FAMILY LIFE ASSOCIATION OF ESWATINI (FLAS)

44th ANNUAL REPORT

"An empowered generation that freely access full SRHR Information and services as a basic human need"

2024



TEMNDENI

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Family Life Association of Eswatini

THE FAMILY LIFE ASSOCIATION OF ESWATINI (FLAS)

VISION

An empowered generation that freely access full SRHR Information and services as a basic human need.

MISSION

To champion access to quality gender sensitive and equitable and non-discriminatory SRHR services and information in Eswatini through advocacy, direct service delivery and Partnerships.

OUR CORE VALUES

i**nclusiveness –** We are committed to providing non-discriminatory service to all individuals regardless of their socio-economic status, association and orientation.

I**ntegrity -** We are committed to transparency in their work and work with honesty.

Respect – We seek to respects the rights of all people and observe their dignity.

Professionalism-Apply customer customer-centred approach in our interactions with clients and stakeholders.

Innovation - Committed to adopt new approaches to improve service provision, reporting and tracking systems

Partnership – High impact care is provided in collaboration with key stakeholders

TEMNDENI

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ACRONYMS

AHF –AIDS Healthcare Foundation

AGYW –Adolescent Girls and Young Women

ASRH – Adolescent Sexual Reproductive Health

AYSRHR –Adolescents and Youth Sexual Reproductive Health and Rights

AYD –Adolescent and Youth Development

AYLWD – Adolescent and Youth Living with Disability

CANGO – Coordinating Assembly for Non-Governmental Organisations

CMIS – Client Management Information System

CSE – Comprehensive Sexuality Education

CSOs – Civil Society Organizations

DHIS2 – District Health Information System

DPM – Deputy Prime Minister

DPMO – Deputy Prime Minister's Office

ENYC – Eswatini National Youth Council

ESA – Eastern and Southern Africa

FLAS – Family Life Association of Eswatini

GBV – Gender Based Violence

GGR – Global Gang Rule

GIS – Global Indicator Survey

HPTN – HIV Prevention Trials Network

ICT – Information Communication Technology

I**PPFARO –** International Planned Parenthood Federation Africa Region Office

ISP – Internet Service Provider

MA – Member Association

M & E – Monitoring and Evaluation

MERP – Monitoring, Evaluation and Reporting Plan

MOH – Ministry of Health

MOET – Ministry of Education and Training

MPOA – Maputo Plan of Action

NYAC – National Youth Advisory Committee

PEP – Post-Exposure Prophylaxis

PrEP – Pre-Exposure Prophylaxis

QOC – Quality of Care

REPS – Royal Eswatini Police Service

RYAC– Regional Youth Advisory Committee

SA – Social Accountability

SANU – Southern Africa Nazarene University

SIU – Strategic Information Unit

SRH – Sexual Reproductive Health

SWAGAA– Eswatini Action Group Against Abuse

SADCPF – Southern African Development Community Parliamentary Forum

SODV – Sexual Offences and Domestic Violence Act

SRHR – Sexual and Reproductive Health and Rights (SRHR)

SWAGAA – Swaziland Action Group Against Abuse

TA – Technical Assistance

TWG – Technical Working Group

UNFPA – United Nations Fund for Population Activities

YAM – Youth Action Movement

YAU – Youth Affairs Unit

NATIONAL EXECUTIVE COMMITTE MEMBERS

PRESIDENT



MR. AMBROSE MASEKO

YOUTH ACTION MOVEMENT PRESIDENT



MR. BONGISWA GWEBU

MINISTRY OF HEALTH- REPRESENTATIVE



MRS. ZANDILE MASANGANE

TREASURER



MS. Mandlondlo Msibi

PROGRAMS COMMITTEE CHAIRPERSON



MR. BHEKI MAMBA

RESOURCE MOBILIZATION COMMITTE CHAIRPERSON



MS. SIBONELO MDLULI

TECHNICAL MEMBER



DR. MAUREEN MAGAGULA

YOUTH ACTION MOVEMENT VICE-PRESIDENT



MS. NOLWETHU MASEKO

SECRETARY TO NATIONAL EXECUTIVE COMMITTE



MR. PATRICK DLAMINI



MESSAGE FROM FLAS PRESIDENT

Members of the Board, FLAS Members, Volunteers, staff, valued Partners, Distinguished guests, colleagues, and friends, ladies & gentlemen.

