



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

Distr.: General
16 July 2010

Original: English

UNITED NATIONS POPULATION FUND

Final country programme document for Swaziland

Proposed indicative UNFPA assistance: \$9.1 million: \$5 million from regular resources and \$4.1 million through co-financing modalities and/or other, including regular, resources

Programme period: Five years (2011-2015)

Cycle of assistance: Fifth

Category per decision 2007/42: A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	2.2	1.8	4.0
Population and development	1.0	1.8	2.8
Gender equality	1.0	0.5	1.5
Programme coordination and assistance	0.8	-	0.8
Total	5.0	4.1	9.1

I. Situation analysis

1. The population of Swaziland is approximately 1.02 million, up from 0.98 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 3.8 in 2007. Life expectancy at birth declined from 60 years in 1997 to 53 in 2007, mainly due to the effects of HIV/AIDS. This has had a long-term impact on development.

2. Maternal, child and infant mortality rates are increasing. Under-five mortality increased from 106 to 120 deaths per 1,000 live births between 1997 and 2008, with 70 per cent occurring among infants younger than one. 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 services. Only 10 per cent of health facilities provide basic emergency obstetric care. Although skilled attendants are present at 74.3 per cent of deliveries, they lack specialized skills in emergency obstetric care.

3. 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 contraceptive prevalence rate for modern methods is low, at 48 per cent, and the unmet need for contraception is 25 per cent. Teenage pregnancy accounts for 25 per cent of all reported pregnancies. Comprehensive reproductive health information and service packages do not target various population groups, such as the elderly and people living with disabilities.

4. 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). The prevalence of other sexually transmitted infections is also high, at 40 per cent of the population of reproductive age. Male circumcision is 8.1 per cent among males two years and older. Multiple concurrent partnerships 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.

5. Swaziland has made some progress towards achieving gender equality; however, some challenges remain. Few women participate in development. Women and young girls have limited access to decision-making and to leadership positions. Only five of 21 cabinet members and 25 per cent of parliamentarians are women. Gender-based violence is high and is increasing. One in three females between the ages of 15 and 24 has experienced sexual violence, which increases the risk of sexually transmitted infections. The trafficking of women and children is an emerging problem.

6. Although the 2006 national constitution guarantees 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.

7. Swaziland, with a human development index of 0.572 in 2007, is a lower middle income country. Over the last two decades, the economy has performed poorly. 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.

8. Poverty levels rose from 66 per cent in 1995 to 69 per cent in 2001. Poverty is expected to increase as a result of the prolonged drought,

exchange rate volatility, declining export receipts and the global economic downturn. In addition, revenue from the Southern African Customs Union has declined. HIV/AIDS is negatively affecting the labour force and productivity. The Millennium Development Goals are not likely to be achieved by 2015, except Goal 2 (on achieving universal primary education) and Goal 3 (on promoting gender equality and empowering women).

9. Data for planning is limited and outdated, due to the limited capacity for data processing and analysis. 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.

10. The Government has put into place several initiatives to provide a road map for economic and social recovery. Most of these initiatives are articulated in the national development strategy and the poverty reduction strategy and action plan, 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.

II. Past cooperation and lessons learned

11. The fourth country programme covered a period of five years, from 2006 to 2010. This 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.

12. The programme established and strengthened strategic partnerships between the

Government, parliament, United Nations organizations, the media and civil society organizations, 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.

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

III. Proposed programme

14. UNFPA and the Government developed the proposed programme through a consultative and participatory process. The programme is based on the common country assessment and the United Nations Development Assistance Framework (UNDAF). It contributes to the poverty reduction strategy and action plan, and to the following UNDAF pillars: (a) HIV/AIDS; (b) poverty and sustainable livelihoods; (c) human development and basic social services; and (d) governance.

15. 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, taking into account the UNFPA strategic plan, 2008-2013, as well as other international and regional frameworks, including the Maputo Plan of Action.

16. 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.

17. The programme has three components: (a) reproductive health and rights; (b) population and development; and (c) gender equality.

Reproductive health and rights component

18. The outcome for this component is: national health systems deliver high-quality, integrated reproductive health and HIV information and services for women, men and young people. Two outputs will contribute to this outcome.

