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UNFPA

UNITED NATIONS POPULATION FUND  
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director  
Assistance to the Government of Swaziland  
Support for a comprehensive population programme

Proposed UNFPA assistance: \$2.75 million, of which \$2 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of \$750,000 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

Estimated value of the  
Government's contribution: To be determined

Duration: Five years

Estimated starting date: January 1992

Executing agencies: Government of Swaziland  
United Nations and United Nations agencies and organizations  
National and international non-governmental organizations (NGOs)

Government coordinating  
agency: Ministry of Economic Planning and Development

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## SWAZILAND

Demographic facts

|                                 |       |                                    |      |
|---------------------------------|-------|------------------------------------|------|
| Population Total (000)          |       | Population density (/sq. km.)      | 45   |
| Total                           | 788   | Average annual change (000)        |      |
| Males                           | 389   | Population increase                | 31   |
| Females                         | 399   | Births                             | 40   |
| Sex ratio (/100 females)        | 97.5  | Deaths                             | 10   |
| Urban                           | 261   | Net migration                      | 0    |
| Rural                           | 528   | Annual population total (% growth) | 3.57 |
| Per cent urban                  | 33.1  | Urban                              | 7.03 |
| Population in year 2000 (000)   | 1,121 | Rural                              | 1.61 |
| Functional age groups (%)       |       | Crude birth rate (/1000)           | 46.7 |
| Young child: 0-4                | 19.4  | Crude death rate (/1000)           | 11.1 |
| Child: 5-14                     | 28.0  | Net migration rate (/1000)         | 0.0  |
| Youth: 15-24                    | 18.7  | Total fertility rate (/woman)      | 6.50 |
| Elderly: 60+                    | 4.7   | Gross reproduction rate (/woman)   | 3.20 |
| 65+                             | 2.9   | Net reproduction rate (/woman)     | 2.65 |
| Women: 15-49                    | 22.0  | Infant mortality rate (/1000)      | 107  |
| Median age (years)              | 16.3  | Life expectancy at birth (years)   |      |
| Dependency ratios: total        | 101.1 | Males                              | 56.2 |
| (/100) Aged 0-14                | 95.2  | Females                            | 59.8 |
| Aged 65+                        | 5.9   | Both sexes                         | 58.0 |
| Agricultural population density |       | GNP per capita                     |      |
| (/hectare of arable land)       | 3.12  | (U.S. dollars, 1989)               | *    |

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

\* not available.

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## I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of \$2.75 million, of which \$2 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Swaziland in achieving its population and development objectives. UNFPA would seek to provide the balance of \$750,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme is based on the Government's National Development Plan (1991-1994); the findings and recommendations of the November 1991 multisectoral Programme Review and Strategy Development (PRSD) mission that reviewed national population initiatives, identified the main population problems and formulated a national population strategy to address them; and recommendations of the August 1990 National Conference on Population and Development and the October 1991 National Workshop on Population and Development. The programme is designed to coincide with the programme cycle of the United Nations Development Programme (UNDP) and as closely as possible with those of other United Nations agencies and donor agencies.

3. The broad objectives of the proposed country programme are to assist the Government to: (a) achieve a balanced population growth commensurate with resources and to enhance sustainable development; (b) reduce infant and maternal mortality and teenage pregnancy through continuing improvement in the quality and coverage of maternal and child health and family planning (MCH/FP) services; (c) create awareness and public understanding of population issues, especially gender issues and AIDS prevention; (d) improve the national capacity for integration of demographic variables into national development planning; and (e) promote the status of women through elimination of practices that hinder their participation in population and development activities.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14(d)); that respect for human life is basic to all human societies (para. 14(e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14(f)).

## II. BACKGROUND

5. Swaziland, with a land area of 17,634 square kilometres, is one of Africa's smallest countries. It is entirely landlocked and, apart from a 96-kilometre border with Mozambique in the east, is surrounded by the Republic of South Africa with which it shares a customs union, monetary system and system of common law. The country is governed by a dual traditional and civil government with all executive power vested in the King.

6. According to government estimates, the population of Swaziland, 563,000 in 1980, was 817,000 in 1991.\* Females account for about 52 per cent of the total, thus a sex ratio of 97.5 males per 100 females.

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\*For United Nations estimates, see the demographic data sheet on p. 2.