It gives me great pleasure to welcome you to the 2025 Annual General Meeting of the Family Life Association of Eswatini. This occasion is not only a moment to reflect on the year gone by but also to reaffirm our shared commitment to the vision and values that guide FLAS.

As President, I am proud to say that 2024 has been a year in which leadership, collaboration, and resilience have defined our journey. The role of the Board is to provide strategic direction, oversight, and accountability, and I am pleased to note that, together, we have upheld these responsibilities with diligence.

Our governance structures have ensured that FLAS remains rooted in good practice, transparency, and accountability. In the face of an evolving funding landscape and competing priorities in the health sector, we have remained focused on positioning FLAS as a trusted and sustainable organisation. This has required us to make difficult decisions, strengthen partnerships, and explore innovative ways of ensuring long-term impact.

Importantly, we have continued to champion the vision of FLAS as a leader in advancing sexual and reproductive health and rights in Eswatini. Through our advocacy role, policy engagement, and representation at national and regional platforms, we have worked to ensure that FLAS is not only a service provider but also a thought leader shaping the broader SRHR agenda.

Our achievements are not ours alone. They reflect the trust of our partners, the commitment of our volunteers and members, the tireless dedication of our staff, and the confidence of the communities we serve. To all of you, I extend my deepest appreciation.

As we look ahead, our task is clear: to continue strengthening FLAS's governance, to secure the sustainability of our mission, and to inspire confidence among our partners and stakeholders. We must remain bold, visionary, and united in our efforts to ensure that FLAS continues to stand as a beacon of hope and leadership in advancing the health and rights of our people.

I thank you all for your dedication, partnership, and belief in the mission of FLAS.



MESSAGE FROM FLAS EXECUTIVE DIRECTOR

Mr President, Members of the National Executive Committee, FLAS Members and Volunteers, our esteemed Partners from Government, UN Family and International Partners, Directors of Civil Society Organisations, Media Representatives, Distinguished Guests, Ladies and Gentlemen. Good Morning!

Allow me to begin by expressing my sincere gratitude for your presence today. Your continued support, collaboration, and commitment are the driving force that enables FLAS to thrive and to reach the communities we serve.

It is my honour to stand before you today to present the highlights of our work during the year 2024. This past year has been a testament to FLAS's unwavering commitment to delivering integrated, high-quality, and youth-friendly Sexual and Reproductive Health and Rights (SRHR) services across the Kingdom of Eswatini.

Through our three static clinics and mobile outreach, we provided over 226,000 services to more than 50,000 clients. Our clinics in Manzini and Mbabane, together with mobile services outreach, remained the backbone of our service delivery. Importantly, our focus on young people continued to guide our interventions, ensuring that they access services in safe, non-discriminatory environments.

We strengthened partnerships that extended our reach to underserved groups. In collaboration with World Vision, through the HALT Project, we reached Adolescent Girls and Young Women as well as Adolescent Boys and Young Men in 14 constituencies. We also advanced our leadership role in HIV prevention under the CAAPP project, making FLAS the first facility in Eswatini to offer the PrEP ring and training national stakeholders on CAB-LA and PrEP integration.

While challenges remain, particularly in sustaining outreach due to dwindling funding, our achievements reaffirm that FLAS is resilient, innovative, and committed to serving those most in need.

Allow me to thank our National Executive Committee and Sub committees for your strategic guidance, our partners for your collaboration, and our dedicated staff for your tireless commitment.

To the communities we serve, we remain steadfast in our mission: to ensure that every individual enjoys their sexual and reproductive health rights with dignity.

Thank you.

