



Eswatini

RENEWING Commitments On The **3 ZEROS**

ESWATINI
ANNUAL
REPORT
2019



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» FOREWORD



We welcomed 2019 with much anticipation and enthusiasm as we marked the 50th anniversary of the establishment and existence of UNFPA and the 25th anniversary of the International Conference on Population and Development Programme of Action.

It was a great pride to engage partners in these milestones especially because the whole celebration was about renewing commitments to achieve reproductive health and rights for all, including women's empowerment.

Participating in the Nairobi Summit was also itself a milestone for Eswatini as the country managed to send delegates to Nairobi to be with a global audience to share Eswatini's commitments to the transformative agenda of ending preventable maternal deaths, ending unmet need for family planning and ending gender-based violence and harmful practices for its people.

UNFPA Eswatini also successfully conducted a country

Renewing Commitments On The **THREE** ZEROS

programme evaluation (CPE) in 2019 which was rated good by the evaluation office.

The country office also began preparing for a new country programme which will be implemented in 2021-2025 under the newly established United Nations Sustainable Development Cooperation Framework (UNSDCF) which also began in collaboration with partners and the UN system in the country.

The semi-annual and annual review and planning of the programme was also conducted where key results achievements were reported and celebrated with partners, whilst programme was also conducted where key results achievements were reported and celebrated with partners, whilst encouraging them not to lose sight of the fact that some challenges and gaps still remain, which include:

HIV/AIDS - continues to be one of the most pressing challenges that young people in our country are facing, with heightened vulnerabilities for girls and young women. HIV prevalence among young females aged 15-19 years stands at 10.2%, compared to 1.9% for males the same age. HIV incidence is also

significantly higher amongst young Swazi females (15-19) compared to the males of the same age group standing at: 3.84 for females compared to 0.84 for males.

Teenage pregnancy - is also a challenge for our young Swazi girls. Currently the adolescent birth rate in the country stands at 87 per 1000 adolescents, and teenage pregnancy is one of the main factors contributing to school dropouts in the country. The high (30%) unmet need for FP among young people requires innovation.

Gender-based violence - Young people in Swaziland continue to experience very high levels of violence, disproportionately affecting girls compared to boys. The national estimate is that 1 in 3 women had experienced some form of sexual violence by the time they were 18 years. A very unfortunate statistic indeed, one that tells us violence is experienced by our children very early in their lives, at a time when all that should be occupying their minds is school and play. Poor access to Sexual and Reproductive Health (SRH) information & services - A very limited number of healthcare facilities in the country have

youth-friendly services, and this deters young people from accessing SRH information and services from these institutions.

The partners were requested to note these challenges and gaps as well as sincerely reflect on them and find ways of turning them into opportunities as we move forward with the country programme implementation.

The reviews implore participants to explore how we can take the programme forward with more innovation, more strategic partnerships, and more ideas on how to get the best value for money from our resources.

The Eswatini Office Country Director, Ms Beatrice Mutali encouraged the country office staff and partners to continue working dedicatedly by making sure that all our efforts are aimed towards the attainment of the 4 ambitious goals.

She mentioned that we recognize that it is only with the presence of our partners and stakeholders that introspection, sustained strategic engagement and results can be achieved for the benefit of all Emaswati whom we serve. A few key results that have been achieved in 2019 includes the:

- Antenatal Care Guidelines finalized National Guidelines for Health Sector Response to Sexual Violence on clinical management rolled out at the regional level.
- 74% of health facilities provided youth-friendly integrated family planning services
- 4 health care workers trained to confidently and competently provide cervical cancer screening (VIA) and cryotherapy

- 166 health care workers trained in Health Sector Response to Sexual Violence
- National commodity security strengthened through logistics management information system data verification visits in 120 health facilities in all four regions
- 81 per cent of health facilities reported no stock-out of family planning commodities in the three months prior to survey, an improvement from 30 per cent.
- Life-saving maternal health medicines magnesium sulfate and oxytocin procured in response to high stock-out levels
- 74 per cent of public health facilities at secondary and tertiary levels provided essential health services packages for survivors of sexual violence,
- Life Skills Education for in-school youth scaled up to 282 secondary schools, reaching approximately 130,000 learners
- 2018 Annual Civil Registration and Vital Statistics Report produced
- 4 major national plans and policies integrated the demographic dividend concept.