The Government estimated annual population growth rate at 3.5 per cent (1990-1995), up from 3.3 per cent in 1980-1985, with a total fertility rate estimated at 6.5 (1990-1995). Life expectancy at birth is estimated at about 56 years while infant mortality has declined to an estimated 107 per 1,000 live births compared to 129 per 1,000 in 1980-1985. Swaziland has an extremely young population, with an estimated 47.3 per cent of the total population in the 0-14 age group. Those aged 65 years and over account for only 4 per cent. This combination of elderly and young makes for a dependency ratio of 95.2 dependents per 100 working age population. Rising and rapid urbanization stimulated by an exodus from rural areas to the two major growth centres, Mbabane and Manzini, has given rise to unemployment and other social conditions that endanger family welfare and stability and make youth especially vulnerable to social problems, including early pregnancy, sexually-transmitted diseases and AIDS.

7. Swaziland's per capita gross national product (GNP) was estimated at \$810 in 1988. The economy is dualistic, consisting of a modern sector dominated by agriculturally-based export industries and a significant manufacturing sector, and the traditional subsistence sector. Commercial agriculture takes up about 45 per cent of cultivatable land. An estimated 65 per cent of the total land area is devoted to subsistence farming and helps support the 77 per cent of the population who live in the rural areas.

8. The economy is also bound up with that of its much stronger neighbour, the Republic of South Africa, which has significant investments in the country. Employment outside the country is an important outlet for those unable to find formal employment in Swaziland. As job opportunities decline in South Africa and miners return to Swaziland, the unemployment situation will be further exacerbated. Women provide most of the agricultural labour in Swaziland and, in public service positions, are represented mostly in such traditional jobs as teaching and nursing, holding few managerial positions.

9. A stated priority of Swaziland's National Health Policy adopted in 1983 is to expand and strengthen MCH services, including family planning. All development plans since 1989 have included family planning objectives. Since 1983, Swaziland has been making steady progress towards delivery of MCH/FP and other primary health care services and now has 11 health centres, 6 public health units, and an estimated 297 health service delivery points including outreach points. Of the static service delivery points, 52 per cent provide pre-natal care and 46 per cent now provide family planning services. A significant proportion of Swaziland's MCH/FP care and other health services are provided by non-governmental sources, most notably the Family Life Association of Swaziland (FLAS), the local IPPF affiliate, which provides family planning services through its three urban clinics and, through USAID, procures all of the country's contraceptive supplies.

10. Family planning remains one of the weakest elements in the primary health care programme, although some progress has been made. In 1988, the national contraceptive prevalence rate among women of reproductive age was 17 per cent, four times the rate estimated in 1985. Over 30 per cent of all women have used a contraceptive method at some time, with 80 per cent of females and 88 per cent of males aware of at least one effective contraceptive method. The provision of effective MCH/FP care and increased contraceptive use is, however, constrained since modern health facilities are not distributed evenly throughout the country. Doctors and trained midwives assist with 81 per cent of urban, but only 40 per cent of rural deliveries. Urban women are twice as likely to have used modern family planning and to be using contraception. Family planning services at some existing health care delivery points are hampered by limited knowledge and skills, while MCH/FP outreach efforts and linkages with the AIDS programme are minimal. There is also a need for a satisfactory logistics management system for contraceptive commodities. General family planning policy guidelines and service standards are lacking, as are reliable data for planning and management, especially with regard to such key population segments as youth, males and community leaders.

11. At 67 per cent, the national adult literacy rate is rising steadily as the country approaches universal primary education. Net school enrolment is 76 per cent in primary schools and 47 per cent in secondary schools with an enrolment ratio for males and females of approximately 1:1. Between 1979 and 1987, primary and secondary school enrolment grew by 39 and 49 per cent, respectively. An estimated 37 per cent of the population has had no schooling at all and only 0.4 per cent has had some post-secondary training. The lack of trained nationals in practically all fields poses a major problem for the Government.

12. Following the recommendations of a report submitted to the Government in 1987 and the "Swaziland National Seminar on the Environment" in May 1988, the Government has set up an inter-ministerial committee to clarify the organization and operational and financial arrangements for a National Environmental Council. Legislation on this issue is planned. The Government is also seeking to bring water resources under a single authority, the National Water Authority, through enactment of a draft National Water Act. A national water inventory, including surface and groundwater surveys, is ongoing and will provide the basis for future water use planning.

13. While Swaziland has not yet established an explicit national population policy, the need for such a policy has become evident. Although the interrelationships between population growth and national development have not been fully delineated, government officials acknowledge that the challenge of national development is made more difficult by the mounting pressures and demands of rapid population growth on the country's limited resources.