ORGANIZATION BACKGROUND



The Family Life Association of Eswatini (FLAS) Head Office in Manzini

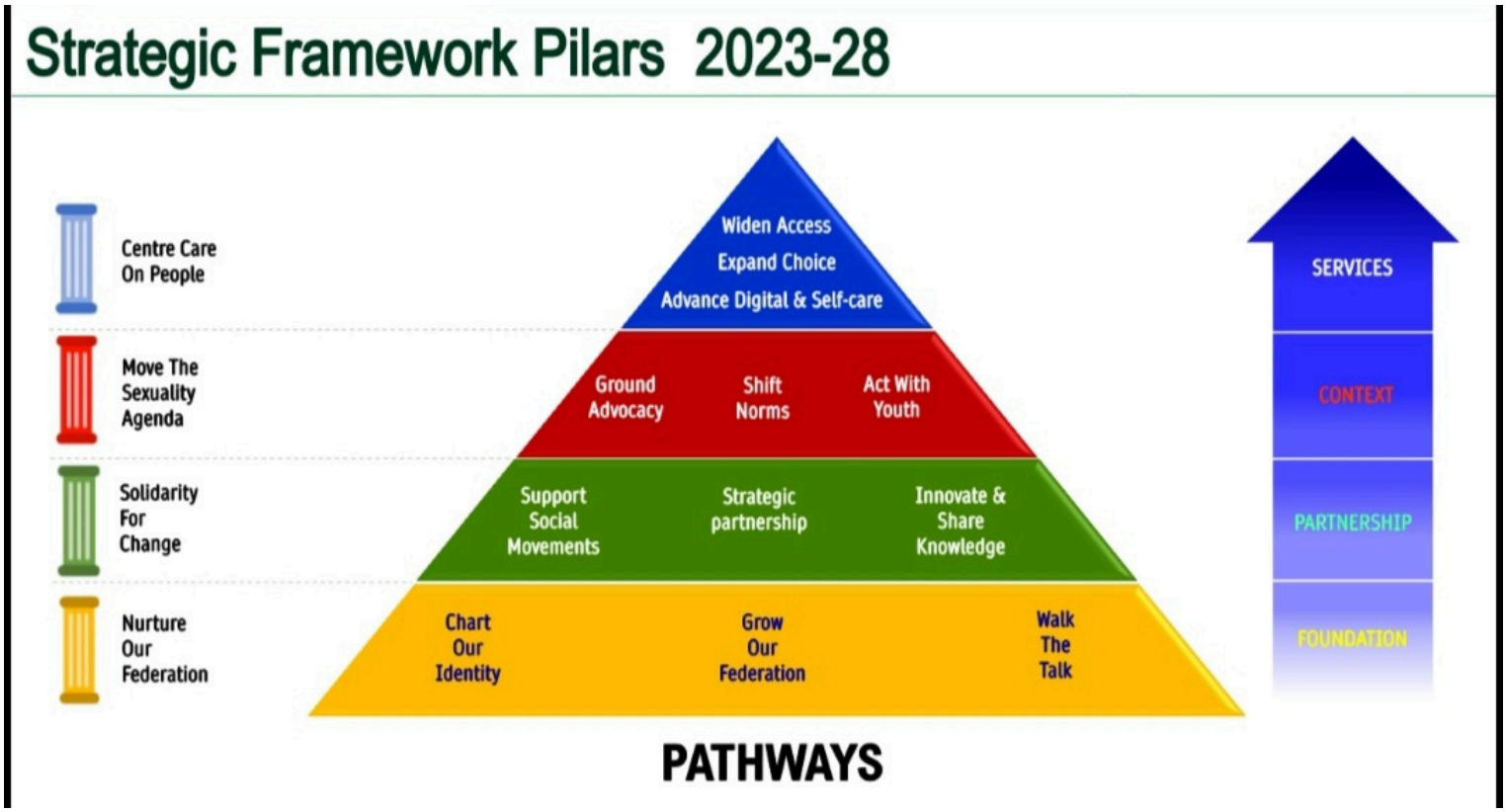
The Family Life Association of Eswatini (FLAS), was locally incorporated as an NGO in Eswatini in 1978 (registration R7/3602). Since registration, FLAS has championed programs to promote access of quality, pro-poor, rights-based, gender equitable, youth-focused and non-discriminatory SRH and rights information and services aligned to its mission "to champion access to quality and non-discriminatory SRHR information and services in Eswatini through direct service delivery and by enabling other actors".

Motivated by its vision, "to see a Swazi society with fully protected, supported and respected SRH and rights". Motivated to realise its vision, FLAS drive three static clinics in Manzini (Youth Friendly & Adult clinic) and Mbabane SR,H and two youth centres-in the four regions of the kingdom, and among its flagship programs empowers adolescents and young people to access their SRH rights through delivery of comprehensive sexuality education (CSE)/ Life Skills Education (LSE), and quality integrated SRH and HIV services through mobile and static facilities. This report reflects work undertaken by the Family Life Association of Eswatini (FLAS) during the period 01 January – 31 December 2024.

