



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

Distr.: General
9 November 2020

Original: English

First regular session 2021

1 to 4 February 2021, New York

Item 8 of the provisional agenda

UNFPA – Country programmes and related matters

DRAFT

United Nations Population Fund

Country programme document for Eswatini

Proposed indicative UNFPA assistance: \$5.4 million: \$3.0 million from regular resources and \$2.4 million through co-financing modalities or other resources

Programme period: Five years (2021-2025)

Cycle of assistance: Seventh

Category per decision 2017/23: Orange

Alignment with the UNSDCF Cycle United Nations Sustainable Development Cooperation Framework, 2021-2025

Proposed indicative assistance (in millions of \$):

| Programme outcome areas | | Regular resources | Other resources | Total |
|---------------------------------------|--|-------------------|-----------------|------------|
| Outcome 1 | Sexual and reproductive health | 1.6 | 0.9 | 2.5 |
| Outcome 2 | Adolescents and youth | 0.2 | 1.1 | 1.3 |
| Outcome 3 | Gender equality and empowerment of women | 0.4 | 0.2 | 0.6 |
| Outcome 4 | Population dynamics | 0.3 | 0.2 | 0.5 |
| Programme coordination and assistance | | 0.5 | - | 0.5 |
| Total | | 3.0 | 2.4 | 5.4 |

I. Programme rationale

1. Eswatini is a land-locked country covering 17,364 square kilometres, bordering South Africa and Mozambique. Young people aged 10-24 years comprise nearly one third of the country's population of 1,093,238 and 60 per cent constitute the working age population. The demographic profile underscores the need for targeted investments in social and human capital development, including scaling up equitable access to high-quality integrated health services, education, skills development, youth and women's empowerment, which are central to harnessing the demographic dividend and achieving sustainable development.

2. Classified as a lower middle-income country, Eswatini's gross domestic product declined from 6 per cent in 2013 to 1.3 per cent in 2019, with the economy estimated to contract further in 2020 due to the coronavirus pandemic. Rated as the sixth most unequal country in Africa, Eswatini is faced with multiple drivers of inequality. Fifty-nine per cent of the population lives below the poverty line, 21 per cent of young people aged 15-24 lives in extreme poverty. Poverty disproportionately affects rural populations, with a rural poverty incidence rate of 70 per cent. Youth unemployment of 48 per cent further exacerbates poverty levels, with adverse impacts on the most vulnerable adolescent and youth population.

3. The United Nations Common Country Analysis identifies income, gender and spatial inequalities, alongside policy and structural barriers as key features that increase vulnerabilities of populations left behind, including adolescents, youth, women, persons with disability, and key populations. Less educated, poor girls and young women living in rural locations are recognized as furthest left behind. The national socio-economic impact assessment of COVID-19 notes further exacerbating effects on vulnerable individuals, households and constraining national institutional capacities to deliver food, health and social protection services. The country also faces climate-related challenges, including prolonged droughts, which increases the vulnerability of households and disproportionately affects the poor by disrupting access to food, health and deepens negative livelihood coping strategies.

4. Eswatini has made progress in reducing maternal mortality ratio by 23 per cent (from 589 to 452 per 100,000 live births between 2007 and 2017); however, maternal deaths continue to result from poor quality maternal health services. About 10.5 per cent of all maternal deaths arise from adolescent pregnancy complications. Other underlying factors include limited coverage, limited skills among frontline healthcare workers on emergency obstetric and newborn care, stock-outs of life saving maternal health commodities, and limited availability and utilization of high-quality health service data.

5. The total fertility rate declined from 5.0 in 1994 to 3.2 in 2017, and the contraceptive prevalence rate is currently estimated at 66 per cent. However, 27 per cent unmet need for family planning is recorded among youth aged 15-19 years and 17 per cent among young people aged 20-24 years, with variations among rural, less educated and poor girls and young women. Double the global average, the national adolescent birth rate is estimated at 87 per 1,000 women aged 15-19 years, resulting from gaps in life skills education for in-school and out-of-school youth, socio-cultural barriers, gender inequalities and inequitable access to integrated sexual and reproductive health services.

