Council on HIV/AIDS, Eswatini National Youth Council, World Bank, UNICEF, WHO, UNAIDS, European Union, the media, and academia	$3.4 million ($1.7 million from regular resources and $1.7 million from other resources)

NATIONAL PRIORITY: The strategic focus for the NDP is to ensure the country moves towards a vision whereby the economy grows, people's lives are improved as they live in a peaceful environment without fear, health and education accessible, jobs are created by a competitive private sector, and the environment is well taken care and preserved for present and future generations.

UNSDCF OUTCOME: 1. By 2030, all people in Eswatini are benefiting from efficient systems that deliver quality social services particularly for the vulnerable and marginalized populations. 2. By 2030, Eswatini have strengthened systems that promote inclusive and sustainable economic growth and expanded livelihoods especially for youth and marginalized populations.

RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 3: By 2030, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF Outcome indicators: ● Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence *Baseline: 34.5% (2022);* *Target: 0% (2030)* ● Proportion of seats held by women in (a) national parliaments and (b) local governments *Baseline: 28% (2023);* *Target: 30% (2030)* ● Proportion of population subjected to (a) physical violence; (b) sexual violence in the previous 12 months *(a): Baseline: 6% (2022);* *Target: 0% (2030)* *(b): Baseline: 0.5% (2022);* *Target: 0% (2030)*	Output 2. By 2030, strengthened mechanisms and capacities of actors and institutions to address harmful gender and social norms, to advance gender equality and women's and girls' empowerment and decision-making.	● Proportion of young people aged 10-24 years that demonstrate knowledge, attitude and practices (positive behaviours) towards unmet need for family planning, preventable maternal deaths, GBV and harmful practices, disaggregated by sex, age and persons with disabilities *Baseline: 0% (2024); Target: 60% (2030)* ● Number of functional community platforms implementing dialogues towards eliminating harmful social and gender norms, stereotypes and practices, as well as GBV and harmful practices that affect girls and women, with UNFPA support, disaggregated by region *Baseline: 0(2024); Target: 10 (2030)* ● Number of UNFPA-supported multi-stakeholder coordination mechanisms at national and regional levels to address harmful discriminatory gender and social norms *Baseline: 3(2024); Target: 6(2030)* ● Number of men and boys reached with male involvement sessions for addressing negative gender and social norms, with UNFPA support *Baseline: 1,188 (2024); Target: 5,000(2030)* ● Percentage of adolescent girls and young women (aged 15-24 years) in UNFPA-supported programmes who report increased ability to make decisions about their own reproductive health and life choices *Baseline: 10% (2024); Target: 25% (2030)*	Deputy Prime Minister's Office, Ministry of Health, Ministry of Economic Planning and Development, Ministry of Sports, Culture and Youth Affairs, Eswatini National Youth Council, European Union, UNDP, UNICEF, WHO, UNESCO, Parliament, Ministry of Education and Training, Swaziland Action Group Against Abuse, Kwakha Indvodza, Nhlangano AIDS Training, Information and Counselling Centre, academia, and the media	$1.5 million ($0.6 million from regular resources and $0.9 million from other resources)
NATIONAL PRIORITY: The strategic focus for the NDP is to ensure the country moves towards a vision whereby the economy grows, people's lives are improved as they live in a peaceful environment without fear, health and education accessible, jobs are created by a competitive private sector, and the environment is well taken care and preserved for present and future generations.				
UNSDCF OUTCOME: 1. By 2030, all people in Eswatini are benefiting from efficient systems that deliver quality social services particularly for the vulnerable and marginalized populations.2. By 2030, Eswatini have strengthened systems that promote inclusive and sustainable economic growth and expanded livelihoods especially for youth and marginalized populations.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2030, the reduction in the unmet need for family planning has accelerated. 2. By 2030, the reduction of preventable maternal deaths has accelerated. 3. By 2030, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
UNSDCF Outcome indicators: ● Universal health coverage index *Baseline: 56 (2024);* *Target: 70 (2030)*	Output 3. By 2030, strengthened data systems and evidence that take into account population changes in development policies and	● Number of population data outputs, including subnational: monographs, infographics, population projections and in-depth reports on SRH, HIV/ GBV, population megatrends, such as urbanization and climate change vulnerability, generated with disaggregated data,	Ministry of Finance, Ministry of Economic Planning and Development, National Population Unit, Central Statistical Office, Deputy	$2.1 million ($1.3 million from regular resources and $0.8 million

	programmes, especially those related to sexual and reproductive health and rights, ensuring the integration of demographic change and key megatrends.	including in humanitarian response, produced with UNFPA support *Baseline: 24 (2024); Target: 34 (2030)* ● Number of institutions of the national statistical system that incorporate variables in their administrative records to make visible the furthest left-behind populations, with UNFPA technical support *Baseline: 1 (2024); Target: 3 (2030)* ● Real-time GBV information management system established, with UNFPA support *Baseline: No (2024); Target: Yes (2030)* ● Number of policies, strategies and sectoral plans developed or reviewed, with updated population data, with UNFPA support *Baseline: 4 (2024); Target: 8 (2030)* ● Georeferenced Population and Housing Census conducted and results made publicly available, with UNFPA support *Baseline: No (2024); Target: Yes (2030)*	Prime Minister's Office, Ministry of Health, Family Life Association of Eswatini, Ministry of Sports, Culture and Youth Affairs, Ministry of Education and Training, Eswatini National Youth Council, National Emergency Response on HIV and AIDS, UNICEF, WHO, UNAIDS, World Bank, UNDP, WFP, UNESCO, parliament, the media,	from other resources)
Programme Coordination Assistance				0.6 million