



**Fifth
COUNTRY PROGRAMME
ACTION PLAN
2011-2015**

**THE GOVERNMENT OF
The KINGDOM OF SWAZILAND**

AND

UNITED NATIONS POPULATION FUND

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List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante Natal Care
ASRH	Adolescent Sexual and Reproductive Health
AU	African Union
AWPMT	Annual Work Plan Monitoring Tool
AWPs	Annual Work Plans
BCC	Behaviour Change Communication
BEOC	Basic Emergency Obstetric Care
BSS	Behavioral Surveillance Survey
CANGO	Coordinating Assembly of NGOs
CARMMA	Campaign on Accelerated Reduction for Maternal Mortality
CBO	Community Based Organization
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEOC	Comprehensive Emergency Obstetric Care
CMU	Contraceptive Management Unit
CP	Country Programme
CPAP	Country Programme Action Plan
CPD	Country Programme Document
CPR	Contraceptive Prevalence Rate
CSO	Central Statistics Office
CSOs	Civil Society Organizations
CSW	Commission on the Status of Women
DfID	Department for International Development (UK)
DPM	Deputy Prime Minister
EGPF	Elizabeth Glaser Paediatric Foundation EGPF
FACE	Funding Authorization and Certificate of Expenditure
FBOs	Faith Based Organizations
FGC	Female Genital Cutting
FGM/C	Female Genital Mutilation/Cutting
FLAS	Family Life Association of Swaziland
FMV	Field Monitoring Visit
FMVs	Field Monitoring Visits
FP	Family Planning
GBV	Gender Based Violence
GDP	Gross Domestic Product
GE	Gender Equality
GoS	Government of Swaziland
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HQ	Headquarters
ICPD	International Conference on Population and Development
IEC	Information Education and Communication
IOM	International Organization for Migration
IPs	Implementing Partners
IT	Information Technology
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MARPs	Most At Risk Populations

MDGs	Millennium Development Goals
MEPD	Ministry of Economic Planning and Development
MICS	Multiple Indicator Survey
MISP	Minimum Initial Service Package
MOE	Ministry of Education
MOH	Ministry of Health
MORSS	Minimum Operating Residential Security Standards
MOSS	Minimum Operating Security Standards
MTR	Mid Term Review
NDMA	National Disaster Management Agency
NDS	National Development Strategy
NERCHA	National Emergency Response Council on HIV/AIDS
NGOs	Non Governmental Organizations
NPU	National Population Unit
PCM	Programme Component Manager
PD	Population and Development
PEP	Post-exposure Prophylaxis
PEPFAR	President's Emergency Plan for HIV/AIDS Relief
PLWHIV	People Living With Human Immunodeficiency Virus
PMTCT	Prevention of Mother to Child Transmission
PoA	Programme of Action
PRASP	Poverty Reduction Strategy and Action Plan
RBM	Results Based Management
RH	Reproductive Health
RH&R	Reproductive Health and Rights
SBAA	Standard Basic Assistance Agreement
SBCC	Social and Behaviour Change Communication
SDHS	Swaziland Demographic Health Survey
SGBV	Sexual and Gender Based Violence
SPRs	Standard Progress Reports
SRH&R	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
SWAPs	Sector Wide Approaches
SWOT	Strengths, Weaknesses, Opportunities, Threats
TBD	To Be Determined
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNFPA CO	United Nations Population Fund Country Office
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
YFCs	Youth Friendly Centres
YFS	Youth Friendly Services

THE FRAMEWORK

The Government of the Kingdom of Swaziland (GoS), herein referred to as “the Government” and the United Nations Population Fund, herein referred to as “UNFPA” are in mutual agreement on the content of this Country Programme Action Plan (CPAP), and on their respective roles and responsibilities in the implementation of the Country Programme; and

Furthering their mutual agreement and cooperation for the fulfilment of the Programme of Action of the International Conference on Population and Development (ICPD), ICPD +5, other related conferences, and the Millennium Development Goals (MDGs);

Building upon the experience gained and progress made during the implementation of the 4th Country Programme of UNFPA support to the Government of Swaziland (2006 -2010);

Entering into a new period of cooperation, which is based on the 2011-2015 Country Programme Document and the United Nations Development Assistance Framework (UNDAF) developed to contribute to the Swaziland Poverty Reduction Strategy and Action Plan.

Declaring that these responsibilities will be fulfilled in a spirit of friendly cooperation;

Have agreed as follows:

PART I: BASIS OF RELATIONSHIP

The relationship between the Government of the Kingdom of Swaziland and the United Nations Population Fund is governed by Resolution 2211(XXI) of 17 December 1966, 34/104 of 14 December 1979 and 50/438 of 20 December 1995 of the General Assembly of the United Nations, which, *mutatis mutandis*, also holds true for UNFPA. This Country Programme Action Plan (CPAP) covering the period from 1 January 2011 to 31 December 2015 is to be interpreted and implemented in conformity with these provisions. The CPAP consists of ten (10) parts wherein the general policies, priorities, objectives, strategies, management, responsibilities and commitments of the Government and UNFPA are described, and three annexes, namely a CPAP Results and Resources Framework, the CPAP Planning and Tracking Tool and a Monitoring and Evaluation Calendar.

PART II: SITUATION ANALYSIS

The population of Swaziland is approximately 1.02 million, up from 0.93 million in 1997. The population growth rate declined from 2.9 per cent to 0.9 per cent over the last 10 years, due to an increase in HIV/AIDS-related mortality and a decline in fertility. The total fertility rate declined from 6.4 children per woman in 1986 to 4.5 in 1997 and 3.95 in 2007. The proportion of the population under 15 years is 39.6 percent, while the elderly constitute 3.6 percent. The inbuilt momentum for population growth is being offset by the high levels of mortality. Life expectancy at birth declined from 60 years in 1997 to 43 in 2007, mainly due to the effects of HIV/AIDS. Maternal, child and infant mortality rates are reported to be increasing. Infant mortality increased from 78 to 107 deaths per 1000 live births

between 1997 and 2007, while under-five mortality increased from 106 to 167 deaths per 1000 live births over the same period.

The maternal mortality ratio increased from 229 to 589 deaths per 100,000 live births between 1995 and 2007. Contributing factors include delays in making decisions to utilize health facilities and poor access to delivery of services. Only 10 per cent of health facilities provide basic emergency obstetric care. Antenatal Care (ANC) attendance is generally high with 97 percent of women attending the recommended at least once during the pregnancy. Although 74.3 per cent of deliveries are attended to by skilled health personnel, the remaining 25 per cent remains a cause of concern. Thirty percent (59 out of 172) of health facilities are adequately equipped to offer maternity services. The contraceptive prevalence rate for modern methods is 48 per cent, and the unmet need for contraception is 25 per cent. About 25 per cent of teenagers are either pregnant or have begun child bearing. Comprehensive reproductive health information and service packages do not target various population groups, such as people living with disabilities.

Swaziland has the highest HIV-prevalence rate in the world (26 per cent among adults; 61 per cent among adult women; 10 per cent among teenage girls; and 1.9 per cent among teenage boys). HIV-related complications are fuelling maternal mortality. Approximately 42 per cent of women and 26 per cent of teenagers receiving antenatal care are HIV positive. The prevalence of other sexually transmitted infections is also high, at 11.6 per cent of the population of reproductive age. Male circumcision is 8.1 per cent among males two years and older. Multiple concurrent partnerships and cross-generational sexual relationships drive the HIV epidemic. It is estimated that 42 per cent of adult women and 58 per cent of men have multiple partners. Condom use is estimated at 56 per cent among men engaging in risky sexual behaviour. Female condom use is also low at 3.3 per cent among women who are sexually active.

Although Swaziland has made some progress towards achieving gender equality, some challenges remain. Women and young girls have limited access to decision-making and to leadership positions. The current cabinet (2008- 2013) has a proportion of 29 per cent female members, compared to 24 percent in the previous cabinet (2003 -2008). In parliament 30 per cent of members are women compared to 20 per cent in the previous parliament. Gender-based violence is high and reported to be on an increase. One in three females between the ages of 15 and 24 has experienced sexual violence. There is also a growing concern around human trafficking both internationally and within Swaziland. Unfortunately, information, comprehensive research and documentation in this area limit the understanding of its magnitude in the country.

Although the 2005 National Constitution provides for equality for all, legislation to implement some of the provisions has neither been drafted nor enacted. While a number of regional and global human rights conventions have been ratified to address population, gender and reproductive health rights, most of these conventions are not yet fully disseminated or implemented.

Swaziland, with a human development index of 0.572 in 2007 (ranked as 142), is a lower middle income country. Over the last two decades, the economy has had a mix performance. Real gross domestic product growth declined from an annual average of 8 per cent in the 1980s to 3.5 per cent in 2007. Although the country has a gross domestic product per capita of \$2,415, wealth distribution is skewed, with approximately 20 per cent of the population controlling over 54 per cent of the wealth.

Poverty levels raised from 66 per cent in 1995 to 69 per cent in 2001 and women are disproportionately affected. Poverty is expected to increase as a result of the prolonged drought, declining export receipts and the global economic downturn. Revenue from the Southern African Customs Union has also declined. Social sectors are the most affected during this time. HIV/AIDS is negatively affecting the

labour force and productivity. The current unemployment rate is 40.6 percent of the population aged 15 years and above, compared to 22.8 percent in 1997. Effects of climate change are beginning to be felt. Most of the Millennium Development Goals (MDGs) are not likely to be achieved by 2015, except Goal 2 (achieving universal primary education) and Goal 3 (promoting gender equality and empowering women).

Adequately disaggregated and relevant data for planning is limited and/or outdated, due to the limited capacity for data processing and analysis. The available data is not adequately analyzed from a gender perspective. This has hindered the integration of population variables into development plans. Resource constraints have slowed the implementation of the population policy. Coordination mechanisms for programme implementation, including the capacity for national execution, are weak.

The Government has put in place several initiatives to provide a road map for economic and social recovery. Most of these initiatives are articulated in the National Development Strategy (NDS) and the Poverty Reduction Strategy and Action Plan (PRSAP), as well as in sectoral policies and frameworks. Renewed global commitment to the Programme of Action of the International Conference on Population and Development has created an opportunity for progress.

PART III: PAST COOPERATION AND LESSONS LEARNED

The fourth Country Programme covered a period of five years, from 2006 to 2010. That Programme reviewed and formulated a number of policies and strategies and supported capacity-building in reproductive health, HIV prevention, gender equality and population and development, including data availability, which is required for long-term sustainability. To reinforce the achievements of the previous Programme, the new Programme will require short- and long-term technical assistance and stakeholder commitment.