### III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

14. Beginning in 1972, UNFPA assistance to Swaziland has focused on a range of activities including MCH/FP, population censuses (1976, 1986), civil registration, demographic training, a study on law and population, and family life education. A basic needs assessment mission was held in 1980. Expenditures from 1974 to 1981 totalled \$1.5 million.

15. The Governing Council approved the first UNFPA country programme of assistance to Swaziland in 1988 in the amount of \$1.9 million for four years (1988-1991) of which \$1.1 million had been spent by December 1991. Of the unspent funds, \$450,000 was earmarked for IEC activities.

16. The PRSD mission observed that programming and project development have advanced well in the areas of MCH/FP, basic data collection and analysis, and demographic training, while efforts with regard to IEC, population policy and women in development advanced only minimally, with project documents pending and objectives still to be decided on. Although the first country programme did not achieve its objectives in these sectors, this was not primarily due to funding constraints but because of delayed programme decisions by planners, lack of agreement among policy makers on component design, and inadequate communication between the potential participants as well as delays in the provision of technical services.

#### Maternal and child health and family planning

17. Since 1972, UNFPA has sought to promote the delivery of family planning services and assistance to the FLAS, the local IPPF affiliate. Second-phase MCH/FP assistance started in 1988 with the launching of the first country programme aimed at improving the health status of all Swazis, especially children and women of childbearing age, by providing appropriate health services while emphasizing Safe Motherhood strategies

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geared to reducing high maternal and infant mortality rates. UNFPA support also has contributed in a number of ways to the 17 per cent contraceptive prevalence rate. In the area of training, UNFPA assistance has helped with master's-level courses in family planning programme management, year-long nurse practitioner courses at the Institute of Health Sciences, eight-week contraceptive technology courses for nurse midwives, pre-service training for nursing students, and a variety of workshops and seminars for community leaders, including chiefs, church leaders, and parliamentarians. UNFPA helped introduce the partogram used to screen difficult deliveries as well as update the family planning manual developed in the first phase. The FLAS was subcontracted to produce IEC materials on the benefits of family planning while the Lutsango LwakaNgwane women's organization was subcontracted to help encourage traditional women's groups to use family planning. In addition to providing all injectable contraceptives, UNFPA is jointly responsible for the provision of other modern methods along with IPPF, USAID and WHO (which supplies condoms for AIDS prevention). While significant progress has been made, especially in the training of nationals, the PRSD mission did indicate the need for more training of trainers, medical officers and community-based personnel as well as increased and diversified family planning outreach activities.

#### Information, education and communication

18. Missions fielded to discuss a possible IEC schools' project with the Government yielded a number of draft proposals, which were neither finalized nor submitted to UNFPA for funding. Nevertheless, UNFPA did fund a series of non-formal IEC activities undertaken by NGOs, especially the FLAS.

#### Data collection and analysis

19. UNFPA assistance has helped complete processing of the 1986 census, strengthen the civil registration system and prepare migration statistics. Operating out of the Central Statistics Office (CSO), UNFPA-assisted activities implemented by the United Nations Department of Technical Cooperation for Development were launched in 1989 to provide overseas training for staff from the CSO and the Registrar General's Office in data entry, cartography and civil registration procedures. In addition, training workshops for local staff from CSO, government ministries and the University of Swaziland have been conducted with the assistance of United Nations Volunteers, the Economic Commission for Africa and the United Nations Statistical Office. All statistical, analytical and administrative reports on the 1986 census have been produced and a seminar to disseminate census results was held in October 1991 with participants from neighbouring Zambia, Lesotho and Botswana. UNFPA support helped lay the foundation for the 1983 enactment and subsequent promulgation of a compulsory civil registration system.

20. The PRSD report suggests that problems involving the institutional arrangements for data collection and analysis need to be addressed. The Statistics Act of 1967 does not clearly mandate the CSO to coordinate data collection systems and activities of other government units. In addition, institutional linkages between CSO, the civil registration system and other data collecting ministries are weak. The inadequate number of staff skilled in data processing and analysis has led to a backlog of unanalysed data and delays in publishing results. Consequently, a number of user departments are setting up their own data collection systems, which is an unnecessary duplication of effort and an ineffective use of the limited available human resources and equipment. Due to a lack of focus and in the absence of coordinated planning, the CSO has undertaken too many surveys in the past four years and generated more data than it could handle. A household programme of surveys is now under consideration to help focus and reshape CSO operations.