The results would not have been achieved without implementing partners' good work is commendable as observed from the reports and monitoring system that planned activities were conducted according to the annual work plans that we have signed. However, it was also noted that t

here have been some ad-hoc strategic activities that had been submitted for support and implementation outside the signed work plan, which though indicating flexibility of the programme needs to be properly guarded against as much as possible.

Whilst evolving funding dynamics globally have made for a somewhat challenging resource mobilization terrain, UNFPA Eswatini continued to explore and encourage all IPs to find more innovative strategies, partnerships and ways of doing business, built on our combined strengths, expertise, resources and coordination.

The UNFPA mandate which is of noble cause has been boldly, visibly and vocally communicated and advocated for with the organization's limited resources.

The Sustainable Development Goals (SDGs) require transformative shifts, integrated approaches and new solutions, particularly when it comes to advancing Sexual Reproductive Health, gender equality and the empowerment of women and girls as well as vulnerable populations in the context leaving no one behind.

UNFPA Eswatini country office has continued to leverage resources from other strategic and development partners including the UN to support the programme and shall continue to pursue the private sector partnerships to broaden our resource mobilization efforts.

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Margaret Thwala-Tembe
Acting Head of Office
UNFPA Eswatini



UNFPA

ESWATINI

INTRODUCTION

This summary report highlights key results recorded in 2019 under the Government of Eswatini- UNFPA 6th Country Programme of Corporation; in line with the UNFPA global Transformative Results of:



**Ending Unmet
Need for Family
Planning**



**Ending
Preventable
Maternal Deaths**



**Ending Gender-
Based Violence and
Harmful Practices**





» COUNTRY PROFILE

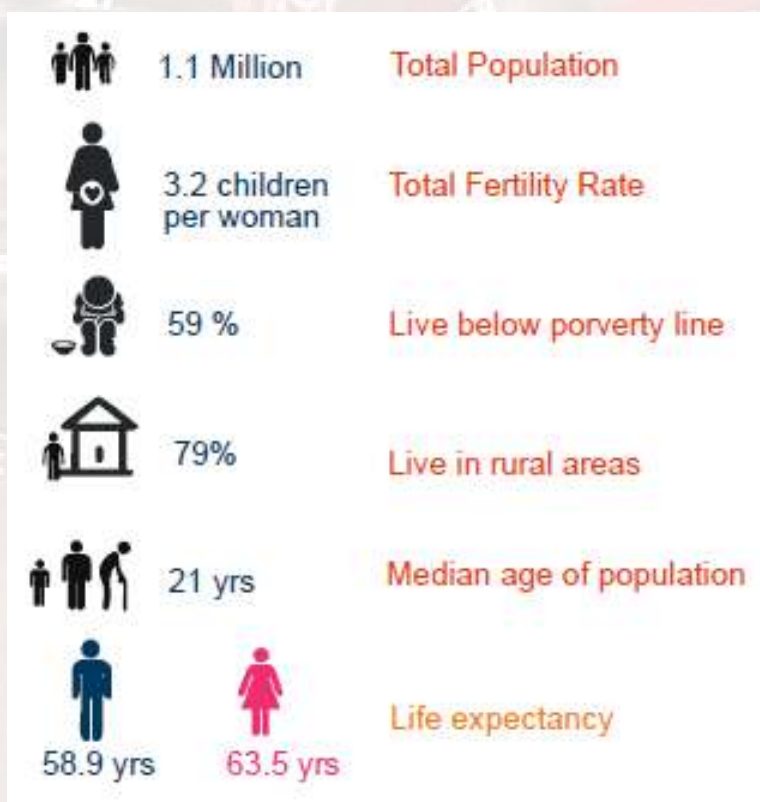
The population of Eswatini stands at **1,093,238** (2017), out of which **51 per cent** are women according to the Population and Housing census conducted in 2017.