The organization with support from the Government of Eswatini and other development agencies, complements the efforts of government, in particular the Ministry of Health, by providing services through its static and mobile facilities. FLAS primary focus group are young people within the age bracket 10 – 24 years.

PROGRAMME STRATEGIC OBJECTIVES

FLAS programming implemented for the reporting period was line up to the current organization's strategic plan of 2024– 2028 as indicated below;



Strategic outcome 1: Centre care on people
Goal: Provide quality person-centred care to more people, in more places.

Strategic outcome 2: Move the sexuality agenda
Goal: Societal and legislative change for universal sexual and reproductive rights .

STRATEGIC OUTCOME 3: SOLIDARITY FOR CHANGE
Goal: Amplify impact by building bridges, shaping discourse, and connecting communities, movements, and sectors

Strategic outcome 4: Nurture our MA.
Goal: Replenish and nurture the federation from a common value base and unleash our collective power for greater impact.

OUTCOME 1 : Centre Care on People

GOAL: PROVIDE QUALITY PERSON-CENTRED CARE TO MORE PEOPLE, IN MORE PLACES.

FLAS believes that care is about health and wellbeing. It is also about quality and equality. It is about rights. Care determines how we live and even whether we live. Care is healthcare. It is psychosocial care, and the commodities and services we provide. Care is our greatest asset and contribution.

It is delivered by care and outreach workers under shelters, in tents, in offices and in clinics. With contraception at the core, we deliver all aspects of SRHR care. We deliver to all who need it and we prioritise those who are most marginalised and excluded

This strategic theme's goal is quality person-centred care to more people, in more places. It has three critical pathways namely;

Expand Choice	*Widen Access*	*Advance Digital & Self*
Boost post abortion care & infertility care	Reach marginalised communities	Care invest in digital health interventions
integrate HIV into SRHR package	Deliver youth-centred care	Dignity in self-care
Expand contraceptive choice	Grow crisis settings preparedness & care	

FLAS provides integrated sexual and reproductive health (SRH) services through the static clinics and outreach sites, prioritising young people aged 10-24 as a primary target and adults above 24 years as its secondary target group.

Activity:	*Action and results obtained*
Provide integrated SRH services	Youth and the general population were reached with SRHR/HIV services through static clinics. Moreover, AGYW and ABYM were reached with SRHR/HIV services in 14 constituencies of the country through a partnership with World Vision.
Provide Family Planning (FP) services	FLAS provided both modern and traditional family planning and contraceptive methods to the youth and general population through static clinics and outreach.
Provide Comprehensive post Abortion Care	Effective referral systems to higher-level facilities were forged to manage severe complications that cannot be treated at our primary care level.
Provide HIV/AIDS/STIs services	HIV Services were integrated into SRHR, including HIV prevention, testing and treatment. Moreover, STI services, including screening and treatment, were provided.
Provide Gender Based Violence services	Sexual gender-based violence was integrated into the FLAS SRHR routine services. SGBV cases were managed in collaboration with the government and key stakeholders.
Procure pharmaceuticals and commodities	FLAS procured key SRHR pharmaceuticals and commodities to ensure comprehensive service delivery.

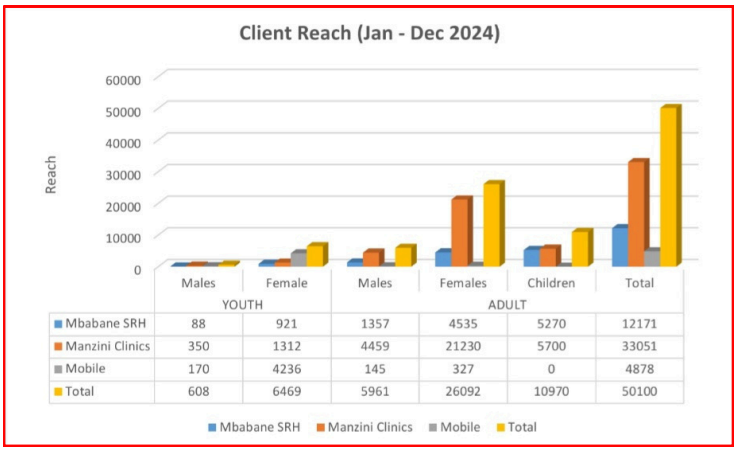


Figure 1: Client reach disaggregated by age group.