### Population policy formulation

21. Relatively little has been achieved with regard to population policy formulation other than acknowledgement of the need for such a policy. UNFPA has provided support to the Parliamentary Committee on Population and Development (PCPD), which was set up in 1988. The PCPD has fostered interest in the population policy issue among parliamentarians, traditional leaders, policy makers and planners.

### Population dynamics

22. UNFPA helped launch a demography training programme at the University of Swaziland in 1985. The UNDTCD-executed programme sought to integrate demography into related subjects in an effort to build up a pool of skilled nationals. Because of staffing problems and structural rigidities, some University facilities had difficulties in accommodating the subject and the effort was suspended in 1987, only to be resumed the following year. The main achievements since then included the development of curricula for demography training and the expansion of the Department of Statistics into the Department of Statistics and Demography. Demography is now being offered as an option in the University's double major programme and in postgraduate training for staff. The first graduates of the new programme will complete their training in 1992. Publications produced include career guidance material, a training manual for civil registration officers, a textbook entitled "Introduction to Demography", which specifically focuses on Swaziland, plus three other training manuals. Because of staffing constraints, planned research on demographic topics and other research assistance for the Government and other institutions could not be carried out. Two training workshops have been held for civil registration information officers from various organizations including the Ministry of Health, the Registrar General's Office and local authorities. Activities also encompassed analysis of 1986 census data. A certificate level course in demography is under discussion. The PRSD mission and the tripartite review indicated that achievements were constrained by the inadequate number of training staff available during the current academic year. The project has been extended until June 1992 to ensure completion of the academic year, preparation of a textbook, and the holding of a seminar on population policy.

### Women, population and development

23. Swaziland lacks an institutional framework for women's activities nor does it have programmes designed to incorporate women into population activities. The National Development Plan does not have a fully articulated policy on women and development. There is no agency entrusted with the responsibility to articulate concerns about women's issues, policies or the effects of development on women. While the Ministry of the Interior registers women's voluntary organizations and NGOs, it neither influences the policies and programmes of other ministries nor is it in a position to monitor the impact of sectoral programmes for women.

### Other external assistance

24. The number of bilateral and multilateral donors who directly or indirectly intervene in population activities in Swaziland is quite small and their areas of interest well defined. Nonetheless, donor assistance has a significant input into the national population programme. Without continued donor support, many population activities would be unsustainable in the short- to medium-term.

25. One major donor, the United States Agency for International Development (USAID), provided a grant of \$6.3 million to the Ministry of Health through its "Swaziland Primary Health Care Project" (1986-1991). A further five-year assistance package (1992-1996) is being finalized with the Government for about \$6 million, with the Ministry of Health as executing agency. Activities will focus on integration of MCH/FP with other health services, community-based distribution schemes, supervision, training, health information systems, contraceptive logistics, staffing and organization, and improvements in primary health care infrastructure. Under its new programme of assistance, USAID would continue provision of contraceptives for the FLAS, but contraceptive supply to the Ministry of Health would be gradually phased out by the end of 1992. The European Community provides technical advisory support to the Ministry of Economic Development and Planning and support for the construction of rural health facilities. The British Overseas Development Administration has for some time provided funds and technical expertise for the CSO's data analysis activities, and is also involved in aspects of AIDS prevention and medical training. WHO's contribution has been in AIDS control and education, providing technical advice and training. UNICEF has been involved in Safe Motherhood Initiative projects geared towards prenatal care in collaboration with UNFPA and plans to assist CSO in the National Household Capability Survey. A grant of \$150,000 through the Ministry of Health was provided by UNICEF for training of new and traditional healers.

26. NGOs active in the population field include IPPF working through FLAS, its local affiliate, which has a 10-year history of pioneering in service delivery, population advocacy activities and awareness creation, and contraceptive supply. The Red Cross offers family planning services in its clinics, and CARE International has collaborated with the FLAS in AIDS prevention and education in schools, with funding from WHO. The Lutheran World Federation works with refugee groups, especially in providing emergency relief.

#### IV. PROPOSED PROGRAMME 1992-1996

27. In addition to the overall objectives outlined in paragraph 3 above, more specific objectives of the proposed UNFPA programme would be to expand and improve the delivery of MCH/FP services in order to reduce maternal and infant mortality and to increase contraceptive prevalence to 30 per cent by 1996.