6. Eswatini has one of the highest HIV prevalence rates in the world, at 27 per cent among the adult population. Young girls and women aged 15-24 years bear the brunt of the epidemic, with an HIV incidence of 1.8 per cent among females, ranking five times more than incidence among male counterparts.

7. Gender-based violence is prevalent, with 1 in 3 women experiencing some form of sexual violence by age 18 years and 48 per cent in their lifetime, arising from negative social norms and discriminatory practices within customary laws. Furthermore, patriarchy, early marriage and limited engagement with men and boys, weak multisectoral coordination, and inconsistent enforcement of legislation and policy implementation continue to constrain efforts to achieve gender equality and end gender-based violence. When compared with 2019 levels, the Royal Eswatini Police Service report for April and May 2020 indicated a 15 per

cent increase in the cases of gender-based violence during the lockdown period instituted to control the coronavirus pandemic.

8. While the country is increasingly engaging in data generation processes, including the 2017 Population and Housing Census undertaking, there is need for sustained capacity strengthening of the national statistical system to generate, analyse and utilize disaggregated data to inform policy advocacy and targeted investments in programming. The Government spends about \$150 per capita on health, with less on sexual reproductive health and rights-related interventions. Financial risk protection for a minimum package of health care remains a challenge with out-of-pocket expenditure in access and utilization of essential health services accounting for 20 per cent of total health expenditure, underscoring remaining barriers to care.

9. The evaluation of the sixth country programme highlighted a number of results: (a) strengthened capacity of healthcare workers, social workers, and teachers to provide comprehensive gender-based violence services to survivors; (b) reinvigorated HIV prevention; (c) scaled-up life skills education and institutionalized adolescent and youth-friendly health services; and (d) produced the National Demographic Dividend and Population Census reports to inform decision-making.

10. The new programme will consolidate gains and apply lessons learned from the previous country programme, in particular: (a) the scale and reach of tailored, integrated and high-quality sexual and reproductive health services holds promise in closing persistent inequality gaps experienced by vulnerable women and young people; (b) consistent use of disaggregated data improves targeting and designs of innovative solutions required to improve equitable access; and (c) inclusion of amplified voices of women and youth accelerates effective participation, decision making and programme ownership.

II. Programme priorities and partnerships

11. The seventh country programme is aligned to the National Development Strategy 2013-2022, and will contribute to achieving Sustainable Development Goals 1, 2, 3, 4, 5, 8, 10, 13, 16 and 17 within the context of the Decade for Action. Furthermore, the country programme contributes to four outcomes of the United Nations Sustainable Development Cooperation Framework 2021-2025, namely: (1) Promoting Sustainable and Inclusive Economic Growth; (2) Investing in Human Resources and Social Development; (3) Accountable Governance, Justice and Human Rights; and (4) Strengthening Natural Resource Management, Climate Resilience and Environmental Sustainability. The programme also contributes to the UNFPA Strategic Plan, 2018-2021 outcomes and transformative results of ending preventable maternal deaths, unmet need for family planning, gender-based violence and sexual transmission of HIV. It also facilitates achievement of national commitments highlighted at the Nairobi Summit on universal health coverage, gender equality, inclusive national development, and sustainable financing to accelerate implementation of the International Conference on Population and Development Programme of Action.

12. The country programme aims to reduce institutional maternal mortality ratio by 50 per cent among women of child bearing age by 2025 by: (a) strengthening high-quality provision of comprehensive sexual and reproductive health and rights information and services responsive to the needs of adolescent girls, boys, women and men; (b) empowering women and young people with the agency to exercise bodily autonomy; (c) scaling up coordinated multisectoral prevention and response to address underlying causes of gender-based violence; (d) mainstreaming demographic intelligence to improve targeting of delivery models, financial risk protection mechanisms, monitoring and measurements of results; and (e) amplifying evidence-based advocacy to strengthen enabling policy and legislative environment, and secure increased sustainable financing for sexual reproductive health and rights to reduce the maternal mortality ratio.

13. The country programme will be implemented in collaboration with the Government, United Nations agencies, Parliament, development partners, civil society, academia, private sector, and beneficiaries, including youth networks, women machinery, faith-based organizations and traditional institutions.

