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OTHER FUNDS AND PROGRAMMES

UNITED NATIONS FUND FOR POPULATION ACTIVITIES

PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director

Assistance to the Government of Swaziland

Support for a national family health project

Estimated UNFPA contribution:	\$ 1,394,100
Estimated value of the Government's contribution:	\$ 484,500
Duration:	Three years
Estimated starting date:	July 1979
Executing Agency:	World Health Organization (WHO)
Government Co-operating Agency:	Ministry of Health

I. Summary

1. UNFPA proposes to support a national family health project in the amount of \$1,394,100 for three years (July 1979 to June 1982) to assist the Government of Swaziland in strengthening its integrated maternal and child health and family planning programme. This project is an extension of an on-going project of assistance to the country's health programme funded by UNFPA since 1976. Swaziland is included among the countries to be given special attention in allocating UNFPA resources. In view of the present weaknesses in the country's rural health services delivery system and the Government's eagerness to strengthen and expand maternal and child health/family planning services in the rural areas, support for this project seems well justified.

II. Background

2. Swaziland is a small, land-locked nation, covering 17,368 square kilometres, in southeastern Africa. The country is divided into four districts. The westernmost region, or highveld, is mountainous with a temperate climate. The middleveld region is sub-tropical and drier, while the lowveld region in the east is semi-arid savannah.

3. According to United Nations estimates, the population of Swaziland was about 555,700 in 1978 and is growing at a rate of 2.8 per cent annually. The gross reproduction rate is 3.1 while the general fertility rate has been estimated at 206 per thousand. Swaziland's crude birth rate is 47 per thousand, and the crude death rate is 19 per thousand. Over 90 per cent of all Swazis live outside designated urban areas. Population density, 27 persons per square kilometre over-all is higher in some parts of the middleveld region, where 42 per cent of the population lives.

4. About 45 per cent of the population is under 15 years of age, with 18 per cent in the 0-4 years age bracket. About 45 per cent of the women of Swaziland are of child-bearing age.

5. An outstanding feature of the population situation is a continued high rate of migration among males of working age - 17.5 per cent of the male labour force (ages 15 to 54) - into the neighbouring countries in search of employment.

6. Life expectancy at birth is estimated to be 47 years for females and 44 years for males. Infant mortality is about 125 per thousand live births. The causes of infant and adolescent morbidity and mortality include malnutrition, infectious diseases, and diseases arising from lack of environmental sanitation. Anaemia (due to iron deficiency, malaria, and other causes) is prevalent among children and pregnant and lactating women.

7. The per capita gross national product was estimated at \$590 in 1978 by the World Bank.

8. The Government of Swaziland considers the current levels of fertility excessive, and has come out in favour of promoting a slower population growth rate. The integration of family planning programmes into the country's public health services is intended to bring about a gradual decline in fertility over the long term, and also to contribute to improving maternal and child health services. With regard to other adverse population trends, such as a migration, Government policy favours seeking solutions through general socio-economic development rather than through specific programmes.

9. Swaziland's health care delivery system, including family planning, is facing several important problems. There is a shortage of appropriate facilities, especially in the rural areas; health services and family planning services are not sufficiently integrated; the country lacks health personnel trained and motivated to deliver preventive health care and family planning services in a rural milieu; there is no adequate system for providing complete and reliable vital statistics or information on delivery of health and family planning services.

10. In 1975, it was estimated that there was one medical officer for every 9,000 people and one nurse for every 1,160 people. There were 11 hospitals - one hospital bed for 400 people - four health centres, and 57 rural clinics. In 1976 about 25 per cent of all deliveries took place in hospitals and clinics, and only about 6 per cent of pregnant women received pre- and post-natal care. A review of the family planning programme for the years 1974-1976 indicated that about 10,500 women made use of the programme during this period. The health care system is unevenly distributed, with 60 per cent of the hospital beds, 60 per cent of the doctors, and 55 per cent of the nurses concentrated in urban areas, where only 12 per cent of the population is living.

11. UNFPA has been rendering assistance to Swaziland for maternal and child health and family planning since 1976. With UNFPA contributions totalling \$408,500 by 1978, Swaziland has been able to construct two rural clinics, train health personnel locally, benefit from the services of two international advisers (a physician and a health educator), cover the salary costs for 24 national medical staff, and obtain vehicles and contraceptives. In a related area, UNFPA has assisted the development and initiation of a family life education project with a total budget for 1979-1981 of \$656,000, offering a comprehensive family life education programme for rural families within the context of existing agricultural and social development extension services. As to data collection, UNFPA has allocated a total of \$459,000 in support of the 1976 population census and other related surveys and training nationals in data-collection methods.

12. Swaziland has received other multilateral assistance for population programmes, mostly in the health sector; principal donors have been the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO). Bilateral support has come

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from the United Kingdom and the United States Agency for International Development (USAID). Non-governmental organizations such as the International Planned Parenthood Federation (IPPF) and the Danish Church Aid have also been active in the population field.

III. The project

13. The long-term objective of the Swaziland family health project is to further improve the capability of the Ministry of Health to deliver maternal and child health services, including family planning, through a strengthened and expanded network of service delivery points in the rural areas. The project's immediate objectives are to: upgrade, modernize, and equip four existing rural clinics; construct and equip four new rural clinics; train community nursing assistants to run the rural clinics, deliver maternal and child health/family planning services, and record basic service statistics; and strengthen the review system so it can provide a continuous supply of information on the programme.

14. The maternal and child health and family planning unit of the Ministry of Health will be responsible for the project's administration and operations at headquarters and in the field. Each of the country's four districts will have a maternal and child health/family planning nurse supervisor to oversee the operations of the rural clinics. In providing motivational and promotional services, the health education unit of the Ministry of Health will work with the Government's various extension services, with youth and non-governmental organizations, with traditional and other opinion leaders, and with the mass media.

15. The project includes provision of two international advisers: a physician and a family life educator, both for two years. Other components to be funded by UNFPA include up-grading and modernizing existing facilities and building new facilities; providing local training and fellowships; providing contraceptives; supplying audio-visual equipment and vehicles; and conducting a knowledge, attitude, and practice (KAP) survey.

16. The expenditure components of UNFPA support over the three years of the project will be:

	<u>1979</u>	<u>1980</u>	<u>1981</u>	<u>1982</u>	<u>Total</u>
	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
International advisers	44 500	84 000	73 500	42 000	244 000
Construction and improve- ment of facilities	140 000	533 700	326 700	-	1 000 400
Training and fellowships	3 500	17 000	17 000	14 000	51 500
Contraceptives	43 500	-	10 500	-	54 000
Equipment	9 700	14 000	14 000	1 500	39 200
Miscellaneous (KAP survey)	-	5 000	-	-	5 000
	241 200	653 700	441 700	57 500	1 394 100

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17. The Government's contribution to the project has been estimated at \$484,500. It will cover the salaries of national staff working with the project and all other project costs not specifically assigned to UNFPA.

IV. Recommendation

18. The Executive Director recommends that the Governing Council:

(a) Approve the project in Swaziland in the amount of \$1,394,100 for three years;

(b) Authorize the Executive Director to allocate the funds and to make the appropriate arrangements with the Government of Swaziland and the Executing Agency.