The country has a young population with a median age of averaging **21.7 years**. The recent population censuses show that the age structure of the population is changing due to a consistent decline in fertility from **6.4** children per woman in 1986 to **3.2** children per woman in 2017.

This has led to an increase in the working age population, which is projected to reach 61 percent by 2030. A national study on the Demographic Dividend (2018) indicates in this regard that Eswatini has the potential to harness the demographic dividend and ultimately boost its socio-economic development.

Eswatini is classified as a low middle-income country with a Human Development Index of 0.608 (2019).

Economic growth has decelerated from an average of 4.4 percent per annum from the period 2012–2014 to date.





Economic growth is affected in Eswatini by, among other factors, prolonged drought and a sharp decline (from **E7.1 billion** in 2017/18 to **E5.1 billion** in 2018/19) in Southern Africa Customs Union (SACU) revenues.

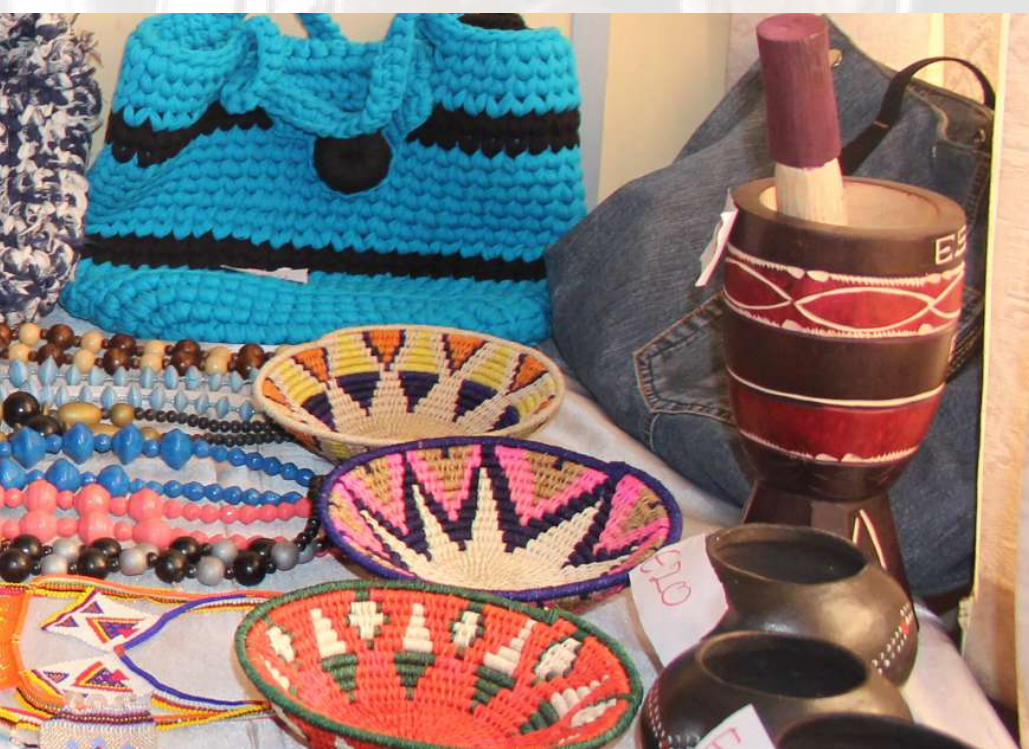
National unemployment rate stood at **23%** according to the Labour Force Survey 2016. However, there are disparities between regions, age and sex groups.

The estimated life expectancy in Eswatini is **58.9** years and **63.5** for males and females, respectively (CSO, 2017 Census).

The country has one of the highest HIV prevalence in the world at **27%** among the sexually active population. The total number of people living with HIV was 205 700 in 2018.

New HIV infection is higher among females (**4500**) compared to males (**3300**).

New HIV infections are very high among young females (**15-24** years) at **2400** compared to young males at **400**.