14. To ensure integration, the programme will apply the principles of leave no one behind, resilience building, a human-rights based approach, gender equality and women's empowerment, sustainability and accountability. It will focus on rural, less educated, poor girls and young women aged 15-24 years, rural and urban women, key populations, persons living with HIV and persons with disability. The programme will be implemented at national and subnational levels with a focus on four administrative regions (Hhohho, Lubombo, Manzini, and Shiselweni) with the highest burden and accounting for more than 85 per cent of the total population.

15. Resilience building will be supported through strengthened institutional capacity for climate smart and proven emergency preparedness, early warning and response systems responsive to future shocks. Inclusion of sexual and reproductive health and rights, gender based-violence prevention and response, and social protection for the most vulnerable groups into essential services packages for emergencies will also be a key focus across the development, humanitarian and peace nexus. Multidimensional vulnerability assessments and conflict prevention analysis will be undertaken periodically in collaboration with partners to strengthen community resilience and adaptation capacities among vulnerable populations and targeted locations.

16. The programme interventions clusters include policy advocacy, knowledge management, capacity building, partnership and coordination. Leveraging South-South and triangular cooperation, the country office will accelerate knowledge transfer and information sharing on transboundary, regional and cross-border issues relevant for the country, including a priority focus on emerging markets and developing economies that align with aspirations of the country.

A. Sexual and reproductive health

17. Output 1. Strengthened capacity of the health system to provide high-quality, integrated information and services for comprehensive maternal health, family planning, sexually transmitted infections, HIV and gender-based violence for women, young people and key populations, particularly the most vulnerable, across the development and humanitarian continuum.

18. This output contributes to Outcome 2 of the United Nations Sustainable Development Cooperation Framework, which focuses on ensuring increased access to equitable, effective and efficient high-quality social services for adolescents, young people, men and women, including marginalized persons. It also contributes to Outcome 1, which focuses on empowering vulnerable populations to contribute to and benefit from economic progress.

19. To achieve the output, the programme will focus broadly on: (a) strengthening institutional capacity to deliver equitable and high-quality integrated sexual and reproductive health and rights information and services, including HIV prevention and a health sector response to gender-based violence; (b) intensifying policy advocacy on increased sustainable financing for sexual and reproductive health and rights services, including commodity security for life-saving medicines and commodities; (c) promoting inclusive legislative actions to promote financial risk protection, address barriers to demand and use of right-based services; (d) improving governance and accountability with effective participation of women and young people; and (e) enhancing data availability on integrated bundle of services disaggregated by sex, age, disability, place of care and demonstrating proven delivery models through robust measurements.

20. Key interventions focused on health systems strengthening include: (a) targeted institutional capacity for the design and implementation of quality-of-care delivery models along the sexual, reproductive, maternal, newborn, child and adolescent health continuum of care, including respectful maternity care, emergency obstetric and newborn care; (b) scaling

up successful models for maternal and perinatal death surveillance and response at community, regional and national levels; (c) use of innovation and modern technology to scale up effective coverage of the climate-smart interventions that facilitate equitable access for women and girls, including gender-based violence information and services; (d) national and regional statistical capacity strengthening on generation, analysis and use of disaggregated data, complemented by thematic knowledge products on sexual and reproductive health, to inform policy actions, programme scale-up and targeted sustainable financing options; (e) multisectoral coordination of policy actors, technocrats, regulatory and professional councils, development partners and civil society, guided by accountability mechanisms; (f) South-South and triangular cooperation to advance knowledge transfer on quality of care for adolescent and gender-responsive sexual and reproductive health and rights, including HIV prevention and gender-based violence services; and (g) social accountability to promote increased health-seeking behaviour among women and young people for sexual and reproductive health and rights, including gender-based violence prevention services.

B. Adolescents and youth

21. Output 2. Adolescents and young people are empowered with skills and capabilities to make informed choices about their sexual and reproductive health and rights and well-being and participate in programming and national decision-making processes.

22. This output contributes to outcome 2 of the United Nations Sustainable Development Cooperation Framework, focused on ensuring that access to equitable, effective and efficient high-quality social services is increased for all adolescents, young people, men and women, including marginalized persons.