The Programme established and strengthened strategic partnerships between the Government, Parliament, United Nations, the media and civil society, including faith-based organizations. These partnerships helped to advance communication and advocacy efforts aimed at implementing the Programme of Action of the International Conference on Population and Development (ICPD).

Programme activities were socially and culturally sensitive, particularly in addressing vulnerable groups. Community mobilization around socio-cultural issues was critical for programme implementation. Culturally sensitive advocacy efforts played an important role in decision-making at all levels.

PART IV: PROPOSED PROGRAMME

The Country Programme Action Plan (CPAP) builds on the Country Programme Document for Swaziland (DP/FPA/DCP/SWZ/5) approved by the Executive Board of the United Nations Population Fund. The CPAP also builds on the commitments outlined in the United Nations Development Assistance Framework (UNDAF) jointly determined by UN agencies in Swaziland in close partnership and with full leadership of the Government of Swaziland. The Programme responds to the vision and programme for achieving the Millennium Development Goals of the Government of the Kingdom of

Swaziland as articulated through the National Development Strategy (NDS), the Poverty Reduction Strategy and Action Programme (PRASP) and the national population Policy.

The United Nations system articulated these areas of cooperation under four priority areas namely: (i) Reduced new HIV infections and improved quality of life of persons infected and affected by HIV by 2015; (ii) Increased and more equitable access of the poor to assets and other resources for sustainable livelihoods; (iii) Increased access to and utilization of quality basic social services, especially for women, children, disadvantaged groups by 2015; and (iv) Strengthened national capacities for the promotion and protection of rights.

The GoS/UNFPA 5th Country Programme is designed to contribute to three of the above-mentioned UNDAF outcomes, while ensuring linkages with the UNFPA global Strategic Plan, which is the centerpiece for organizational programming, management and accountability for the period 2008-2013. The goals of the Strategic Plan in the three interlinked focus areas are: (I) Population and development: Systematic use of population dynamics analyses to guide increased investments in gender equality, youth development, reproductive health and HIV/AIDS for improved quality of life and sustainable development and poverty reduction; (II) Reproductive health and rights: Universal access to reproductive health by 2015 and universal access to comprehensive HIV prevention by 2010 for improved quality of life; (III) Gender equality: Gender equality advanced and women and adolescent girls empowered to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence.

The Programme strives to advance progress towards attaining the Millennium Development Goals of eradicating extreme poverty and hunger; promoting gender equality and empowering women; improving maternal health; combating HIV/AIDS, malaria and other diseases; and ensuring environmental sustainability. The Programme seeks to scale up advocacy efforts for an improved policy environment and the removal of legal impediments to equity and equality. It also responds to the Programme of Action of the International Conference on Population and Development, as well as other international and regional frameworks, including the Maputo Plan of Action.

The Programme employs a human rights-based, gender-sensitive, and culturally sensitive approach. Focusing on capacity development, it seeks to promote South-South cooperation and local and regional partnerships. It also seeks to strengthen joint programming with other United Nations organizations. The proposed programme will be delivered through capacity enhancement strategies, build and promote the use of a knowledge base; reinforce advocacy and policy dialogue; expand and strengthen partnerships; as well as develop systems for improving performance.

In line with the UNDAF and in the spirit of the “Delivering as One UN” initiative, joint programming is increasingly encouraged. Areas of current and future joint programming with sister UN agencies may include among others: (a) strengthening national data and systems for Monitoring and Evaluation; (b) HIV and AIDS and (c) Gender

The Programme has three components: (a) Reproductive Health and Rights; (b) Population and Development; and (c) Gender equality.

(A) REPRODUCTIVE HEALTH AND RIGHTS

The Reproductive Health and Rights component of the Country Programme contributes to two UNDAF outcomes which are: increased access and utilization of quality basic social services, especially for women, children and disadvantaged groups by 2015; and reduced HIV infections and improve the

quality of life of people infected and affected by HIV by 2015. The RH component also links to fourth and fifth PRSAP pillars: Human Capital Development; and improving the quality of life of the poor and contributes to UNFPA's Global Strategic Plan outcome 2.1, 2.2 and 2.3. The two outputs under the Reproductive Health component have been designed to respond to health sector priorities as articulated in the National Health Sector Strategic Plan and the Sexual and Reproductive Health strategy (2008 – 2013). It takes account of the September 2006 African Union Maputo Plan of Action (reviewed in April 2010) and the 2009 AU Campaign on Accelerated Reduction of Maternal Mortality and Morbidity in Africa (CARMMA).

Should SWAp for health sector be adopted by government within the life of the Country Programme, UNFPA will participate by possible contribution to the common SWAp basket fund, as well as participation in several technical committees and other mechanisms for SWAp implementation. It will link to the September 2006 agreed "Health 4" framework agreed among UNICEF, UNFPA, WHO and World Bank for strengthening Maternal and Neonatal health. In line also with the agreed UNAIDS technical support division of labour, the component addresses the prevention of sexual transmission of HIV, prevention of vertical transmission, within the context of SRH/HIV integration as defined in the national multi-sectoral strategic framework for HIV and AIDS (2009-2014).

Under this component, UNFPA will support the Ministry of Health and related Civil Society Organisations to implement upstream work at national level. This will involve advancing policy agenda, institutional & technical capacity strengthening for access to information and services for midwifery care, family planning, sexuality and comprehensive reproductive health education for young people and HIV prevention for selected Most At Risk Populations (MARPs). RH/HIV integration will be mainstreamed in all programme outputs. Downstream work will be implemented in selected geographical areas in order to improve service access and generate evidence for upstream work.

Output A-1:

Increased capacity of national institutions to deliver high-quality integrated sexual and reproductive health services, including HIV prevention, family planning and maternal health services

The issues to be addressed by this output include: inadequate incentives for midwives to facilitate deployment in underserved areas; inadequate focus on Youth Friendly Services; inadequate capacity in terms of human resources skills and equipment particularly for emergency obstetric care, inadequate post natal care and insufficient maternal death reviews. The output will employ the following strategies: a) advocacy for strengthening health systems, particularly human resources; b) skills development particularly in emergency obstetric care and family planning; and c) strengthening the capacity of the SRH unit of the Ministry of Health for developing and implementing policies, guidelines, standards and protocols particularly in EmOC and Adolescent Sexual and Reproductive Health

The Programme will also empower communities to ensure a continuum of Maternal and Neonatal Health (MNH) care between the household and health care facilities (Community Mobilisation); strengthen male involvement in SRH and HIV prevention; improve the availability, access to and utilisation of quality maternal and neonatal health services, Sexually Transmitted Infections (STI), Prevention of Mother To Child Transmission of HIV (PMTCT) and FP services; strengthen services that address young people's sexual and reproductive health and HIV prevention needs; and strengthen the Reproductive Health Commodity Security (RHCS).

Major Activities

Strengthen midwifery

This will include supporting the two national training institutions to improve their capacity for midwifery competency-based training with a focus on improving skills and attitudes of midwifery care providers, in liaison with the Ministries of Health and Education. In addition, the Programme will support acquisition of training equipment, training materials and upgrading of selected trainers' skills, based on needs assessment, including curriculum review, of each school. The Programme will support the operationalization of the nurses and midwives' bill, in all aspects. The enactment of the bill will greatly influence the extent to which the Government of the Kingdom of Swaziland deploys nurses and midwives to rural and underserved areas

Strengthen emergency obstetric and neonatal care

The Programme will provide support for basic and comprehensive EmONC in selected geographical locations through capacity building of selected health facilities and service providers. It will build on the existing skills of service providers in selected health facilities to provide basic that include piloting of community-based emergency referral systems. At the community level in selected community health centers, basic EmONC will be implemented. Priority will be given to selected geographical areas that are hard to reach and underserved areas. The Programme will build the capacity of the MOH and other relevant government sectors and partners in emergency preparedness and response. This will include training on complete application of the Minimum Initial Service Package (MISP).

Strengthen Reproductive Health Commodity Security (RHCS) and addressing the unmet need for Family Planning

Led by the Ministry of Health SRH unit and in partnership with all relevant stakeholders, the Programme will provide technical support to strengthen RHCS coordination mechanism. Through strengthening the RHCS, the Programme will work with stakeholders to revitalize Family Planning with a focus on integration with HIV prevention (PMTCT prongs 1 and 2) particularly for young women. To ensure the quality of RH care services, support capacity development of and advocacy for strengthening RHCS (including condoms) logistics management and its integration in medicines and pharmaceutical logistics systems.

Improve Health Information Management System (HMIS) with a focus on Maternal Death Reviews

The Programme will support and strengthen the capacity for the institutionalisation of Maternal Death Reviews,

Support policies, guidelines, strategies and protocols development and dissemination

This activity will entail technical support to the Ministry of Health to: review and disseminate the National Sexual and Reproductive Health Strategy; develop the Adolescent Sexual and Reproductive Health strategy and its Action Plan, develop standards and guidelines for SRH care services in order to improve service quality at all levels of the health care system. The Programme will also support review, completion and wide dissemination of the draft Road Map for Maternal and Neonatal and Child Health with a focus on RH and HIV integration. Collaboration with other United Nations agencies, Government and non-state actors will be critical in developing and operationalizing these key frameworks.

Output A-2:

Increased capacity of government and civil society institutions to deliver services and social and behaviour change communication interventions for HIV prevention

This output will address the following key issues related to HIV prevention: inadequate SRH and HIV integration at policy and service levels; lack of focused and nationally coordinated Social and Behaviour Change Communication interventions targeting both the community leaders as well as young people; inadequate financial resources for HIV prevention; and low scale HIV prevention service provision.

To achieve this output, the key strategies to be applied will include: a) capacity development for HIV prevention and review of reproductive health policies, strategies and guidelines, including the national HIV/AIDS strategic plan, the male circumcision strategy, the adolescent reproductive health strategy, national youth policy and the guidelines to prevent mother- to-child transmission of HIV; b) strengthening social and behaviour change communication interventions that incorporate socio-cultural issues; c) advocacy for increased resources for HIV prevention; d) strengthening linkages between reproductive health and HIV/AIDS; and d) strengthening comprehensive condom programming.

Major Activities

Develop capacity for integration of HIV/AIDS and SRH particularly PMTCT- prongs 1 & 2

At the downstream level, the Programme will support and make available comprehensive PMTCT services for pregnant women with a particular emphasis on PMTCT prongs 1: primary prevention of HIV infection and prong 2: prevention of unintended pregnancies in HIV infected women. At the upstream level, the Programme will also support the development of a national strategy for integration of HIV and SRH information and services and its implementation in the selected geographical areas with a particular attention to male involvement.