19. 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. Strategies include: (a) advocacy for strengthening health systems, increasing human resources, developing policies and strengthening family planning and sector-wide approaches; (b) skills development, particularly in emergency obstetric care and family planning; (c) strengthening health systems; and (d) strengthening the capacity for developing and implementing policies, guidelines, standards and protocols.

20. Output 2: Increased capacity of government and civil society institutions to deliver services and social and behaviour change communication interventions for HIV prevention. The programme will: (a) support capacity development for HIV prevention, review reproductive health policies, strategies and guidelines, including the national HIV/AIDS strategic plan, the male circumcision strategy, the adolescent reproductive health

strategy, and the guidelines to prevent mother-to-child transmission of HIV; (b) strengthen social and behaviour change communication interventions that incorporate sociocultural issues that fuel HIV transmission; (c) support advocacy for increased resources for HIV prevention; (d) strengthen the linkages between reproductive health and HIV/AIDS; and (e) strengthen comprehensive condom programming.

Population and development component

21. The outcome of this component is: national planning and decision-making institutions formulate and implement policies and plans that reflect population and development linkages. Two outputs will contribute to this outcome.

22. Output 1: Increased capacity of government and civil society institutions to generate, analyse, manage and utilize disaggregated data for development planning. The programme will: (a) provide institutional and technical support to national statistical systems for data generation, processing and dissemination; (b) strengthen existing population databases; (c) support the development of strategic plans and frameworks for data management; and (d) support sociocultural research, including HIV-prevalence monitoring, for programme development.

23. Output 2: Strengthened capacity of government and civil society institutions to integrate population variables into development policies and plans. This output will be achieved by: (a) advocating the use of population data and research to understand 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 revising the current population policy; (d) training planners to integrate population variables into policies

and plans; (e) strengthening capacity for programme coordination and implementation; and (f) identifying reproductive health and gender needs for improved programming.

Gender equality component

24. The outcome of this component is: government, civil society and community leaders enhance gender equality and promote the rights of women, girls and men. Two outputs will contribute to this outcome.

25. Output 1: Strengthened capacity of government and civil society institutions to review and formulate laws, policies and plans that address gender equity and equality. This will be achieved by: (a) advocating the review of legislation related to gender and the prioritization of 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 mechanisms; and (f) strengthening gender-related statistical and research analysis.

26. Output 2: Increased capacity of the Government, civil society and communities to prevent and address gender-based violence. Strategies will include: (a) strengthening capacity to develop and implement plans and strategies to combat gender-based violence; (b) strengthening systems to prevent gender-based violence; (c) supporting a life-skills programme to empower youth; and (d) sharing information and carrying out advocacy activities on gender issues.

IV. Programme management, monitoring and evaluation

27. The Ministry of Economic Planning and Development, through the population unit, will coordinate the overall programme and the population and development component. The

Ministry of Health will coordinate the reproductive health component, and the gender and family issues unit will coordinate the gender component. The Government will implement the programme using the national execution modality.

28. The UNFPA country office will develop a resource mobilization strategy to support the country programme. UNFPA will align the monitoring and evaluation of the programme with government sectoral monitoring processes, the UNDAF monitoring and evaluation framework, and the UNFPA monitoring and evaluation policies. The programme will improve partnership and synergy within United Nations organizations through theme groups on gender and HIV/AIDS, and through technical working groups.

29. The UNFPA country office consists of a representative, an assistant representative, an operations manager, four programme staff and a number of administrative and support staff. UNFPA will recruit an international adviser for reproductive health and HIV/AIDS, national project personnel for monitoring and evaluation, United Nations volunteers, and junior professional officers to strengthen programme implementation and national execution. The Africa regional and subregional offices as well as headquarters units will provide technical assistance. The country office will liaise with other country offices and national institutions for technical support.