23. To address high teenage pregnancy and maternal mortality levels among adolescent girls and young women in the country, the following will be addressed: (a) increased demand among adolescents and young people to access sexual and reproductive health services and life skills; (b) strengthened capacity of formal, vocational and youth-serving networks to deliver comprehensive sexual and reproductive health education and life skills; (c) increased political and multisectoral support for youth engagement and participation in national development processes; (d) increased availability of disaggregated data on youth sexual and reproductive health and rights, youth engagement and participation to guide decision-making, including targeted financing for adolescent and youth development; and (e) applying promising practices emerging from continuity of essential youth-friendly information and services during the coronavirus pandemic.

24. Key interventions include: (a) scaling up innovative solutions on condom and contraceptive programming, targeting adolescents and young people, to reduce unintended pregnancies, unsafe abortions and sexually transmitted infections, including HIV across the development, humanitarian and peace nexus; (b) intensifying evidence-based design and delivery models to facilitate integration of gender equality, bodily autonomy, agency, non-violent masculinities and resilience building into life skills curricula for in-school and out-of-school adolescents and youth and young key populations; (c) strengthening institutional capacity of youth serving organizations and networks to accelerate men and boys engagement, effective youth participation, youth-led accountability and monitoring of adolescent and youth friendly sexual and reproductive health and rights information and services; (d) rights-based advocacy for increased sustainable financing, including domestic resource allocation and innovative financing earmarked for implementation of inclusive policies and legislation on provision of high-quality and integrated adolescent and youth health services; and (e) generation and analysis of disaggregated data to improve the quality of care for adolescent and youth sexual and reproductive health services.

C. Gender equality and women empowerment

25. *Output 3. Increased multisectoral capacity to prevent and address gender-based violence using a continuum approach in all contexts, with a focus on advocacy, data, health and health systems, psychosocial support and coordination.*

26. This output contributes directly to outcome 3 of the United Nations Sustainable Development Cooperation Framework, which seeks to ensure that oversight bodies and government institutions at national and regional levels have strengthened accountability, with an emphasis on access to justice and services, strengthened reporting on human rights obligations and the SDGs, with a focus on leaving no one behind. It also contributes indirectly to outcomes 1, 2 and 4.

27. To improve bodily autonomy and reproductive rights, the following will be addressed through this output: (a) strengthening multisectoral coordination of essential services on prevention and response of gender-based violence across health, education, gender, social protection, social development, police and justice sectors as well as the development, humanitarian and peace nexus, including during the protracted response and recovery phases of national emergencies such as the coronavirus pandemic; (b) scaling up high-impact and cost-effective interventions that address entrenched negative social norms, cultural beliefs and practices that limit achievement of gender equality; (c) promoting inclusive and rights-based legislative and policy environment required to end gender-based violence and harmful practices; (d) deepening community mobilization and engagement of community structures and systems to address cultural drivers of gender inequality and gender-based violence, including traditional leaders, opinion leaders and influencers; and (e) strengthening capacity and functionality of the national gender-based violence surveillance and reporting system. Lessons from the coronavirus pandemic will be applied to strengthen response and recovery systems for gender-based violence and target efforts to address disproportionate socio-economic impact on women and girls.

28. UNFPA will collaborate with other United Nations agencies and the UN-Women South Africa Multi-country Office towards a holistic response to gender equality. Interventions relevant for development and humanitarian situations in the country include: (a) evidence-based advocacy to strengthen provisions and enforcement of inclusive legislation and policies on gender-based violence and all forms of harmful practices that limit gender equality and women's empowerment, including the National Strategy to End Violence in Swaziland 2017-2022 and the Sexual Offences and Domestic Violence Act (2018); (b) scale up engagement of men and boys in prevention, response and management of gender-based violence; (c) strengthen national statistical system capacities for data generation, analysis and use, including establishment of a gender-based violence management information system; (d) institutionalization of multisectoral gender-based violence prevention and response referral network and pathways; (e) strengthened capacity of the national coordination mechanism to promote women's empowerment, address gender-based violence and eliminate harmful practices; and (f) promote South-South cooperation to advance learning on successful models on gender equality and women's empowerment that contribute to improved maternal health outcomes.

D. Population dynamics

29. *Output 4. Demographic intelligence mainstreamed at national and subnational levels to improve the responsiveness, targeting and impact of development policies, programmes and advocacy, focusing on policy, financing, delivery and financial protection issues pertaining to sexual and reproductive health and rights.*

30. This output will contribute directly to the four outcomes of the United Nations Sustainable Development Cooperation Framework, by ensuring that national programmes and policies incorporate and use demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy in achieving the 2030 Agenda for Sustainable Development.