Improve access of young people to comprehensive and integrated sexual and reproductive health and HIV prevention services

The Programme will support appropriate interventions aimed at reducing teenage pregnancy rates and new HIV infections through the provision of integrated ASRH services. This will include providing support to integration of youth friendly services at health service delivery sites in selected geographical sites as well as support capacity development of service providers by training them on appropriate YF SRH services and information, including counselling services. The support will be based on local needs assessment and lessons and experiences from the current interventions in adolescent sexual and reproductive health (ASRH) services. Technical guidance will be offered to the Ministry of Health on youth friendly services (YFS) in general.

Strengthen Social and behaviour change communication

The Programme will support operationalization of the National Social and Behaviour Change Communications (NSBCC) strategy including the HIV prevention information package (toolkit). Particular attention will be given to training Implementing Partners to implement, coordinated and harmonized messages including support of messages which use positive cultural practices for HIV prevention. Based on needs assessment, support will be provided for community-based RH SBCC activities selectively organized at the community level with active participation of the community. Reproductive Health topics, including sexuality, reproductive rights, gender equality, male participation in Reproductive Health care, prevention of domestic violence and HIV/AIDS will be integrated into educational, recreational activities, and cultural events. The Programme will support the development of sexuality education for in- and out- of school (specifically targeting marginalized and most at risk

population). In addition, the Programme will give support to the implementation of SBCC activities through the mass media and support initiatives targeting men.

Advocacy for additional resources for HIV prevention

The Programme will continue to support the national response to HIV and AIDS through increased resource mobilisation and leveraging resources, particularly for integrated HIV and SRH information and services.

(B) POPULATION AND DEVELOPMENT

In this component, national planning and decision-making institutions formulate and implement policies and plans that reflect population and development linkages and are based on reliable and up-to-date data/information. This outcome is linked to PRSAP goals (a) to reduce poverty by more than 50 per cent by 2015 and to eradicate it by 2022; and (b) to create an environment that will empower the poor to participate in improving their living standards. The outcome also contributes to the goal of the Population Policy which aims to improve the quality of life by influencing the population trends as well as response to emerging challenges such as HIV/AIDS. The outcome is linked to UNFPA's Strategic Plan 2008 - 2013 Population and Development Outcome 1 which is: population dynamics and its inter-linkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policy, poverty reduction plan and expenditure frameworks; and outcome 3 which is: data on population dynamics, young people, sexual and reproductive health and HIV/AIDS available analysed and used at national and sub-national levels to develop and monitor policies and programme implementation. It is also linked to the UNDAF outcome 2: increased and equitable access of the poor to assets and other resources for sustainable livelihoods.

Output B-1:

Increased capacity of government and civil society institutions to generate, analyse, manage and utilize disaggregated data for development planning

The key issues in relation to data availability and use that this output will address include the following: inadequate capacity in terms of human resources skills, equipment and software; outdated data and information, irregular conducting of major surveys, inadequacies in data dissemination including packaging for different target audiences and; and lack of appreciation of usage of data for decision making.

The output will employ the following strategies; a) capacity building for Central Statistics Office to strengthen the National Statistical System for data generation, processing and dissemination b) Advocacy for institutional strengthening of Central Statistics Office and other partners for data use.

Major activities

Review of the National Statistics Act, policies and strategies

This will involve advocacy for finalization and enactment of the Statistics Act and support its implementation. In partnership with other partners the output activity will also contribute to the operationalisation of the National Statistics Strategy.

In-depth analysis and dissemination of major population data bases

The Focus will be on the Swaziland Population and Housing Census 2007; Swaziland Demographic Health Survey; Swaziland Household Income and Expenditure Survey and other surveys. The analysis will provide information on Population, Gender and Reproductive Health inter-linkages and will

produce information for national, regional and community levels. The data will be appropriately packaged, disaggregated by sex and age, for the different levels and target groups including the marginalized groups. The Programme will also support design and implementation of national surveys and studies; capacity development of the CSO and provide technical support in data analysis and dissemination.

Output B-2:

Strengthened capacity of government and civil society institutions to integrate population variables into development policies and plans

This output will address the following key issues in relation to integration of population variables into development: inadequate skills for planners and programmers in integration of population variables in plans; lack of planning guidelines for integration; lack of planning guidelines for community involvement including the marginalised groups; inadequate capacity of the National Population Unit for coordination, monitoring and evaluation; lack of accurate and timely data and research; lack of appreciation among decision makers on the need to integrate population issues; and weak partnerships to address population issues.

This output will employ the following strategies: (a) advocacy for more appreciation of the linkages between development and population dynamics, gender, and reproductive health, including HIV/AIDS; (b) strengthening partnerships on population issues; (c) formulating and reviewing policies, plans and frameworks, including review and revision of the current population policy; (d) capacity development for improving skills and programme coordination, monitoring and evaluation (e) research and building knowledge base for planning.

Major Activities

Advocate for integration of population variables and promote evidence based planning

This will involve engaging key policy and decision makers with the aim of increasing their appreciation for the need of integrating population variables in development and budgetary frameworks. The advocacy efforts should result in developing national planning guidelines which provide for integration of population variables and community participation in planning. The Programme will support finalization and implementation of the advocacy strategy for implementing International Conference on Population Development agenda. The Programme will also support capacity strengthening and provision of technical support for planners and programmers.

Develop and operationalise national planning guidelines that address among other things integration of population variables including marginalised groups and ensuring community participation

This will entail training and provision of technical support for planners and programmers. Systems to allow operationalisation of the developed guidelines need to be strengthened. Collaboration with other United Nations agencies, Government and non-state actors will be important in developing and operationalising the guidelines.

Review and implement the national population policy

The 2003 national population policy has been operational for seven years and now needs to be reviewed. This process will involve evaluating the current policy and undertaking all the appropriate steps necessary to review the policy. Focus will also be put on establishment of requisite structures as stipulated in the policy. Other partners will also be mobilized for complete implementation of the policy.

Strengthen the coordination, monitoring and evaluation of the national Country Programme

The Programme will provide support for strengthening the capacity of NPU for effective coordination and partnerships including provision of technical support to improve the structure and status of National Population Unit; establish a functional Monitoring and Evaluation data base for population programmes

Develop and implement research agenda and establish a knowledge sharing platform

Stakeholders will be mobilised to identify key research areas on Population, Gender, Reproductive Health and their inter-linkages with poverty and other development attributes. Resources will be mobilised to implement the research agenda on population and development. Mechanisms will be put in place to enable easy access of the research products. These will include website, resource centre, and use of public and institutional libraries. Media will be mobilised to access the information for wider dissemination.

(C) GENDER EQUALITY

In this component the Government, civil society and community leaders enhance gender equality and equity and promote the rights and empowerment of women and girls. This component contributes to UNDAF pillar IV on governance and links with the National development policy frameworks of the PRASP, the Gender Policy, SADC Protocol on gender and CEDAW. The component also links to the UNFPA global strategic plan 2008-2013 on the 3rd goal on advancing gender equality and empowering women and adolescent girls to exercise their human rights, particularly their reproductive rights and to live free of discrimination and violence. Some of the outputs in the component will be delivered within the activities of the UN Joint Programme on Gender Equality. This component has two outputs:

Output C-1:

Strengthened capacity of government and civil society institutions to review, formulate and implement laws, policies and plans that address gender equity and equality

The issues to be addressed under this output include: inadequate legal framework for promoting gender equality; weak coordination mechanisms for gender interventions; weak monitoring, reporting and evaluation that is responsive to gender outcomes; and inadequate gender statistics and research.

The strategies that will be used to achieve this output will be: (a) advocacy for the review of legislations related to gender equality; (b) strengthening capacity to develop and implement gender and HIV policies, strategies and plans; (c) building partnerships with media to promote gender issues; (d) developing skills on gender mainstreaming; (e) strengthening gender coordination and evaluation mechanisms; and (f) strengthening gender-related statistical and research analysis as part of the P&D output 1 interventions.

Major activities

Support and build mechanisms for advocacy for the acceleration of law and policy reform

The activities in this area include Support implementation of the national gender policy. The National machinery will be supported to meet governments reporting obligations in line with its commitments to national, regional and international human rights instruments. The Programme will also build capacity of key actors, including the media, for policy analysis to achieve gender equality and promote reproductive rights. The approach seeks to ensure that women's as well as men's concerns and

experiences are integral to the design, implementation, monitoring and evaluation of all legislation, policies and programmes, so that women and men benefit from development interventions equally.

Strengthen capacity for gender responsive programming

The activities to be supported in this area will include the coordination of capacity building for gender programming, guided by a gender mainstreaming approach. The Programme will support capacity development for gender analysis and gender responsive budgeting in different sectors. Support will be given for the development of appropriate sector specific indicators, toolkits and checklists along with requisite training. Further support includes commissioning gender related research that identifies gender equality gaps and guides programming to address gender gaps.

Output C-2:

Increased capacity of the Government, civil society and communities to prevent and address gender-based violence

The issues to be addressed by interventions under this output include: weak mechanisms for GBV coordination; inadequate community mobilisation for GBV prevention and response; and weak justice systems for GBV response.

The major strategies that will be employed in the implementation of the output 2 will be a) strengthening capacity of the Government, civil society and communities to develop and implement plans and strategies ; b) strengthening systems to prevent gender-based violence; and c) sharing information on GBV and carrying out advocacy activities on SGBV

Major Activities

Strengthening the capacity of Government, Civil Society, and Communities for prevention of and response to GBV

The Programme will support mapping out and co-ordination of all institutions and organisations involved in GBV prevention and response. It will also support capacity development of community and traditional leaders to enable them to create awareness on women's rights for women's empowerment and gender equality, including GBV and trafficking and in humanitarian situations. This activity will also support the dissemination of information on GBV using media and other structures.

Strengthen systems to combat GBV & strengthen service delivery

Capacity of institutions that deal with GBV issues will be strengthened. This include improving the capacity of the justice system to deal with GBV cases, support for civil society to increase access to legal support, medical care and support and counselling services. The activity will also focus on advocacy and policy dialogue for enactment of appropriate GBV legislations. Interventions for community mobilisation targeting male involvement as partners in advocacy against gender-based violence will also be supported.

Research, information dissemination and advocacy on GBV

A key strategy for the achievement of Output 2 will be to focus on supporting research on GBV to inform government, civil society and community responses to GBV. Also key will be the support for training, advocacy and awareness raising on issues of GBV.