» WHAT WE DO

UNFPA Eswatini country programme is implemented at national level implemented under the upstream modes of engagement of capacity building, knowledge generation and policy and advocacy with a focus on the following key result areas:

- Enhanced national and regional capacities to develop and implement policies and programmes that prioritize access to sexual and reproductive health and rights information and services.
- National capacities are strengthened including a competent workforce to deliver high quality integrated SRH services and information, in particular for adolescents and in humanitarian settings.
- Strengthened capacities to effectively forecast, procure, distribute and track the delivery of sexual and reproductive health commodities, including in humanitarian settings.
- Adolescents & young people are empowered with skills and capabilities to make informed choices about SRHR & well-being improved including CSE.
- Functional systems are in place to improve adolescents and young people's leadership and participation in programme planning, implementation and evaluation in development & humanitarian contexts.
- Strengthened national human rights protection and accountability systems to advance gender equality and empowerment of women and girls.

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

- National population data systems have the capacity to map inequalities and inform interventions in times of humanitarian crisis.

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

The programme support creating a conducive policy and environment for the advancement of sexual and reproductive health and rights for the population of Eswatini in particular women and girls and youth as well as vulnerable populations, including programming for gender equality and gender-based violence interventions.

. The programme is supported by evidence generation to implement evidence informed programming.

The organization aims to achieve its strategic plan 3 transformative results which are:

- Ending maternal deaths
- Ending unmet need for family planning
- Ending gender-based violence and harmful practices
- A fourth East and Southern Africa (ESA) regional level transformative result of ending HIV is also added in Eswatini as the country falls in the epi-centre of HIV prevalence and infections.





Who We Work With?



IMPLEMENTING PARTNERS

- National Population Unit •
- Ministry of Health •
- Deputy Prime Minister's Office - Department of Gender and Family Issues •
- The Family Association of Eswatini - FLAS •
- Central Statistical Office (CSO) •
- The Swaziland Action Group Against Abuse (SWAGAA) •
- Ministry of Sports Culture and Youth Affairs •
- Church Forum •

SUPPORTED BY

- Ministry of education •
- Eswatini National Youth Council (ENYC) •
- Khulisa Umntfwana •
- Southern Africa Nazarene University (SANU) •
- Kwakha Indvodza •
- Transitions Eswatini •
- Autism Eswatini •





KEY RESULTS



Ending Preventable Maternal Deaths

INDICATORS



452/100,000

Maternal
Mortality Ratio



87/1000

Teenage
Pregnancy



88.3%

Skilled Birth
Attendance



15.2%

Unmet need for
family Planning

RESULTS

Improving FP Data Quality



120

Sites covered in the 4 regions

Maternal Death Audits



20

Maternal death cases reviewed

Commemoration of International days



272

Clients seen



127

Midwives reached



30,000

Male condoms distributed
through newspaper

UNFPA is the UN partner agency for the government of Eswatini responsible for sexual reproductive health and rights choices. UNFPA in Eswatini works with the Ministry of Health to strengthen the health system's capacity to end preventable maternal deaths.

KEY ACTIONS

- Conducted ATCC Coordinating Committee meeting
- Held work-plan development and progress review meetings.
- Held 4 maternal death audit confidential enquiry review meetings held
- Conducted SRH needs assessment among people with disabilities.
- Rolled out Health sector GBV response guidelines in the four regions

SRHR Legal and Policy Environment



500

ANC guidelines printed



20 000

ANC cards



500

ANC interventions A0 Posters printed

SRH Advocacy Campaigns



408 400

Male condoms distributed



7000

Female condoms distributed



200

Soft copies of MoH Annual Report disseminated



50

Stakeholders reached with information



33

HCWs trained on AYHS



24

HCWs capacitated on cervical cancer screening





Ending unmet need for family planning

INDICATORS



3.2%

Total Fertility
Rate



87/1000

Adolescent birth
rate



66.1%

CPR, modern
methods



15.2%

Unmet need for
family Planning

RESULTS

Improving FP Data Quality



120

Sites covered in the 4 regions

Comprehensive Condom Programming



21 000 000

Male condoms distributed



405 691

Female condoms distributed



14

CMS Pharmacist and partners
refreshed on quantification

Procurement of life saving drugs



5 000

Magnesium sulphate

UNFPA is the main family planning partner for the government of Eswatini, even though the organization no longer procures some of the commodities for the country due to not being part of UNFPA supplies.