31. To guide targeted programming across the country programme, the following actions will be undertaken: (a) strengthened capacity of national stakeholders in subnational data analysis to improve targeting of development interventions; (b) increased availability of reliable population data and analysis to inform policies and programming processes; and (c) improved monitoring of the implementation of population policies within the context of the Sustainable Development Goals framework.

32. Key interventions include: (a) accelerated dissemination and use of the 2017 population and housing census data and thematic reports to guide national development processes, with a focus on advancing sexual reproductive health and rights; (b) integration of demographic intelligence from the national demographic dividend study into national development plans, policy instruments and expenditure frameworks; (c) strengthened national institutional capacity in further data analysis, including small-area estimations to improve targeting of maternal health, adolescent sexual and reproductive health, gender equality and women's empowerment programmes; (d) strengthen functionality of the civil registration and vital statistics system to collect and generate annual reports with data disaggregation to guide decision-making; and (f) promote South-South and triangular cooperation, and multisectoral partnerships to advance data generation, analysis and use, to improve monitoring and measurement of integrated sexual reproductive health and rights programmes, including HIV prevention and gender-based violence prevention and response programmes.

III. Programme and risk management

33. The Ministry of Economic Planning and Development, through its Population Unit, is the national entity responsible for the coordination of the programme. Sectoral sub-programmes, such as the gender equality, sexual reproductive health and youth programmes, will be coordinated by other government sectors. National execution, through the harmonized approach to cash transfers, will be the preferred implementation modality, following appropriate risk and capacity analysis of potential implementing partners that will be selected through a competitive process, based on strategic and comparative advantage. UNFPA will programme jointly with other United Nations agencies to facilitate delivery of the appropriate joint programmes.

34. The UNFPA country office completed two phases of realignment in 2015 and 2017. As such, no realignment has been planned for the upcoming country programme cycle (2021-2025). The Regional Operations Services Support Centre and the Middle-Income Countries Technical Hub will provide programme and operations backstopping on a regular basis. International and national consultants as well as South-South cooperation will continue to be utilized to complement staff capacity.

35. The main risks that are anticipated include failure to transform policies into programming, limited resources, attrition of human resources in key positions, and the impact of health emergencies such as COVID-19. The country programme will conduct environmental scanning to identify threats and opportunities, advocate for the implementation of national commitments and leverage partnerships and financial resources to minimize the likelihood of disruptions to the programme while increasing staff capacity for resilience during emergencies and by tapping into the technical support from the United Nations country team, the regional office and headquarters. UNFPA social and environmental standards will be observed during the implementation of the programme.

36. The lower-middle income classification of the country has also resulted in a decline in foreign development assistance, and, coupled with the current economic challenges, there is a risk of fewer resources being available to support social sector priorities. The programme will therefore scale up resource mobilization efforts and innovative financing modalities, targeting the private sector, domestic resources and donors, in line with the resource mobilization and partnership strategy.

37. A joint resource mobilization plan will be implemented to cover the gap in funding for the United Nations Sustainable Development Cooperation Framework, and United Nations

joint programming presents an opportunity for leveraging resources from other United Nations and development partners in pursuit of the ICPD global and national commitments.

38. The country office will continue to maintain robust working relationships with the Government, and will engage, on a regular basis, with traditional and non-traditional partners, including youth-led organizations and networks and civil society serving the vulnerable groups concerned, to ensure support and ownership for the country programme.

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

IV. Monitoring and evaluation

40. The United Nations Sustainable Development Cooperation Framework monitoring plan has been developed based on the SDG monitoring framework, and will be reviewed annually to ensure that output indicators are on track to delivering results. A comprehensive results and resources framework has been developed and aligned with national and SDG priorities. Through the use of UNInfo and other monitoring platforms and thematic working groups, the United Nations agencies will collectively monitor implementation. UNFPA in collaboration with the United Nations system will support national SDG monitoring through the development of an evidence-based voluntary national report.