PART V: PARTNERSHIP STRATEGY

The United Nations Country Team in Swaziland, while respecting agency mandates and comparative advantages, is committed to joint programming in order to foster harmonisation and coordination between all agencies in support of the Government of the Kingdom of Swaziland in an effort to realize the goals and aspiration of the National Development Strategy-the PRSAP and the population policy using the UNDAF 2011-2015. The UNDAF is the vehicle for strategic partnership and resource planning which will drive the programmes of support to realize its development goals.

Successful programme implementation will depend on the coordinated action of the Ministries of Economic Planning and Development, Health, Sports, Culture and Youth Affairs, Education and Training, Justice and Constitutional Affairs, Tinkhundla and Administration, Tourism and Environmental Affairs, Natural Resources and Energy, Information and Communication Technology, and Home Affairs, as well as Deputy Prime Minister's Office,. Other important national partners include the uniformed services, the University of Swaziland, National Emergency Response Council to HIV and AIDS (NERCHA), Coordinating Assembly of NGOs (CANGO), traditional and cultural institutions, Parliament through the Sessional and Portfolio committees and caucuses, and National Disaster Management Agency (NDMA). Other key partners will include the private sector and Civil Society Organizations such as the national and international Non Governmental Organizations, Community Based Organizations, Faith Based Organizations, the media, Research Institutions, and Professional Associations.

UNFPA will work closely with the Ministry of Economic Planning and Developmental and the Ministry of Finance to strengthen the partnerships between the implementing agencies as well as better coordination with the Government and Donors. Furthermore, the Ministry of Finance will ensure funding for P&D, Gender and Health as well as guidelines development. At the regional and sub regional level, UNFPA cooperation will be coordinated through the decentralized government structures, among them the Regional Development Teams, the Regional Health Management Teams and Tinkhundla coordinating mechanisms and committees facilitated by the Ministry of Tinkhundla and Administration.

The Ministry of Economic planning and Development will coordinate the entire Country Programme and- through National Population Unit (NPU) in collaboration with the M&E unit and other sections of the same Ministry- undertake a broad range of activities including advocacy for integration of population issues in planning and support research and capacity building, and data analysis and dissemination. UNFPA will work closely with other development partners to support the Central Statistics Office (CSO) to strengthen its capacity to coordinate data including quality control, collect, analyze, package, store/bank data and disseminate it. The CSO will also collaborate with the Gender and Family Issues Unit and the Ministry of health HMIS Unit to ensure population, health and gender disaggregated data is made available for planning.

UNFPA will support the Ministry of Health through the Sexual and Reproductive Health Unit to coordinate and implement the Programme at national level and sub national levels; provide policy direction and high level advocacy. The Unit collaborates with other health units such as the Health Education Unit for effective materials development, Health Information Management System Unit for collection analyzing and disseminating health data, the RHMT for training of service providers. The Ministry of Health will also be supported in collaboration with the National Disaster Management Agency (NDMA) to integrate humanitarian response in Programme.

UNFPA will, together with other partners, participate in SWAp and other sector reforms. Working with other UN agencies (UNICEF, WHO), the World Bank, Development Partners for health and other NGOs (EGPAF, MSI), UNFPA will support health systems strengthening and SRH unit capacity development through joint programmes. UNFPA will also work with Civil Society Organization that will implement the Programme and engage in advocacy for resource mobilization and with the media for advocacy and policy dialogue. UNFPA will, together with other UN and national partners, develop, implement, monitor and evaluate three joint programmes on data, gender equality and HIV and AIDS in line with the UN joint programming guidelines.

The Ministry of Sports, Culture and Youth Affairs will coordinate with other institutions (Ministry of Health and NERCHA) interventions targeting adolescents and youth. The Programme will also work with cultural institutions, NGOs, CBOs, community youth groups and networks to implement the national youth policy action plan, develop the Adolescent reproductive health strategy and action plan, popularize the youth charter and SBCC interventions for HIV prevention in line with the UNFPA's mandate.

UNFPA will work with the Gender and Family Issues Unit in Deputy Prime Minister's Office that will set policy direction, coordinate, monitor, evaluate, and develop the capacity in the area of gender equality. Ministry of Justice and constitutional affairs, Parliament - will enact the laws and advocate for gender equality. Will also disseminate and used gender disaggregated and analyzed data for planning and policy formulation.

Working with NERCHA, UNFPA will provide support to the implementation of the National HIV/AIDS Strategic Framework in the areas of HIV/AIDS prevention, promoting Social Behavior Change Communication and other means of HIV prevention including PMTCT. UNFPA will be actively involved in HIV/AIDS joint programming as a co-sponsor of UNAIDS.

Non Governmental Organisations, Faith Based Organizations, CBOs and cultural institutions will be key partners in increased availability of gender and culturally sensitive SBCC and IEC for sexual and reproductive health, including HIV prevention. They will complement Ministry of Health and Gender and Family Issues Unit in providing services through their information and service delivery networks. They will also collaborate with partners in the advocacy processes to address negative cultural practices that promote GBV. Civil Society Organisations, including CANGO - will engage in advocacy and lobbying to influence public opinion. The media will engage in advocacy and lobbying to influence and policy and public opinion as well as in monitoring and implementation of the Programme. UNFPA will also strive to support MARPs (particularly youth out of school, most- at -risk population and, PLWHIV and uniformed services) to engage in advocacy for their recognition in development and participation in guidelines and policy development.

UNFPA will also support collaborative activities with the Ministry of Tinkhundla and Administration who will provide the link between the national, regional and community levels and traditional structures. The Ministry of Education and Training will be engaged in reviewing the education policy and the curriculum to support gender equality. The Ministries of Tourism and Environmental Affairs and Natural Resources and Energy will be engaged to integrate environment data needs in population data.

PART VI PROGRAMME MANAGEMENT

Execution/Implementation arrangements

The Ministry of Economic Planning and Development will oversee the national execution of the Programme as Government Coordinating Authority for external aid, as well as overall coordinator of this CPAP implementation. The Ministry of Economic Planning and Development will further coordinate the implementation of the Programme in collaboration with the Ministry of Health and the Deputy Prime Minister's Office, which will act as Programme Component Managers of Population and Development, Reproductive Health and Gender Equality components respectively. Other possible key players and Implementing Partners will be the Ministry of Sports, Culture and Youth Affairs, Ministry of Education, Non-Governmental Organizations, Faith-Based Organizations, Community-Based Organizations, and Para-statals. The activities will be carried out at the national level and in the selected geographical regions.

Coordination

The successful implementation of the 5th Country Programme will depend on the coordinated action of the Government, UN agencies, development partners and CSOs as key partners. The Ministry of Economic Planning and Development will coordinate all programmes, supported by the UN System to the Government of Swaziland through the Aid Coordination and Management Section.

At the operational level, the entire UNFPA supported Programme will be coordinated by the Ministry of Economic Planning and Development. The Ministry of Health, through the Sexual and Reproductive Health Unit, will coordinate the Reproductive Health and Rights component. The Ministry of Economic Planning and Development, through the National Population Unit, will coordinate the Population and Development component. The Deputy Prime Minister's Office, through the Gender and Family Issues Unit, will coordinate the Gender Equality component. The managers of each Programme component, as identified by each government institution, will ensure consistency of the programmatic approach among all the implementing partners under the component. The managers will be responsible for reviewing of their respective component Annual Work Plans, producing annual Programme component Standard Progress reports and convening quarterly and annual review meetings, which will in turn feed into the annual UNDAF review meetings.

Human Resources

To ensure effective implementation of the Programme and based on the approved country office typology, the UNFPA Country Office in Swaziland will consist of a Representative, one Assistant Representative, one Operations Manager, four National Programme Officers, and a number of support staff. Technical assistance will be provided, as required, by UNFPA regional and sub-regional offices through national, regional and international modalities.

National Professional Project Personnel, Junior Professional Officers, and United Nations Volunteers will also be employed as necessary. Technical assistance will be provided to the national institutions to support programme coordination and implementation as necessary. The country office will liaise with other country offices and national institutions for technical support through south to south cooperation.

UNFPA Swaziland Country Office will take steps to ensure required security and safety of staff and the organization's property is provided during the implementation of the 5th Country Programme. In this regard, UNFPA will implement all requirements of MOSS and MORSS.

Resource Mobilization

The proposed indicative assistance from UNFPA amounting to US \$ 5.0 million will be obtained from regular resources and US\$ 4.1 million through co-financing modalities and/or other resources. UNFPA will develop a Resource Mobilization Strategy for the 5th Country Programme and implement it to assist government in lobbying for additional resources for the implementation of the Country Programme and as part of this lobbying the Country Programme Document and this document will be widely circulated among potential donors and the private sector. Through this Country Programme, implementers will be expected to lobby for an increase in budgetary allocation for population and development, SRHR and gender equality programmes. In the area of HIV/AIDS, efforts will be made to source funding to support the related programme component at various levels. At regional and community levels, the implementing partners will involve the communities in the design, planning, implementation, monitoring and evaluation of the Programme. The community contributions will be in form of personnel time, in-kind, cash or cost sharing, which will enhance programme sustainability and ownership.

Cash Transfer Modalities

All cash transfers to an Implementing Partner are based on the Annual Work Plans and Letters of Understanding agreed between the Implementing Partner and UNFPA. Cash transfers for activities detailed in AWP can be made by UNFPA using the following modalities: (i) Cash transferred directly to the Implementing Partner and in the case of Government Implementing partners, cash transferred to Central Bank for forwarding to the designated Implementing Partner prior to the start of activities (direct cash transfer), or after activities have been completed (reimbursement); (ii) Direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; and (iii) Direct payments to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners. Where cash transfers are made to the Central Bank, it shall transfer such cash promptly to the Implementing Partner.

Direct cash transfers shall be requested and released for programme implementation periods not exceeding three months. Reimbursements of previously authorized expenditures shall be requested and released quarterly or after the completion of activities. UNFPA shall not be obligated to reimburse expenditure made by the Implementing Partner over and above the authorized amounts.

Following the completion of any activity, any balance of funds shall be reprogrammed by mutual agreement between the Implementing Partner and UNFPA, or refunded.

Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may depend on the findings of a review of the public financial management capacity in the case of a Government Implementing Partner, and of an assessment of the financial management capacity of the non-UN Implementing Partner. A qualified consultant, such as a public accounting firm, selected by UNFPA may conduct such an assessment, in which the Implementing Partner shall participate. Cash transfer modalities, the size of disbursements, and the scope and frequency of assurance activities may be revised in the course of programme implementation based on the findings of programme monitoring, expenditure monitoring and reporting, and audits.