UNFPA works with the Ministry of Health to strengthen human resources for health to support ending of unmet need for family planning through quantification of SRH commodities including condoms requirements, conducting of data verification for LMIS data, integration of maternal health tracer drugs into LMIS, advocacy for increased budget for reproductive health commodities as well as advocacy the adoption of the Total Market Approach of RH commodities.

KEY ACTIONS

- Conducted the 2020-2023 quantification, report being reviewed
- Engaged CMS on prioritisation of 3 tracer drugs for integration
- Conducted competency based in-service training on FP.
- Conducted supportive supervision for quality maternal and neonatal services.



8 000

Oxytocin_10iu/ml procured

In-service trainings



79

HCWs reached on FP In-service trainings



116

HCWs trained on FP/HIV Integration







Ending HIV/AIDS

INDICATORS



1.4%

HIV incidence



27%

HIV Prevalence



45%

Orphans and
Vulnerable children
(OVCs)



95%

Prevention of
Mother to Child
Transmission of
HIV coverage





Ending Gender-Based Violence

UNFPA leads the UN Joint Programme on GBV implemented together with UNICEF, UNDP, and other UN agencies, in partnership with the Deputy Prime Minister's Office, Department of Gender and Family Issues.

KEY ACTIONS

- Strengthened coordination and capacity building for GBV prevention, response and management
- Capacitated GBV referral networks and sectors on the Multisectoral guidelines
- Strengthened provision of health sector SGBV response

RESULTS



166
HCWs reached with SGBV health sector guidelines



25
wellness HCWs trained on SGBV health sector guidelines.



172
young men reached with integrated HIV/SRH/GBV information







Fulfilling The Potential Of Young People

INDICATORS



87/1000

**Adolescent birth
rate**



15.2%

**Unmet need for
family Planning**

Improved knowledge generation for youth programming in the country through production of relevant evidence on adolescent sexual reproductive health and rights (ASRHR), HIV and socio-cultural factors affecting and or promoting uptake of ASRH services by young people as well as the Demographic Dividend report. Increased coverage to accurate and omprehensive adolescent and youth sexual reproductive health information.

The CO was requested by the implementing partners to consider introducing or strengthening Menstrual Health management programming which is vital for covering teenage pregnancy. The CO was also alerted about a challenge of the exclusion of the teenagers 10-14 years on the SHIMS 3 data collection for ethical reasons yet it was important for the evidence and programming.

RESULTS



282

**Secondary schools providing
LSE**



130,000

Learners reached with LSE



100

Teachers trained on CSE



100 000

**Young Emaswati reached through
SBCC initiatives**



160

**HCWs mentored on AYFHS
provision**



379

**Boys reached with integrated
service package comprising SRH,
GBV and HIV**

KEY ACTIONS

- Produced relevant evidence on ASRHR

- Scaled up LSE for in-school youth

- Strengthened multi-sectoral coordination of partners working on adolescent and youth fronts

- Developed and printed draft pre-service manual

- Shiselweni Region adopted the National LSE manual for out of school youth

- Review of National Youth policy complete

- Supported development of Ministry of Sports, Culture and Youth Affairs Strategy, awaiting cabinet approval.



1573

Adolescent girls and boys reached with SRH, HIV, GBV & leadership skills



647

Young men reached with gender equality, SRH, GBV information



65,000

Mobilite registered users



100, 414

Mobilite page views



100

Out-of-school youth reached by ENYC at Gege Inkhundla



Generation of Data for evidence informed development

KEY ACTIONS

- Observed World Population Day
- Launched the State of the World Population Report.
- Scaled up comprehensive, quality and integrated health services
- Improved investments in young people to capitalize on the demographic dividend
- Supported Central Statistical Office in census data processing and analysis
- Revised the National Population Policy Framework of Eswatini.
- Supported preparation of the SDGs Voluntary National Report for Eswatini presented in UN General Assembly

INDICATORS



25.9%

Birth registration



0,7%

per annum
population
growth rate



3.2

children per
woman Fertility
Rate



8.7 / 1000

population Crude
death rate



21.7 years

Median age

UNFPA works with the Ministry of Economic Planning and Development, National Population Unit and the Central Statistical Office to enable the generation of data for strategic information and evidence to inform development in Eswatini.