41. Given the key contribution to the United Nations Sustainable Development Cooperation Framework, the UNFPA country programme will ensure a strong focus on monitoring for results, data collection, analysis, real-time monitoring, reporting and evaluation. A costed evaluation plan, highlighting the planned thematic and programme evaluations over the cycle of the programme has been developed and will be implemented in accordance with the timelines proposed.

42. Quarterly, midterm and annual reviews and assurance activities will be undertaken to monitor progress towards annual targets, in accordance with the results-based management tools and systems applied by UNFPA. Field visits and monitoring activities will be conducted in collaboration with the Government, the United Nations system and key partners to assess the extent to which agreed interventions are on track and whether adjustments may be required to ensure results. The programme budgets will also be closely monitored to ensure that expenditure is undertaken in accordance with the agreed policies and procedures, and that deviations are appropriately reviewed, agreed and documented.

43. Lessons learned from the implementation of the programme will be documented and applied to build the evidence-base for generating knowledge and sharing good practices. Additionally, capacity-building initiatives will be undertaken in collaboration with the United Nations system to promote a strong results-based management culture internally and among partners. An adaptive approach, based on continuous learning and evidence, and taking into account risks and shocks at the national, regional and global levels, will allow for appropriate adjustment of the country programme.

RESULTS AND RESOURCES FRAMEWORK FOR ESWATINI (2021-2025)

| <p>NATIONAL PRIORITY: Vision 2022 aspires to have a country which is rated among the top 10 per cent of the medium human development group of countries that manages its resources prudently, anchored in the principles of good governance, such that citizens enjoy good health, are well educated, access well-paying jobs and employment opportunities, provide excellence services to the public, live in a peaceful country which is politically stable with respect for human rights and rule of law.</p> | | | | |
|--|---|---|---|--|
| <p>UNSDCF OUTCOME INVOLVING UNFPA: By 2025, all children, adolescents, young people, men and women including marginalized persons' access to equitable, effective and efficient quality social services increased.</p> | | | | |
| <p>RELATED UNFPA STRATEGIC PLAN OUTCOME: Sexual and reproductive health: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.</p> | | | | |
| UNSDCF outcome indicator(s), baselines, target(s) | Country programme outputs | Output indicators, baselines and targets | Partner contributions | Indicative resources |
| <p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Percentage of women age 15-49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth <i>Baseline: 87.2%; Target: 95%.</i> • Percentage of women age 15-49 years who are currently married or in union who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception <i>Baseline: 15.2%; Target: 10%.</i> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Number of women who have utilized integrated sexual and reproductive health services <i>Baseline: 20,000; Target: 120,000</i> • Proportion of births attended by skilled health personnel <i>Baseline: 88.3%; Target: 100%</i> • Coverage of essential health services <i>Baseline: 60%; Target: 100%</i> • Contraceptive prevalence rate <i>Baseline: 66%; Target: 80%</i> • Proportion of health facilities that reported no stock outs of tracer medicines and commodities during the last three months <i>Baseline: 67%; Target: 95%</i> | <p><u>Output 1.</u> Strengthened capacity of the health system to provide high-quality, integrated, information and services for family planning, comprehensive maternal health, sexually transmitted infections, HIV and gender-based violence, for women and young people, particularly the most vulnerable across the development and humanitarian continuum</p> | <ul style="list-style-type: none"> • Percentage of health facilities providing emergency obstetric and newborn care, as per the internationally recommended minimum standards <i>Baseline: 60%; Target: 80%</i> • Percentage of public health facilities providing quality-assured, adolescent-friendly integrated sexual and reproductive health services <i>Baseline: 74%; Target: 90%</i> • Percentage of public health facilities at secondary and tertiary level providing essential health services package for survivors of sexual violence <i>Baseline: 60%; Target: 80%</i> • Number of girls, women and young people accessing integrated comprehensive sexual reproductive health, HIV prevention and GBV services (disaggregated by sex and age) <i>Baseline: 15,000; Target: 120,000</i> | <p>Ministry of Economic Planning and development, Ministry of Health, AIDS Healthcare Foundation, Population Services International, The Family Life Association of Swaziland, Elizabeth Glaser Pediatric AIDS Foundation, National Emergency Response Council on HIV/AIDS, World Bank, UNICEF, WHO, UNAIDS, European Union, PEPFAR, Rock of Hope, FHI 360, media, and academia</p> | <p>\$1.6 million (\$0.9 million from regular resources and \$2.5 million from other resources)</p> |
| <p>NATIONAL PRIORITY: The nation, through the Vision 2022, aspires to have a country which is rated among the top 10 per cent of the medium human development group of countries that manages its resources prudently anchored on the principles of good governance, such that citizens enjoy good health, are well educated, access well-paying jobs and employment opportunities, provide excellence services to the public, live in a peaceful country which is politically stable with respect for human rights and rule of law.</p> | | | | |