28. In keeping with the PRSD mission's identification of priorities within sectors, the following strategies are proposed: (a) expand and improve MCH/FP service coverage, utilization and quality, giving greater weight to the family planning component; (b) increase the number and quality of family planning outreach sites by developing such alternative channels for delivery of family planning services as pilot community-based distribution schemes and the use of non-medical professionals; (c) develop and implement a comprehensive and multisectoral national population IEC strategy; (d) promote the formulation of an explicit population policy and the integration of population variables and gender issues into development planning; (e) review possible demographic and family planning objectives and targets as part of the policy formulation process; (f) establish a coherent system for data collection and analysis; and (g) strengthen national capacity for population research.

#### Maternal and child health and family planning

29. UNFPA would assist the Government to expand and improve MCH/FP services nationally by focusing more sharply on contraceptive service needs, particularly those of youth and males. Resources would be disproportionately allocated to improve services in the underserved rural areas. In giving priority to training, UNFPA support would include: (a) integration of family planning services into the remaining static health service facilities and outreach sites; (b) development of general family planning policy guidelines and service

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standards; (c) strengthening the family planning knowledge and skills of 1,100 nurses, 385 nursing assistants and 1,800 other health care providers through in-service MCH/FP training for service providers, the training of trainers (lecturers), nursing college pre-service training and refresher courses, and the training of community-based distribution agents; (d) design, development and production of teaching and promotional material for use at all health service points; and (e) the supply of contraceptives for the Ministry of Health and the strengthening of the linkages between MCH/FP and AIDS services. A total of \$750,000 would be provided to this sector.

#### Information, education and communication

30. The proposed UNFPA-supported population IEC programme would adopt a multisectoral approach in an effort to enhance the national capacity for systematic and sustainable IEC interventions with a special focus on youth and males in support of MCH/FP, Safe Motherhood, and AIDS prevention. The programme's primary objectives would be to: (a) assist the Government to promote awareness of its national population goals; (b) advocate, generate and sustain further demand for family planning service; (c) promote responsible attitudes towards sexuality and fertility among youths and males; and (d) raise the level of national awareness of gender issues.

31. The proposed programme would seek to attain these goals by creating a multi-media, culturally sensitive IEC strategy and infrastructure to direct, implement and coordinate a national population IEC programme. Working with other donors, especially members of the Joint Consultative Group on Policy (JCGP), UNFPA would help the Government to establish an IEC task force to guide and coordinate the formulation and implementation of an IEC strategy and programme. UNFPA would provide support for: training of nationals in IEC programme management skills; socio-cultural research; multi-media awareness campaigns using popular arts, theatre, radio and audio-visual presentations; sensitization of media and related institutions to population issues; and the creation of information networks to ensure widespread public access to population and development information. Support would be provided for the design of special family life education and interpersonal and group communication interventions targeting youth and males. A total of \$500,000 would be provided for this sector.

#### Data collection and analysis

32. UNFPA would assist the Government in achieving a coherent system of demographic data collection and analysis that would include setting up an integrated system for the collection and analysis of socio-demographic data at the CSO with subsystems located in the sectoral ministries. This would help redress such problems as poor coordination, insufficient computerization and non-standardization of demographic data. UNFPA, together with other donors, would support the development of an in-house training programme in research methodology, health statistics and data processing, analysis and dissemination. In the short term, the 1986 census data would be further processed to extract more urgently needed data on women, youth, female-headed households, migration and labour. In collaboration with other donors, UNFPA would assist the Government to undertake preparatory activities for the 1996 population and housing census. UNFPA would provide a total of \$500,000 for this sector, \$250,000 of which would be sought from other sources, including multi-bilateral sources.

### Population policy formulation

33. The October 1991 upgrading of the Department of Economic Planning and Statistics (DEPS) to the Ministry of Economic Planning and Development (MEPD) should be viewed as a strategic move towards strengthening the institutional infrastructure for the formulation and adoption of an explicit national population policy.

34. In line with the Government's intention of establishing a National Standing Committee to coordinate formulation of population policy, UNFPA would provide technical assistance to the MEPD so that it can review and establish specific and realistic demographic and family planning targets as part of the policy formulation process. Support would be provided for short-term training of existing staff as well as for study tours for key staff of the Ministry of Economic Planning and Development, members of Parliament, and concerned NGOs such as the FLAS. The implications for population in existing environmental data would be utilized in the population policy formulation process. A total of \$450,000 would be provided for population policy formulation, of which \$250,000 would be sought from other sources, including multi-bilateral sources.