In case of direct cash transfer or reimbursement, UNFPA shall notify the Implementing Partner of the amount approved by UNFPA and shall disburse funds to the Implementing Partner in quarterly instalments. In case of direct payment to vendors or third parties for obligations incurred by the Implementing Partners on the basis of requests signed by the designated official of the Implementing Partner; or to vendors or third parties for obligations incurred by UNFPA in support of activities agreed with Implementing Partners, UNFPA shall proceed with the payment within one week of the receipt of invoice or the document evidencing the request for payment.

UNFPA shall not have any direct liability under the contractual arrangements concluded between the Implementing Partner and a third party vendor. Where more than one UN agency provides cash to the same Implementing Partner, programme monitoring, financial monitoring and auditing will be undertaken jointly or coordinated with those UN agencies.

PART VII: MONITORING AND EVALUATION

The Programme will emphasize decentralized implementation and joint monitoring and evaluation by the Government, UNFPA, Implementing Partners and other development partners. Programme management will be based on the principles of results-based management and will be guided by UNFPA procedures and guidelines.

The Programme will support the following mandatory monitoring and evaluation activities: preparation of a Country Programme Action Plan, Monitoring and Evaluation Framework as integral part of this document; establishment of baseline and end-line indicator data; undertaking of regularly scheduled field visits to monitor programme implementation; utilization of Annual Work Plan Monitoring Tools for each work plan developed; preparation and submission of Standard Progress Reports (SPRs) for each Programme component (by Component Managers); conducting annual UNDAF Reviews to assess results, learn from experiences in implementation, and plan for the following year's programme activities; preparation of Country Office Annual Reports; evaluation of pilot projects; thematic evaluations and end of Country Programme evaluation. The roles of key stakeholders in programme monitoring and evaluation will be in line with the UNFPA Policies and Procedures in Country Programme Monitoring and Evaluation.

Implementing partners agree to cooperate with UNFPA for monitoring all activities supported by cash transfers and will facilitate access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA. To that effect, implementing partners agree to the following: (i) Periodic on-site reviews and spot checks of their financial records by UNFPA or its representatives, (ii) Programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring, and (iii) Special or scheduled audits. UNFPA, in consultation with the Ministry of Finance, will establish an annual audit plan, giving priority to audits of Implementing Partners with large amounts of cash assistance provided by UNFPA, and those whose financial management capacity needs strengthening.

To facilitate assurance activities, Implementing Partners and the UNFPA may agree to use a programme monitoring and financial control tool allowing data sharing and analysis. The Swaziland Auditor General's Office may undertake the audits of government Implementing Partners. If the Auditor General's Office chooses not to undertake the audits of specific Implementing Partners to the frequency and scope required by UNFPA, UNFPA will commission the audits to be undertaken by private sector audit services based on prior authorization by and consultation with Auditor general.

Assessments and audits of non-government Implementing Partners will be conducted in accordance with the policies and procedures of UNFPA.

PART VIII: COMMITMENTS OF UNFPA

The CPD requests the UNFPA Executive Board a total commitment not exceeding the equivalent of \$9.1 million that includes \$5.0 million from regular resources and \$4.1 million through co-financing modalities, subject to the availability of funds. UNFPA will also seek additional funding from other sources, subject to donor interest in the proposed interventions of this CPAP. This support from regular and other resources shall be exclusive of funding received in response to emergency appeals.

UNFPA support for the development and implementation of interventions within this Country Programme Action Plan will be in line with four key programme strategies: building and using a knowledge base for informed decision making; advocacy and policy dialogue for increased resources and conducive implementation environment; promoting, strengthening and coordinating partnerships for effective implementation; and developing systems of counterpart institutions for improving performance.

Support will be provided to national counterparts, including civil society organizations, as agreed within the framework of the individual Annual Work Plans (AWPs). The disbursement of funds by UNFPA to the implementing partner will be subject to satisfactory implementation of planned annual activities as per AWPs, in accordance with UNFPA guidelines and financial procedures. Specific details on the allocation and annual phasing of UNFPA assistance will be reviewed and further detailed through the preparation of the AWPs.

During the review meetings, respective implementing partners will examine with the component coordinating institutions and UNFPA the rate of implementation for each Programme component. Subject to the review meetings conclusions, if the rate of implementation in any Programme component is substantially below the annual estimates, funds may be re-allocated by mutual consent between the Government and UNFPA to other programmatically equally worthwhile strategies that will yield results.

UNFPA maintains the right to request the return of any cash, equipment or supplies furnished by it, which are not used for the purpose specified in the AWPs. UNFPA will keep the Government informed about the UNFPA Executive Board policies and any changes occurring during the Programme period.

PART IX: COMMITMENTS OF THE GOVERNMENT

The Government of the Kingdom of Swaziland will honour its commitments in accordance with the provisions of Resolution 2211 (XXI) of 17 December 1966, 34/104 of 14 December 1979 and 50/438 of 20 December 1995 of the General Assembly of the United Nations, which, *mutatis mutandi*, also holds true for UNFPA. In line with this Resolution, the Government will accord to the UNFPA and its officials, and to other persons performing services on behalf of the UNFPA, such facilities and services as are accorded to officials and consultants of the various funds, programmes and specialized agencies of the United Nations. The Government shall apply the provisions of the Convention on the Privileges and Immunities of the United Nations agencies to the UNFPA's property, funds, and assets and to its

officials and consultants. UNFPA shall be exempted from Value Added Tax or any other forms of taxation in respect of procurement of supplies and services in support of this CPAP. In addition, the Government will commit counterpart funding to the Programme, and will also be committed to support UNFPA in its efforts to raise funds required to meet the additional financial needs for the country programme implementation.

The Implementing Partners will use the standard Fund Authorization and Certificate of Expenditures (FACE) to request the release of funds, or to secure the agreement that UNFPA will reimburse or directly pay for planned expenditure, and they will use it to report on the utilization of cash received. The Implementing Partner shall identify the designated official(s) authorized to provide the account details, request and certify the use of cash. The FACE will be certified by the designated official(s) of the Implementing Partner.

Cash received by the Government and national NGO Implementing Partners shall be used in accordance with established national regulations, policies and procedures consistent with international standards, in particular ensuring that cash is expended for only those activities agreed in the AWP, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within three months after receipt of the funds. Where any of the national regulations, policies and procedures are not consistent with international standards, the UNFPA regulations, policies and procedures will apply.

In the case of International Non-Governmental Organizations (INGO) Implementing Partners, cash received shall be used in accordance with international standards in particular ensuring that cash is expended for activities as agreed in the AWP, and ensuring that reports on the full utilization of all received cash are submitted to UNFPA within six months after receipt of the funds.

To facilitate scheduled and special audits each Implementing Partner receiving cash from UNFPA will provide UNFPA or its representative with timely access to: all financial records which establish the transactional record of the cash transfers provided by UNFPA and all relevant documentation and personnel associated with the functioning of the Implementing Partner's internal control structure through which the cash transfers have passed.

The findings of each audit will be reported to the Implementing Partner and UNFPA. Each Implementing Partner will, furthermore, receive and review the audit report issued by the auditors; provide a timely statement of the acceptance or rejection of any audit recommendation to UNFPA; undertake timely actions to address the accepted audit recommendations; and report on the actions taken to implement accepted recommendations to UNFPA.

PART X: OTHER PROVISIONS

This Country Programme Action Plan (CPAP) supersedes any previous signed Country Programme between the Government of Swaziland and the United Nations Population Fund (UNFPA). It covers programme assistance from the period 1 January 2011 to 31 December 2015.

The Country Programme Action Plan may be modified by mutual consent of both the Government of Swaziland and UNFPA based on the recommendations of the annual review meetings, evaluations and assessments and any other compelling circumstances.

Nothing in this CPAP shall in any way be construed to waive the protection of UNFPA accorded by the contents and substance of the United Nations Convention on Privileges and Immunities to which the Government of Swaziland is a signatory.

IN WITNESS THEREOF the undersigned, being duly authorized, have signed this Country Programme Action Plan on this....., in Mbabane, Swaziland.

<p>For the Government of Swaziland</p> <p>_____</p> <p>Minister of Economic Planning and Development, Swaziland</p> <p>_____</p> <p>Date</p>	<p>For the United Nations Population Fund, Swaziland</p> <p>_____</p> <p>UNFPA Representative Swaziland</p> <p>_____</p> <p>Date</p>
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ANNEX 1: CPAP RESULTS AND RESOURCES FRAMEWORK

The following table depicts the indicative results and resources framework for the 5th Country Program. It should be, however, developed further and completed within the first six months of initiating the Program, to ensure specific baseline and target for each indicator, as per annexes 1 and 2.

Some of the indicators in this framework have been modified compared to the original Country Program Document that was approved by UNFPA Executive Board. This was done to ensure the results hierarchy properly reflect the flow of outcomes, outputs and activities that are further elaborated and specified in this document.

UNDAF Outcome: To contribute to reducing new HIV infections and improving the quality of life of persons infected with and affected by HIV; and (b) increased access to and utilization of high-quality basic social services, especially for women, children and disadvantaged groups								
Country Programme component	Country Programme Output	Output Indicators	Implementing Partners	Indicative Resources by output (per annum, US\$)				
				2011	2012	2013	2014	2015
CP Outcome 1: National health systems deliver high-quality, integrated reproductive health information and services for women, men and young people Indicator: % health facilities and civil society institutions that deliver integrated HIV and reproductive health information and services for women, men and young people	Output 1: Increased capacity of national institutions to deliver high-quality integrated sexual and reproductive health services, including HIV prevention, family planning and maternal health services	1) % Health facilities with trained HR in delivering an integrated SRH, HIV prevention, FP and maternal services package 2) % health facilities with adequate and uninterrupted supply of equipment, commodities, materials and supplies that support implementation integrated SRH, HIV prevention, FP and maternal services	Regular Resources					
			0.24	0.24	0.24	0.24	0.24	1.2
	Other Resources							
	0.2	0.2	0.2	0.2	0.2	1.0		
	Output 2: Increased capacity of government and civil society institutions to deliver services and social and behaviour change communication interventions for HIV prevention	1) % health centers in Shiselweni with trained HR on delivering services and SBCC intervention for integrated HIV and RH information and services 2) % schools, youth centres and communities in Shiselweni with adequate and uninterrupted supply of IEC/BSCC materials	Regular Resources					
			0.2	0.2	0.2	0.2	0.2	1.0
	Other Resources							
	0.16	0.16	0.16	0.16	0.16	0.8		
UNDAF Outcome: Increased and equitable access of the poor to assets and other resources for sustainable livelihoods								
CP Outcome: National planning and decision-making institutions formulate policies and plans that reflect population and development linkages Indicators: 1) % data sets disaggregated by age and sex derived from the census and other national surveys are analysed and used for decision-making at all levels 2) % of new/ revised policies	Output 1: Increased capacity of government and civil society institutions to generate, analyse, manage and utilize disaggregated data for development planning	1) % government ministries Civil society institutions with skilled human resource, equipment and software for generating, analyzing, managing and utilizing disaggregated data for development 2) % data sources with up-to-date data and information (SDHS, Census; BSS, DHS, SHIES) 3) % increase in survey and research reports that are packaged for different audiences and made available for information	Regular Resources					
			0.12	0.12	0.12	0.12	0.12	0.6
	Other Resources							
	0.2	0.2	0.2	0.2	0.2	1.0		
	Output 2: Strengthened capacity of government and civil society institutions to integrate population	1) % government ministries and civil society institutions with trained planning and programmers in integration of population variables into policies and plans namely	Regular Resources					
			0.08	0.08	0.08	0.08	0.08	0.4
	Other Resources							