| | | | | |
|--|--|--|---|--|
| <p>UNSDCF OUTCOME INVOLVING UNFPA: By 2025, all children, adolescent, young people, men and women including marginalized persons’ access to equitable, effective and efficient quality social services</p> | | | | |
| <p>RELATED UNFPA STRATEGIC PLAN OUTCOME: Adolescent and youth: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.</p> | | | | |
| <p>UNSDCF Outcome indicator(s):</p> <ul style="list-style-type: none"> • Proportion of youth and women with relevant technical and vocational skills <i>Baseline: 24%; Target: 50%</i> • Percentage of young people (15 to 24 years) not in employment, education, or training <i>Baseline: 23%; Target: TBD</i> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> • Number of adolescents and youth who have utilized integrated sexual and reproductive health services <i>Baseline: 9,500; Target: 50,000</i> • Percentage of women aged 15-24 years who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission. <i>Women: Baseline: 52%; Target: 80%</i> <i>Men: Baseline: 51%; Target: 80%</i> | <p>Output 2. Young people, in particular adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights, and well-being.</p> | <ul style="list-style-type: none"> • Number of marginalized girls that are reached by life skills education programmes that build their health, social and economic assets <i>Baseline: 130,000; Target: 400,000</i> • Proportion of schools providing Life Skills Education curricula in accordance with international standards <i>Baseline: 32%; Target: 80%</i> • Number of beneficiaries trained using the national out-of-school Life Skills Education manual in accordance with international standards (disaggregated by age and sex) <i>Baseline: 700; Target: 2,500</i> | <p>Ministry of Health, Ministry of Sports, Youth and Culture Affairs, Ministry of Education, Ministry of Economic Planning and Development, The Family Life Association of Swaziland, Lusweti, Khulisa Umntfwana, National Emergency Response Council on HIV/AIDS and Swaziland National Youth Council, Parliament, Academia, Media and Chiefs, UNAIDS, UNICEF, UNESCO, WHO, UNDP, Rock of Hope, FHI 360, HC4 and private sector.</p> | <p>\$0.2 million (\$1.1 million from regular resources and \$1.3 million from other resources)</p> |
| <p>NATIONAL PRIORITY: Vision 2022 aspires to have a country which is rated among the top 10 per cent of the medium human development group of countries that manages its resources prudently anchored on the principles of good governance, such that citizens enjoy good health, are well educated, access well-paying jobs and employment opportunities, provide excellence services to the public, live in a peaceful country which is politically stable with respect for human rights and rule of law.</p> | | | | |
| <p>UNSDCF OUTCOME INVOLVING UNFPA: By 2025, oversight bodies and government institutions at national and regional levels operate in an independent, participatory and accountable manner, ensuring equal access to justice and services, with a systematic, participatory implementation and reporting mechanism for human rights obligations and SDGs, with a focus on leaving no one behind.</p> | | | | |
| <p>RELATED UNFPA STRATEGIC PLAN OUTCOME: Gender equality and women’s empowerment: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings</p> | | | | |
| <p>UNSDCF Outcome indicator(s):</p> <ul style="list-style-type: none"> • Existence of independent national human rights institutions in compliance with the Paris Principles <i>Baseline: No; Target: Yes</i> • Proportion of vulnerable population covered by social protection systems disaggregated by sex <i>Baseline: 20%; Target: 80%</i> <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> | <p>Output 3. Increased multi-sectoral capacity to prevent and address gender-based violence using a continuum approach in all contexts, with a focus on advocacy, data, health and health systems, psychosocial</p> | <ul style="list-style-type: none"> • Existence and implementation of a national mechanism to coordinate and engage multiple stakeholders on gender based violence prevention and response, including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence <i>Baseline: No; Target: Yes</i> • Existence and implementation of a national system to collect and disseminate disaggregated data on the incidence and prevalence of gender-based violence <i>Baseline: No; Target: Yes</i> | <p>Deputy Prime Minister’s Office, Ministry of Health, Ministry of Economic Planning and Development, Ministry of Sports, Culture and Youth Affairs, National, UNDP, UNICEF, WHO, UNESCO, Parliament, Ministry of Education, Swaziland Action Group</p> | <p>\$0.4 million (\$0.2 million from regular resources and \$0.6million from other resources)</p> |