### Population dynamics

35. In keeping with the Government's objective of developing human resources, UNFPA would assist it in increasing the number of available population experts, developing and strengthening the national capacity to undertake research on priority population issues and providing short-term training for civil servants and NGOs. UNFPA would continue to support efforts by the Department of Statistics and Demography at the University of Swaziland to broaden the scope of its training programme, making it more relevant to national needs by strengthening its capability to conduct research on such topics as gender and environmental issues, and to render research assistance to government and other institutions. A total of \$100,000 would be provided for this sector.

### Women, population and development

36. The PRSD report underscored the critical need to create awareness and to strengthen technical capacity in relation to population and gender issues in government institutions responsible for the integration of population variables into development policy and plans. UNFPA's strategy, in collaboration with other donors, would be to raise the level of national awareness of gender issues among policy makers, sectoral planners, line ministries and NGOs, targeting women through sensitization and motivation with regard to the interrelationship between women, population and development. Assistance would be provided by training key personnel to strengthen the technical capacity of the University of Swaziland and the Central Statistical Office to make gender-specific data and research findings available and to strengthen the technical capacity of the Ministry of Economic Planning and Development to promote the integration of gender issues into national development planning. Activities to improve the health status of women and to increase their awareness and access to MCH/FP information and services would be undertaken through activities in the MCH/FP sector and through Safe Motherhood initiatives. IEC activities directed at decision makers, opinion leaders and the general public would also deal with women's issues and their participation in the socio-economic development process. A total of \$350,000 would be provided for this sector, of which \$250,000 would be sought from other sources, including multi-bilateral sources.

#### Programme reserve

37. An amount of \$100,000 would be provided to accommodate unforeseen activities that may arise in the context of the proposed programme.

#### Programme coordination

38. Responsibility for coordination of external assistance in Swaziland is vested in the Ministry of Economic Planning and Development. The Ministry could provide the needed impetus to facilitate coordination of donor assistance to population activities in Swaziland, within the definition of a comprehensive framework for the national strategy proposed by the PRSD report.

39. As yet, coordination in the context of the population programme is neither institutionalized nor regular. UNICEF, WHO and UNDP among the multilateral agencies and USAID among bilateral agencies have expressed an interest in closer collaboration and coordination of inputs with UNFPA, as applicable. The UNFPA Representative would seek to strengthen ongoing and successful collaboration among different international agencies, especially with partner agencies in the Joint Consultative Group on Policy (JCGP), through frequent donor meetings and would work to foster collaboration with the European Community and the British Overseas Development Administration.

#### Programme monitoring, evaluation and management

40. All country programme activities would incorporate monitoring and evaluation components. Independent, in-depth evaluations would be carried out for major projects. In addition, all projects would be subject to standard progress reports, monitoring field visits and tripartite review meetings. The programme would be under the overall supervision of the UNFPA Representative, who is also the UNDP Resident Representative. The UNFPA Country Director based in Botswana would provide guidance, technical and management assistance and would visit the country periodically. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

#### Financial summary

41. As indicated in paragraph 1, UNFPA would provide assistance in the amount of \$2.75 million over the five-year period 1992-1996, of which \$2 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of \$750,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

|  | UNFPA regular<br><u>resources</u><br>\$ | Other<br><u>resources</u><br>\$ | <u>Total</u><br>\$ |
|--|---|---------------------------------|--------------------|
| Maternal and child health<br>and family planning | 750,000                                 | --                              | 750,000            |
| Information, education<br>and communication      | 500,000                                 | --                              | 500,000            |
| Data collection and<br>analysis                  | 250,000                                 | 250,000                         | 500,000            |
| Population policy<br>formulation                 | 200,000                                 | 250,000                         | 450,000            |
| Population dynamics                              | 100,000                                 | --                              | 100,000            |
| Women, population and<br>development             | 100,000                                 | 250,000                         | 350,000            |
| Programme reserve                                | <u>100,000</u>                          | <u>--</u>                       | <u>100,000</u>     |
| TOTAL  | 2,000,000                               | 750,000                         | 2,750,000          |

## VI. RECOMMENDATION

42. The Executive Director recommends that the Governing Council:

- (a) Approve the programme for Swaziland in the amount of \$2.75 million for the five-year period 1992-1996;
- (b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of \$2 million from UNFPA's regular resources, over the period 1992-1996;
- (c) Further authorize the Executive Director to provide the balance of \$750,000 of the approved programme from a combination of UNFPA regular resources and other resources, including multilateral resources, when and to the extent such additional resources from any of the above sources become available;
- (d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Swaziland and with the executing agencies.

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