RESULTS AND RESOURCES FRAMEWORK FOR SWAZILAND

<p>National priority: (a) improving the human development index in Swaziland from 0.5 in 2008 to 0.55 by 2014; (b) halting new infections, reversing the spread of HIV and reducing the vulnerability of affected individuals and families; and (c) achieving universal access to high-quality basic social services by 2022</p> <p>UNDAF outcome: by 2015: (a) 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</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><u>Outcome:</u> National health systems deliver high-quality, integrated reproductive health information and services for women, men and young people</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Percentage of deliveries attended by a skilled health worker Baseline: 74%; Target: 85% • Unmet need for family planning Baseline: 25%; Target: 15% • Condom use during last high-risk sexual encounter Baseline: 55% (women), 68% (men); Target: 75% and 85%, respectively 	<p><u>Output 1:</u> 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</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Percentage of health facilities supported with basic emergency obstetric care. Baseline: 26%; Target: 52% • Percentage of health facilities experiencing no stock-outs of at least three family planning methods <p><u>Output 2:</u> Increased capacity of government and civil society institutions to deliver services and social and behaviour change communication interventions for HIV prevention</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> • Schools, youth centres and communities are supported to provide life skills activities on HIV prevention Baseline: 20 schools, four youth centres and 20 communities Target: 80 schools, 20 youth centres and 80 communities • Number of institutions with staff skilled in social and behaviour change communication. Baseline: 5; Target: 10 	<p>Central Statistics Office; Ministries of: Education; Health; and Youth, Sports and Culture; municipal health facilities; National Emergency Response Council on HIV/AIDS; uniformed services</p> <p>Non-governmental organizations, including academic institutions, community-based organizations, faith-based organizations, mission health facilities, and traditional institutions; media</p>	<p>\$4 million (\$2.2 million from regular resources and \$1.8 million from other resources)</p>
<p>National priority: (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</p> <p>UNDAF outcome: increased and equitable access of the poor to assets and other resources for sustainable livelihoods</p>				
Population and development	<p><u>Outcome:</u> National planning and decision-making institutions formulate policies and plans that reflect population and development linkages</p> <p><u>Outcome indicator:</u></p> <ul style="list-style-type: none"> • Number of new and revised national plans that integrate population variables 	<p><u>Output 1:</u> Increased capacity of government and civil society institutions to generate, analyse, manage and utilize disaggregated data for development planning</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> • Number of government and civil society institutions with at least two staff members skilled in data analysis Baseline: 1; Target: 15 • Number of surveys, studies and databases that have had a secondary or in-depth analysis. Baseline: 3; Target: 5 	<p>Ministry of Economic Planning and Development; other sectoral ministries</p> <p>Academic institutions; non-governmental organizations; private sector organizations</p>	<p>\$2.8 million (\$1 million from regular resources, and \$1.8 million from other resources)</p>

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development (continued)	Baseline: 4; Target:4	<p><u>Output 2:</u> Strengthened capacity of government and civil society institutions to integrate population variables into development policies and plans</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ● Number and percentage of planners in government ministries and civil society with the knowledge to integrate population variables into plans. Baseline: 27%; Target: 80% ● Number of government ministries with at least one planner trained in integrating population variables. Baseline: 1; Target: 18 ● Number of media organizations that advocate population and development issues. Baseline: 4; Target: 7 		
<p>National priority: improving governance and strengthening national institutions</p> <p>UNDAF outcome: (a) strengthened national capacity to promote and protect rights; and (b) gender equality is enhanced</p>				
Gender equality	<p><u>Outcome:</u> Government, civil society and community leaders enhance gender equality and promote the rights of women and girls</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ● Number of gender-related policies and bills approved or passed Baseline: 1; Target: 5 ● Number of health facilities offering services to survivors of gender-based violence. Baseline: 5; Target: 40 	<p><u>Output 1:</u> Strengthened capacity of government and civil society institutions to formulate laws, policies and plans that address gender equity and equality</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ● Number of government and civil society institutions with staff skilled in gender mainstreaming ● Number of draft bills, policies and strategies being drafted with support from the programme. Baseline: 3; Target: 5 <p><u>Output 2:</u> Increased capacity of the Government, civil society and communities to prevent and address gender-based violence</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ● Number of mechanisms established to prevent gender-based violence. Baseline: 1; Target: 3 ● Number of health workers skilled in management of gender-based violence survivors 	<p>Office of the Attorney-General; gender and family issues unit; Office of the Deputy Prime Minister; Ministries of: Education; Home Affairs; Justice; and Youth, Sports and Culture; parliamentarians</p> <p>Academic institutions; community-based organizations; media; non-governmental organizations; traditional institutions</p>	<p>\$1.5 million (\$1 million from regular resources, and \$0.5 million from other resources)</p> <hr/> <p>Total for programme coordination and assistance: \$0.8 million from regular resources</p>