| <ul style="list-style-type: none"> Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care Baseline: 0.47; Target: 0.9 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence Baseline: 0.33; Target: 0.2 Existence of laws and regulations and implementation that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education Baseline: No; Target: Yes | support and coordination | <ul style="list-style-type: none"> Existence and implementation of minimum standards for the prevention of and response to gender-based violence in emergencies Baseline: No; Target: Yes | Against Abuse, Kwakha Indvodza, Nhlango AIDS Training and Information Counselling Centre, Academia, Rock of Hope, FHI 360 and media | |
|--|---|--|--|--|
| <p>NATIONAL PRIORITY: Vision 2022 aspires to have a country which is rated amongst the top 10 percent of the medium human development group of countries that manages its resources prudently anchored on the principles of good governance, such that citizens enjoy good health, are well educated, access well-paying jobs and employment opportunities, provide excellence services to the public, live in a peaceful country which is politically stable with respect for human rights and rule of law.</p> | | | | |
| <p>UNSDCF OUTCOME INVOLVING UNFPA: Outcome 1: By 2025, women, men and youth, including marginalized persons, contribute to and benefit from economic progress, through greater access to decent employment, equitable social economic opportunities, sustainable enterprise opportunities as well as resilient, financially sustainable social protection systems programme output(s) would contribute.</p> | | | | |
| <p>RELATED UNFPA STRATEGIC PLAN OUTCOME: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.</p> | | | | |
| Specific framework outcome indicator(s), baselines and target(s) | Country programme outputs | Output indicators, baselines and targets | Partner contributions | Indicative resources |
| <p><u>UNSDCF Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Multi-dimensional poverty rates disaggregated by sex, location, age, income, gender, age, race, ethnicity, migratory status and location Baseline: 56%; Target: 28% Statistical capacity indicator for Sustainable Development Goal monitoring Baseline: No; Target: Yes <p><u>Related UNFPA Strategic Plan Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Proportion of births and deaths registered Baseline: 0.56; Target: 0.8 Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental | <p><u>Output 4.</u> Demographic intelligence mainstreamed at national and subnational levels to improve the responsiveness, targeting and impact of development policies, programmes and advocacy</p> | <ul style="list-style-type: none"> Population projections at national and regional levels, disaggregated by age, sex, location produced and published Baseline: No; Target: Yes Number of national development plans and policies that explicitly integrate demographic dynamics, including changing age structure, population distribution and urbanization Baseline: 0; Target: 5 Number of statisticians and planners with acquired skills in further analysis techniques for sexual reproductive health and rights indicators, including Small Area Estimation Baseline: 0; Target: 100 Number and type of knowledge products developed to synthesize evidence and provide guidance for SRHR and population and development programming. Baseline: 0; Target: 24 | <p>Ministry of Economic Planning and Development, Deputy Prime Minister's Office, Ministry of Health, Family Life Association of Eswatini, Ministry of Sports, Culture and Youth Affairs, Ministry of Education and Training, Eswatini National Youth Council, Lusweti, Bantwana, Khulisa Umntfwana, National Emergency Response on HIV and AIDS, UNICEF, WHO, UNAIDS, World Bank,</p> | <p>\$0.3 million (\$0.2 million from regular resources and \$0.5 million from other resources)</p> |

| | | | | |
|--|--|--|--|--|
| <p>Principles of Official Statistics <i>Baseline: 0.1; Target: 0.8</i></p> <ul style="list-style-type: none">• Existence of a national population policy that responds to population dynamics <i>Baseline: No; Target: Yes</i> | | | <p>UNDP, WFP, UNESCO, Parliament, Media, Ministry of Finance</p> | |
|--|--|--|--|--|