and plans that reflect population and development variables	variables into development policies and plans	National Development Strategy; National development Plan; National Population policy; SRH Strategic plan; National Health policy; Gender policy; Youth policy and Education policy 2) % government and civil society institutions (NPU, CSO, SRHU, Gender unit, academia; SUSA and selected civil society implementing partners) with an essential basic management and coordination capacity package		0.16	0.16	0.16	0.16	0.16	0.8
UNDAF Outcome: Strengthened national capacities for the promotion and protection of rights									
CP Outcome: Outcome: Government, civil society and community leaders enhance gender equality and promote the rights of women and girls Indicators: 1) % new and revised/amended policies and legislation that reflect characteristics which enhance gender equality and promote the rights of girls and women 2) % GBV survivors receiving an essential basic care and package	Output 1: Strengthened capacity of government and civil society institutions to formulate laws, policies and plans that address gender equity and equality	% government and civil society institutions with trained planners and programmers in reviewing, formulating and implementing laws that address gender equity and equality		Regular Resources					
				0.08	0.08	0.08	0.08	0.08	0.4
	Other Resources								
	0.06	0.06	0.06	0.06	0.06	0.3			
	Output 2: Increased capacity of the Government, civil society and communities to prevent and address gender-based violence	1) % government, civil society institutions and communities with trained human resource on how to prevent and address gender based violence 2) % civil society and community programs and or projects that reflect characteristics which enhance gender equality and promote the rights of girls and women		Regular Resources					
				0.12	0.12	0.12	0.12	0.12	0.6
Other Resources									
0.04				0.04	0.04	0.04	0.04	0.2	
Programme Coordination Assistance			Regular Resources						
			0.16	0.16	0.16	0.16	0.16	0.80	
TOTAL			1.82	1.82	1.82	1.82	1.82	9.1	

ANNEX II: GoS/UNFPA CPAP PLANNING AND TRACKING TOOL

OUTCOME, OUTPUT AND ACTIVITY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	RESPONSIBLE	BASELINE	2011 TARGET	2012 TARGET	2013 TARGET	2014 TARGET	2015 TARGET
REPRODUCTIVE HEALTH AND RIGHTS									
UNDAF Outcome: To contribute to reducing new HIV infections and improving the quality of life of persons infected with and affected by HIV; and (b) increased access to and utilization of high-quality basic social services, especially for women, children and disadvantaged groups									
CP Outcome 1: National health systems deliver high-quality, integrated reproductive health information and services for women, men and young people	% health facilities and civil society institutions that deliver integrated HIV and reproductive health information and services for women, men and young people	Survey report	MOH	TBD					
Output 1: Increased capacity of national institutions to deliver high-quality, integrated sexual and reproductive health services, including HIV prevention services, family planning and maternal health services	1) % Health facilities with trained HR in delivering an integrated SRH, HIV prevention, FP and maternal services package	Service report	MOH	TBD					
	2) % health facilities with adequate and uninterrupted supply of equipment, commodities, materials and supplies that support implementation integrated SRH, HIV prevention, FP and maternal services	Service report	MOH	TBD					
Output 2: Increased capacity of government and civil society institutions to deliver services and social and behaviour change communication interventions for HIV prevention	1) % health centers in Shiselweni with trained HR on delivering services and SBCC intervention for integrated HIV and RH information and services	Routine M&E Reports	MOH	TBD					
	2) % schools, youth centers and communities in Shiselweni with adequate and uninterrupted supply of IEC/SBCC materials	Routine M&E Reports	MOH	TBD					
POPULATION AND DEVELOPMENT									
UNDAF Outcome: Increased and equitable access of the poor to assets and other resources for sustainable livelihoods									
CP Outcome 2: National planning and decision-making institutions formulate policies and plans that reflect population and development linkages	1) % data sets disaggregated by age and sex derived from the census and other national surveys are analysed and used for decision-making at all levels	Program Survey report	MEPD	TBD					
	2) % of new/ revised policies and plans that reflect population and development variables	Program Survey report		TBD					

OUTCOME, OUTPUT AND ACTIVITY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	RESPONSIBLE	BASELINE	2011 TARGET	2012 TARGET	2013 TARGET	2014 TARGET	2015 TARGET
Output 1: Increased capacity of government and civil society institutions to generate, analyse, manage and utilize disaggregated data for development planning	1) % government ministries Civil society institutions with skilled human resource, equipment and software for generating, analyzing, managing and utilizing disaggregated data for development	Assessment report	CSO	TBD					
	2)% data sources with up-to-date data and information (SDHS, Census; BSS, DHS, SHIES)	Assessment report	CSO	TBD					
	3) % increase in survey and research reports that are packaged for different audiences and made available for information	Assessment report	CSO						
Output 2: Strengthened capacity of government and civil society institutions to integrate population variables into development policies and plans	1) % government ministries and civil society institutions with trained planning and programmers in integration of population variables into policies and plans namely National Development Strategy; National development Plan; National Population policy; SRH Strategic plan; National Health policy; Gender policy; Youth policy and Education policy	Training reports	NPU	TBD					
	2) % government and civil society institutions (NPU, CSO, SRHU, Gender unit, academia; SUSA and selected civil society implementing partners) with an essential basic management and coordination capacity package	Program reports	NPU	TBD					
GENDER EQUALITY									
UNDAF Outcome: Strengthened national capacities for the promotion and protection of rights									
CP Outcome 3: Government, civil society and community leaders enhance gender equality and promote the rights of women and girls	1) % new and revised/amended policies and legislation that reflect characteristics which enhance gender equality and promote the rights of girls and women	Program Survey report	DPM's office (gender unit)	TBD					
	2) % GBV survivors receiving an essential basic care and package	Service routine M&E Reports	DPM's office (gender unit)	TBD					

OUTCOME, OUTPUT AND ACTIVITY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	RESPONSIBLE	BASELINE	2011 TARGET	2012 TARGET	2013 TARGET	2014 TARGET	2015 TARGET
<u>Output 1:</u> Strengthened capacity of government and civil society institutions to formulate laws, policies and plans that address gender equity and equality	% government and civil society institutions with trained planners and programmers in reviewing, formulating and implementing laws that address gender equity and equality	Training/assessment Reports	DPM's office (gender unit)	TBD					
<u>Output 2:</u> Increased capacity of the Government, civil society and communities to prevent and address gender-based violence	1) % government, civil society institutions and communities with trained human resource on how to prevent and address gender based violence	Training/assessment Reports	DPM's office (gender unit)	TBD					
	2) % civil society and community programs and or projects that reflect characteristics which enhance gender equality and promote the rights of girls and women	Program Survey report	DPM's office (gender unit)	TBD					

ANNEX III: GoS/UNFPA 5TH CP MONITORING AND EVALUATION CALENDAR

	Year 1 (2011)	Year 2 (2012)	Year 3 (2013)	Year 4 (2014)	Year 5 (2015)	
M&E ACTIVITIES	SURVEYS / STUDIES	<p><u>Activity:</u> Behavioral Surveillance Survey <u>Focus:</u> HIV & AIDS and SRH <u>Partners:</u> MOH <u>Time:</u> To be determined</p> <p>Activity: CPAP Baseline Survey Focus: Benchmarking the CPAP 2011-2015 Partners: NPU Time: January 2011 Activity: Multi indicator cluster survey (MICS) Focus: Benchmarking the CPAP- Reproductive health and gender equality Partners: UNICEF/CSO Time: January 2011</p>	<p><u>Activity:</u> Population and Housing Survey <u>Focus:</u> P&D ; RH and gender equality <u>Partners :</u> CSO <u>Time:</u> August 2012 Activity: Swaziland Demographic and Health Survey <u>Focus:</u> HIV and AIDS ; RH and gender equality <u>Partners :</u> MOH <u>Time:</u> August 2012 Activity: HIV Sentinel Surveillance Survey <u>Focus:</u> HIV and AIDS <u>Partners :</u> MOH <u>Time:</u> August 2012 <u>Focus:</u>(HIV and AIDS &) CP outcome indicator tracking <u>Partners</u> Central Statistics Office, MOH <u>Time:</u> To be determined</p>	<p><u>Activity:</u> Modes of transmission Survey (to be determined) <u>Focus:</u> HIV& AIDS <u>Partners</u> MOH, <u>Time:</u> To be determined</p>	<p>Activity: HIV Sentinel Surveillance Survey <u>Focus:</u> HIV and AIDS <u>Partners :</u> MOH <u>Time:</u> August 2014</p>	
	MONITORING SYSTEMS	<p><u>Activity:</u> Report progress of UNDAF Programme implementation and expenditures in UNJAWPMT <u>Focus:</u> Programme Performance <u>Partners:</u> GOS, IPs,U N <u>Time:</u> (Quarterly) To be determined <u>Activity:</u> Monitor progress in implementing activities & expenditures of each IP through AWPMTs and FMVs; report main activities in the SPR <u>Focus:</u> RH&R, PD, Gender Equality <u>Partners:</u> IPs & UNFPA CO <u>Time:</u> Quarterly) To be determined</p>	<p><u>Activity:</u> Report progress of UNDAF Programme implementation and expenditures in UNJAWPMT <u>Focus:</u> Programme Performance <u>Partners:</u> GOS, IPs,U N <u>Time:</u> (Quarterly) To be determined <u>Activity:</u> Monitor progress in implementing activities & expenditures of each IP through AWPMTs and FMVs; report main activities in the SPR <u>Focus:</u> RH&R, PD, Gender Equality <u>Partners:</u> IPs & UNFPA CO <u>Time:</u> (quarterly)To be determined</p>	<p><u>Activity:</u> Report progress of UNDAF Programme implementation and expenditures in UNJAWPMT <u>Focus:</u> Programme Performance <u>Partners:</u> GOS, IPs,U N <u>Time:</u> (Quarterly) To be determined <u>Activity:</u> Monitor progress in implementing activities & expenditures of each IP through AWPMTs and FMVs; report main activities in the SPR <u>Focus:</u> RH&R, PD, Gender Equality <u>Partners:</u> IPs & UNFPA CO <u>Time:</u> (quarterly) To be determined</p>	<p><u>Activity:</u> Report progress of UNDAF Programme implementation and expenditures in UNJAWPMT <u>Focus:</u> Programme Performance <u>Partners:</u> GOS, IPs,U N <u>Time:</u> (Quarterly) To be determined <u>Activity:</u> Monitor progress in implementing activities & expenditures of each IP through AWPMTs and FMVs; report main activities in the SPR <u>Focus:</u> RH&R, PD, Gender Equality <u>Partners:</u> IPs & UNFPA CO <u>Time:</u> (quarterly)To be determined</p>	<p><u>Activity:</u> Report progress of UNDAF Programme implementation and expenditures in UNJAWPMT <u>Focus:</u> Programme Performance <u>Partners:</u> GOS, IPs,U N <u>Time:</u> (Quarterly) To be determined <u>Activity:</u> Monitor progress in implementing activities & expenditures of each IP through AWPMTs and FMVs; report main activities in the SPR <u>Focus:</u> RH&R, PD, Gender Equality <u>Partners:</u> IPs, & UNFPA CO <u>Time:</u> To be determined</p>
	EVALUATIONS			<p><u>Activity:</u> UNDAF Evaluation <u>Focus:</u> Programme Performance <u>Partners:</u> UNS & GoS <u>Time:</u> To be determined</p> <p><u>Activity:</u> Joint evaluation missions <u>Focus:</u> MTR of the <u>Partners:</u> GoS and development partners <u>Time:</u> To be determined</p>	<p><u>Activity:</u> UNDAF Evaluation <u>Focus:</u> Programme Performance <u>Partners:</u> UNS & GoS <u>Time:</u> To be determined <u>Activity:</u> Final Evaluation of 5th CP <u>Focus:</u> Programme Performance <u>Partners:</u> GoS, IPs, UNFPA CO <u>Time:</u> To be determined</p>	