Although the country's data generation systems are available, the data still have challenges

in terms of gaps, lack of disaggregation for some indicators, an outdated population policy and a lack of a National Statistical Strategy to inform population based programming for maternal health, youth, HIV and gender equality and women empowerment.

There is also limited skills in government and CSO's to explore routine and survey data sets for further in-depth analysis to inform policy and programme development on maternal, SRHR, youth, HIV and GBV.





Advocacy & Strategic Partnerships

UNFPA works in partnership with a number of strategic partners to advance the International Conference on Population and Development agenda.

These partners include partners both in the country and outside of the country. The country office has an Advocacy and Strategic partnership plan which was developed together with the country programme and is implemented and reviewed and updated whenever necessary.

On the advocacy front, the CO contributed to improved understanding on the Demographic Dividend among leaders of institutions in both Government and Civil Society. According to the National Demographic Dividend Study, the window of opportunity has opened up for Eswatini and the time is right to sensitize all concerned parties to take full advantage of this once in a lifetime opportunity.

The idea is to create a critical mass of Demographic Dividend advocates in all sectors to push for increased investments among young people, who, evidence has shown, have the potential to turn the economy around and advance Eswatini to realize His Majesty's vision for 2022 and the 2030 agenda on the SDGs.

The 2017 census results show that the working age population, which is the engine for harnessing the DD, is continuing to grow.







ICPD25 Commemoration and Nairobi Summit Eswatini Commitments

The International Conference on Population and Development was celebrating its 25 years of existence in 2019 whilst UNFPA as an organization was celebrating 50 years of existence.

This made the year special in Eswatini because the organization and the International Conference on Population and Development (ICPD25) were being commemorated celebrating the rights and choices for all, including a renewed commitment towards sexual reproductive health and rights.

As such the year was being commemorated and Eswatini was amongst the first countries to commemorate these double events. The double commemoration at Mavuso Trade Fair which was graced by the Prime Minister, His Excellency Ambrose Mandvulo Dlamini together with some cabinet ministers and the UNFPA Regional Director Dr Julitta Onabanjo amongst many other dignitaries.



The commemoration was a yearlong buildup that culminated in the participation of various stakeholders at the Nairobi Summit on ICPD25 held in November 2019, under the leadership of the Ministry of Economic Planning and Development

The Minister of Economic Planning and Development presented Eswatini's

commitments to achieving the ICPD Programme of Action results by 2030.

There was also the International World Population Day commemoration which was also successful and above all reminding us of the unfinished ICPD agenda and commitments which we have pledged going forward. Eswatini also made commitments which are being implemented and monitored.





Some of Eswatini's Commitments

by Government and Civil Society Organisations



Strengthen national data systems including the Civil Registration and Vital Statistics so as to meet the needs of the Strategy for Sustainable Development and Inclusive Growth as well as Agenda 2030. Review the 1967 Statistics Act by 2030.

Scale up GBV prevention, response and management including the 2018 Sexual Offences and Domestic Violence Act and National Guidelines to End GBV in order to ensure that all affected individuals receive integrated and quality services by 2025.



Scale up comprehensive, quality and integrated health services taking advantage of the 4th ICT generation, with a focus on HIV prevention & prevention of teenage pregnancy as well as maternal health promotive strategies by 2030.



Improve investments in young people to capitalize on the demographic dividend by 2030



Commitment to giving a voice to the forgotten and the shunned populace

We commit to creating a committed community of registered and active (online and offline) at least 50 000 young people before April 30, 2019



50



Delivering a world where
every pregnancy is wanted
every childbirth is safe and
every young person's
potential is fulfilled.