With the highest HIV prevalence in the world, Eswatini has experienced a dramatic decline in life expectancy. Maternal, child and infant mortality rates are also high. UNFPA support helps national institutions combat these trends by extending high-quality, integrated sexual and reproductive health services, including for HIV prevention, family planning and maternal health. Programmes also support the integration of population data into development planning, laws and policies to achieve gender equality, and to prevent and respond to gender-based violence.

KEY RESULTS ACHIEVED IN 2018

HEALTH SERVICES FOR SEXUAL VIOLENCE SURVIVORS
Essential health services were provided for survivors of sexual violence by at least 60 per cent of public health facilities

SEXUAL AND REPRODUCTIVE HEALTH/ HIV INDEX
A sexual and reproductive health/HIV integration index was applied

ADOLESCENT HEALTH COMPETENCIES
Adolescent health competencies were included in curriculum of health professionals

SEXUAL AND REPRODUCTIVE HEALTH INDICATORS AVAILABLE
Sexual and reproductive health indicators were collected periodically, and made publicly available

LIFE SKILLS PROGRAMMES FOR GIRLS
38,614 Marginalized girls were reached with health, social and economic asset-building programmes

MEN AND BOYS
A national mechanism was in place to engage men and boys in national policies and programmes

ADVOCACY PLATFORMS AGAINST HARMFUL SOCIAL NORMS
3 communities developed advocacy platforms to eliminate discriminatory gender and sociocultural norms which affect women and girls

SCHOOL-BASED COMPREHENSIVE SEXUALITY EDUCATION
All secondary schools are providing life skills education, reaching approximately 130,000 learners

POLICY, LEGAL AND ACCOUNTABILITY FRAMEWORKS
Sexual Offences and Domestic Violence Bill enacted

HEALTH SERVICES FOR SEXUAL VIOLENCE SURVIVORS
100% of public health facilities at secondary and tertiary levels provide the essential health services package for survivors of sexual violence

NATIONAL PLAN FOR SEXUAL AND REPRODUCTIVE HEALTH
Launched National Condom Strategy 2018-2022

74% of health facilities integrating family planning in all maternal and HIV service entry points (up from 9% in 2013)
**Organizational effectiveness**

$0 (0.0%)

Organizational effectiveness and efficiency, with improved programming for results and partnership coordination.

<table>
<thead>
<tr>
<th>Integrated sexual and reproductive health services</th>
<th>Adolescents and youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Spending: $517,868</td>
<td>Total Spending: $250,361</td>
</tr>
<tr>
<td>Implemented by: UNFPA $368,391 (71%) NGO $149,477 (29%)</td>
<td>Implemented by: UNFPA $202,848 (81%) NGO $47,512 (19%)</td>
</tr>
<tr>
<td>Funded by: Core Resources (50%) Non-core Resources (50%)</td>
<td>Funded by: Core Resources (28%) Non-core Resources (72%)</td>
</tr>
</tbody>
</table>

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.

**Gender equality**

$136,403 (11.9%)

Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

**Analysis on population dynamics**

$241,864 (21.1%)

Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

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**TECHNICAL NOTES AND SOURCES**

Key Achievement Results as of December 2018. Emergency Key Results for 2018 as of May 2019. Data for the Emergency Key Results will be updated on the UNFPA website on a rolling basis as it becomes available from reporting countries. For most up to date data access the online results portal.