		Year 1 (2011)	Year 2 (2012)	Year 3 (2013)	Year 4 (2014)	Year 5 (2015)
	REVIEWS	<u>Activity:</u> Review of UNFPA CPAP Annual Work Plans <u>Focus:</u> progress in implementation of CP components <u>Partners:</u> GoS, IPs, UNFPA <u>Time:</u> To be determined	<u>Activity:</u> Review of UNFPA CPAP Annual Work Plans <u>Focus:</u> progress in implementation of CP components <u>Partners:</u> GoS, IPs, UNFPA <u>Time:</u> To be determined	<u>Activity:</u> Review of UNFPA CPAP Annual Work Plans <u>Focus:</u> progress in implementation of CP components <u>Partners:</u> GoS, IPs, UNFPA <u>Time:</u> To be determined	<u>Activity:</u> Review of UNFPA CPAP Annual Work Plans <u>Focus:</u> progress in implementation of CP components <u>Partners:</u> GoS, IPs, UNFPA <u>Time:</u> To be determined	<u>Activity:</u> Review of UNFPA CPAP Annual Work Plans <u>Focus:</u> progress in implementation of CP components <u>Partners:</u> GoS, IPs, UNFPA <u>Time:</u> To be determined
	SUPPORT ACTIVITIES	<u>Activity:</u> Joint Field Monitoring Visits <u>Focus:</u> Monitoring of Country Programme Performance <u>Partners:</u> GOS, IPs, UNFPA CO <u>Time:</u> To be determined (once a year)	<u>Activity:</u> Joint Field Monitoring Visits <u>Focus:</u> Monitoring of Country Programme Performance <u>Partners:</u> GOS, IPs, UNFPA CO <u>Time:</u> To be determined (2x a year)	<u>Activity:</u> Joint Field Monitoring Visits <u>Focus:</u> Monitoring of Country Programme Performance <u>Partners:</u> GOS, IPs, UNFPA CO <u>Time:</u> To be determined (2x a year)	<u>Activity:</u> Joint Field Monitoring Visits <u>Focus:</u> Monitoring of Country Programme Performance <u>Partners:</u> GOS, IPs, UNFPA CO <u>Time:</u> To be determined (2x a year)	<u>Activity:</u> Joint Field Monitoring Visits <u>Focus:</u> Monitoring of Country Programme Performance <u>Partners:</u> GOS, IPs, UNFPA CO <u>Time:</u> To be determined (once a year)
PLANNING REFERENCES¹	UNDAF FINAL EVALUATION MILESTONES	<u>Activity:</u> UNDAF Annual Review <u>Focus:</u> Monitor progress in achieving outcomes stated in the UNDAF Results Matrix <u>Partners:</u> GoS, UNCT <u>Time:</u> To be determined	<u>Activity:</u> UNDAF Annual Review <u>Focus:</u> Monitor progress in achieving outcomes stated in the UNDAF Results Matrix <u>Partners:</u> GoS, UNCT <u>Time:</u> To be determined	<u>Activity:</u> UNDAF Annual Review <u>Focus:</u> Monitor progress in achieving outcomes stated in the UNDAF Results Matrix <u>Partners:</u> GoS, UNCT <u>Time:</u> To be determined	<u>Activity:</u> UNDAF Annual Review <u>Focus:</u> Monitor progress in achieving outcomes stated in the UNDAF Results Matrix <u>Partners:</u> GoS, UNCT <u>Time:</u> To be determined	<u>Activity:</u> Final UNDAF Annual Review <u>Focus:</u> Monitor progress in achieving outcomes stated in the UNDAF Results Matrix <u>Partners:</u> GoS, UNCT <u>Time:</u> To be determined
	M&E CAPACITY-BUILDING	<u>Activity:</u> Capacity Building for M&E for IPs and UNFPA CO staff <u>Focus:</u> Results Based Management <u>Partners:</u> GoS, IPs, UNFPA CO & HQ <u>Time:</u> To be determined	<u>Activity:</u> Capacity Building for M&E for IPs and UNFPA CO staff <u>Focus:</u> Results Based Management <u>Partners:</u> GOS, IPs, UNFPA CO & HQ <u>Time:</u> To be determined	<u>Activity:</u> Capacity Building for M&E for IPs and UNFPA CO staff <u>Focus:</u> Results Based Management <u>Partners:</u> GOS, IPs, UNFPA CO & HQ <u>Time:</u> To be determined	<u>Activity:</u> Capacity Building for M&E for IPs and UNFPA CO staff <u>Focus:</u> Results Based Management <u>Partners:</u> GOS, IPs, UNFPA CO & HQ <u>Time:</u> To be determined	

¹ This section of the calendar includes a range of activities, events or milestones that UNFPA considers significant for its monitoring and evaluation activities.

	Year 1 (2011)	Year 2 (2012)	Year 3 (2013)	Year 4 (2014)	Year 5 (2015)
USE OF INFORMATION	<p><u>Activity:</u> Preparation of COAR <u>Focus:</u> Results based report by the CO <u>Partners:</u> UNFPA CO <u>Time:</u> Jan 2011 <u>Activity:</u> Updating of CPAP Planning & Tracking Tool and SPRs <u>Focus:</u> Results Based Management <u>Partners:</u> UNFPA CO, IPs <u>Time:</u> TBD <u>Activity:</u> Preparation of AWP <u>Focus:</u> Planning for programme implementation <u>Partners:</u> GoS <u>Time:</u> To be determined</p>	<p><u>Activity:</u> Preparation of COAR <u>Focus:</u> Results based report by the CO <u>Partners:</u> UNFPA CO <u>Time:</u> Jan 2012 <u>Activity:</u> Updating of CPAP Planning & Tracking Tool and SPRs <u>Focus:</u> Results Based Management <u>Partners:</u> UNFPA CO, IPs <u>Time:</u> To be determined <u>Activity:</u> Preparation of AWP <u>Focus:</u> Planning for programme implementation <u>Partners:</u> GoS <u>Time:</u> To be determined</p>	<p><u>Activity:</u> Preparation of COAR <u>Focus:</u> Results based report by the CO <u>Partners:</u> UNFPA CO <u>Time:</u> Jan 2013 <u>Activity:</u> Updating of CPAP Planning & Tracking Tool and SPRs <u>Focus:</u> Results Based Management <u>Partners:</u> UNFPA CO, IPs <u>Time:</u> To be determined <u>Activity:</u> Preparation of AWP <u>Focus:</u> Planning for programme implementation <u>Partners:</u> GoS <u>Time:</u> To be determined</p>	<p><u>Activity:</u> Preparation of COAR <u>Focus:</u> Results based report by the CO <u>Partners:</u> UNFPA CO <u>Time:</u> Jan 2014 <u>Activity:</u> Updating of CPAP Planning & Tracking Tool and SPRs <u>Focus:</u> Results Based Management <u>Partners:</u> UNFPA CO, IPs <u>Time:</u> To be determined <u>Activity:</u> Preparation of AWP <u>Focus:</u> Planning for programme implementation <u>Partners:</u> GoS <u>Time:</u> To be determined</p>	<p><u>Activity:</u> CPD Development (8th CP) <u>Focus:</u> Strategic Direction for the next 5 years <u>Partners:</u> GoS, IPs UNFPA HQ UNFPA CO <u>Time:</u> Jan 2015 <u>Activity:</u> CPAP Development <u>Focus:</u> Operationalization of CPD <u>Partners:</u> GoS, IPs UNFPA HQ UNFPA CO <u>Time:</u> To be determined <u>Activity:</u> Preparation of AWP <u>Focus:</u> Planning for programme implementation <u>Partners:</u> GoS <u>Time:</u> To be determined <u>Activity:</u> Preparation of COAR <u>Focus:</u> Results based report by the CO <u>Partners:</u> UNFPA CO <u>Time:</u> November-December <u>Activity:</u> Updating of CPAP Planning & Tracking Tool and SPRs <u>Focus:</u> Results Based Management <u>Partners:</u> UNFPA CO, IPs <u>Time:</u> November-December</p>

	Year 1 (2011)	Year 2 (2012)	Year 3 (2013)	Year 4 (2014)	Year 5 (2015)
PARTNER ACTIVITIES	<p><u>Activity:</u> Joint Health Sector Review <u>Focus:</u> Review of the health sector performance <u>Partners:</u> MOH-SRHU, MOH , UN H4 partners <u>Time:</u> To be determined</p> <p><u>Activity:</u> Joint Programme Review for HIV/AIDS <u>Focus:</u> Review of the HIV and AIDS Joint Programme <u>Partners:</u> NERCHA, MOH, UNAIDS co-sponsors <u>Time:</u> To be determined</p> <p><u>Activity:</u> Joint Programme Review for Gender equality <u>Focus:</u> Review of the gender equality programme <u>Partners:</u> DPM/GFAY, Sectors, consortium <u>Time:</u> To be determined</p>	<p><u>Activity:</u> Joint Health Sector Review <u>Focus:</u> Review of the health sector performance <u>Partners:</u> MOH (SRHU), MOH partners, UN H4 <u>Time:</u> To be determined</p> <p><u>Activity:</u> Joint Programme Review for HIV/AIDS <u>Focus:</u> Review of the HIV and AIDS Joint Programme <u>Partners:</u> NERCHA, MOH, UNAIDS co- sponsors <u>Time:</u> To be determined</p> <p><u>Activity:</u> Joint Programme Review for Gender equality <u>Focus:</u> Review of the gender equality programme <u>Partners:</u> DPM/GFAY, Sectors, consortium <u>Time:</u> To be determined</p>	<p><u>Activity:</u> Joint Health Sector Review <u>Focus:</u> Review of the health sector performance <u>Partners:</u> MOH-SRHU, MOH partners UN H4, <u>Time:</u> To be determined</p> <p><u>Activity:</u> Joint Programme Review for HIV/AIDS <u>Focus:</u> Review of the HIV and AIDS Joint Programme <u>Partners:</u> NERCHA, MOH, UNAIDS co-sponsors <u>Time:</u> To be determined</p> <p><u>Activity:</u> Joint Programme Review for Gender equality <u>Focus:</u> Review of the gender equality programme <u>Partners:</u> DPM/GFAY, Sectors, consortium <u>Time:</u> To be determined</p>	<p><u>Activity:</u> Joint Health Sector Review <u>Focus:</u> Review of the health sector performance <u>Partners:</u> MOHSRHU, MOH partners, UN H4 <u>Time:</u> To be determined</p> <p><u>Activity:</u> Joint Programme Review for HIV/AIDS <u>Focus:</u> Review of the HIV and AIDS Joint Programme <u>Partners:</u> NERCHA, MOH, UNAIDS co- sponsors <u>Time:</u> To be determined</p> <p><u>Activity:</u> Joint Programme Review for Gender equality <u>Focus:</u> Review of the gender equality programme <u>Partners:</u> DPM/GFAY, Sectors, consortium <u>Time:</u> To be determined</p>	<p><u>Activity:</u> Joint Health Sector Review <u>Focus:</u> Review of the health sector performance <u>Partners:</u> MOHSRHU, UN H4 MOH partners, <u>Time:</u> To be determined</p> <p><u>Activity:</u> Joint Programme Review for HIV/AIDS <u>Focus:</u> Review of the HIV and AIDS Joint Programme <u>Partners:</u> NERCHA, MOH, UNAIDS co- sponsors <u>Time:</u> To be determined</p> <p><u>Activity:</u> Joint Programme Review for Gender equality <u>Focus:</u> Review of the gender equality programme <u>Partners:</u> DPM/GFAY, Sectors, consortium <u>Time:</u> To be determined</p>
PARTNER ACTIVITIES	<p><u>Activity:</u> Public Expenditure Review <u>Focus:</u> Review of National Public Expenditure against allocation <u>Partners:</u> MoF, MEPD/M&E&NPU; Sectors partners <u>Time:</u> May</p> <p><u>Activity:</u> Public Expenditure Review <u>Focus:</u> Review of National Public Expenditure against allocation <u>Partners:</u> MoF, MEPD/M&E&NPU; Sectors partners <u>Time:</u> October</p>	<p><u>Activity:</u> Public Expenditure Review <u>Focus:</u> Review of National Public Expenditure against allocation <u>Partners:</u> MoF, MEPD/M&E&NPU; Sectors partners <u>Time:</u> May</p> <p><u>Activity:</u> Public Expenditure Review <u>Focus:</u> Review of National Public Expenditure against allocation <u>Partners:</u> MoF, MEPD/M&E&NPU; Sectors partners <u>Time:</u> October</p>	<p><u>Activity:</u> Public Expenditure Review <u>Focus:</u> Review of National Public Expenditure against allocation <u>Partners:</u> MoF, MEPD/M&E&NPU; Sectors partners <u>Time:</u> October</p> <p><u>Activity:</u> Review ICPD @20 <u>Focus:</u> ICPD progress monitoring and evaluation <u>Partners:</u> MEPD/NPU;, sectoral Stakeholders , UN, private sector <u>Time:</u> To be determined</p>	<p><u>Activity:</u> Public Expenditure Review <u>Focus:</u> Review of National Public Expenditure against allocation <u>Partners:</u> MoF, MEPD/M&E&NPU; Sectors partners <u>Time:</u> October</p> <p><u>Activity:</u> MDG progress report <u>Focus:</u> MDG progress review <u>Partners:</u> MEPD/NPU;, sectoral Stakeholders , UN, private sector <u>Time:</u> To be determined</p>	<p><u>Activity:</u> Public Expenditure Review <u>Focus:</u> Review of National Public Expenditure against allocation <u>Partners:</u> MoF, MEPD/M&E&NPU; Sectors partners <u>Time:</u> October</p>

ANNEX IV. GEOGRAPHICAL COVERAGE AND POSSIBLE IMPLEMENTING PARTNERS

Geographical focus

During the process of formulation of the 5th CPAP 2011-2015, discussions around the need to implement the programme in a limited geographical coverage as opposed to national coverage were held. It was concluded that the programme be implemented in selected regions given the limited resources available for the programme and the need to achieve programme results. Using a simple methodology and a consultative process that took into consideration the need for equitable service provision and attainment of selected regional indicators within the UNFPA's mandate and in relation to the National average, the programme geographical focus was guided. An analysis of the status of selected indicators disaggregated by region showed that the region which is facing a number of challenges is the Shiselweni region. As such the programme geographical will target the Shiselweni region for some activities. However, In view of the nature of the national or thematic focus of the Country Programme, some other activities will have a national focus or will be implemented in other geographical areas. The following table indicate the provisional implementation levels of various activities in this CPAP and is subject to annual review.

Programme area	Main Activities	Geographical focus
Reproductive Health and Rights	Strengthen midwifery	National
	Strengthen emergency obstetric and neonatal care	Shiselweni
	Strengthen Reproductive Health Commodity Security (RHCS) and addressing the unmet need for Family Planning	National Shiselweni (service delivery points)
	Improve Health Information Management System (HMIS) with a focus on Maternal Death Reviews	National
	Develop capacity for integration of HIV/AIDS and SRH particularly PMTCT-prongs 1 & 2	National (strategies and frameworks) Shiselweni and Manzini (service delivery points)
	Improve access of young people to comprehensive and integrated sexual and reproductive health and HIV prevention services	National (strategies and frameworks) Shiselweni and Manzini (service delivery points)

	Strengthen Social and behaviour change communication	National
Population and Development	Review of the National Statistics Act, policies and strategies	National
	In-depth analysis and dissemination of major population data bases	Natioanl
	Advocate for integration of population variables and promote evidence based planning	National
	Review and implement the national population policy	National
	Strengthen the coordination, monitoring and evaluation of the national Country Programme	National
	Develop and implement research agenda and establish a knowledge sharing platform	National
Gender Equality	Support and build mechanisms for advocacy for the acceleration of law and policy reform	National
	Strengthen capacity for gender responsive programming	National
	Strengthening the capacity of Government, Civil Society, and Communities for prevention of and response to GBV	National
	Strengthen systems to combat GBV & strengthen service delivery	National and Shiselweni
	Research, information dissemination and advocacy on GBV	National

Implementing partners

The following implementing partners were identified as possible lead IPs for the 5th cycle Country programme below is the list of IPs per output and it should be noted that this list is not exhaustive as this list may be reviewed and revised annually by the government and UNFPA and some other partners may be included from time to time as main IPs or sub-contractees to main IPs.

SRH Component		
Output	Broad activities	Proposed Main IP
1: Increased capacity of national institutions to deliver high-quality, integrated sexual and reproductive health services, including HIV prevention services, family planning and maternal health services	1.1 Strengthen Midwifery	NCN UNISWA MOH FLAS
	1.2 Strengthen RHCS and addressing the unmet need for FP	
	1.3 Improve access of young people to comprehensive and integrated sexual and reproductive health and HIV prevention services	
	1.4 Improve Health Information Management System (HMIS) with a focus on Maternal Death Reviews	
	1.5 Support policies, guidelines, strategies and protocols development and dissemination	
2: Increased capacity of government and civil society institutions to deliver services and social and behaviour change communication interventions for HIV prevention.	2.1 Develop capacity for integration of HIV/AIDS and SRH particularly PMTCT- prongs 1 & 2	MOH FLAS LUSWETI SUSAH
	2.2 Strengthen Social and behaviour change communication	
	2.3 Advocacy for additional resources for HIV prevention	

P&D Component		
Output	Broad activities	Proposed Main IP
1. Increased capacity of government and civil society institutions to generate, analyse, manage and utilize disaggregated data for development planning	1.1 Review of the National Statistics Act, policies and strategies	MEPD- CSO
	1.2 In-depth analysis and dissemination of major population data bases	
2. Strengthened capacity of government and civil society institutions to integrate population variables into development policies and plans	2.1 Advocate for integration of population variables and promote evidence based planning	MEPD-NPU
	2.2. Develop and operationalise national planning guidelines that address among other things integration of population variables including marginalized groups and ensuring community participation.	
	2.3 Review and implement the national population policy.	
	2.4 Strengthen the coordination, monitoring and evaluation of the national country programme.	
	2.5 Develop and implement research agenda and establish a knowledge sharing platform.	

Gender Equality Component		
Output	Broad activities	Proposed Main IP
1. Strengthened capacity of government and civil society institutions to review, formulate and implement laws, policies and plans that address gender equity and equality.	1.1 Support and build mechanisms for advocacy for the acceleration of law and policy reform	GFIU
	1.2 Strengthen capacity for gender responsive programming	
2. Increased capacity of the Government, civil society and communities to prevent and address gender-based violence	2.1 Strengthening the capacity of Government, Civil Society, and Communities for prevention of and response to GBV	SWAAGA