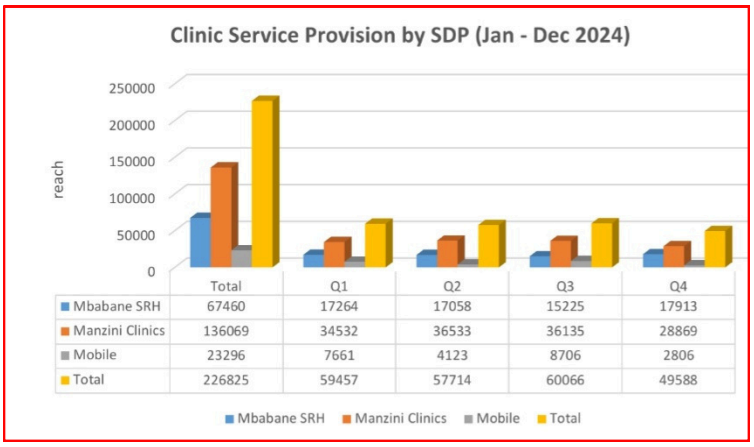


Figure 2: Clients services offered per service delivery point.

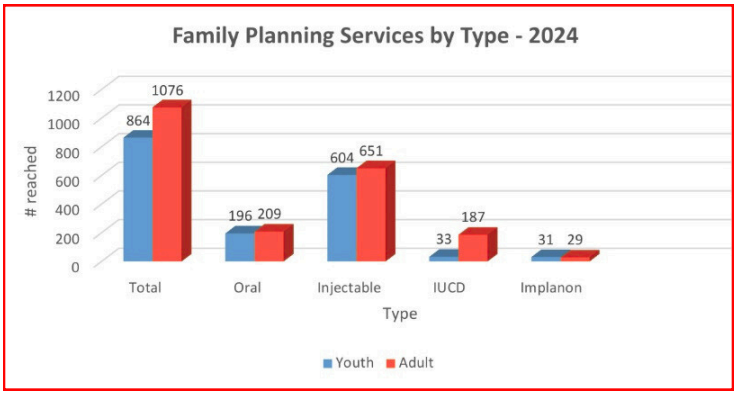


Figure 3: Shows clients reached with different family planning methods.

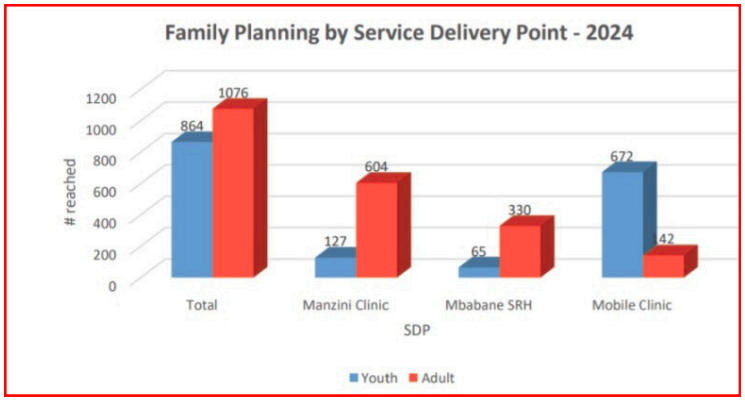


Figure 4: Shows clients reached with different family planning methods by service delivery point.

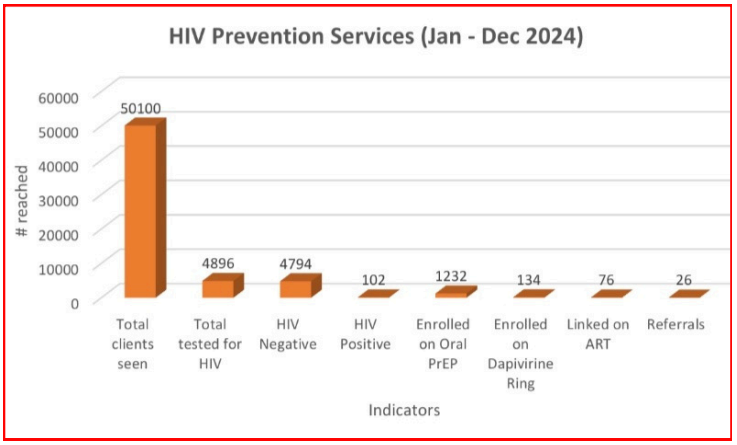


Figure 5: Shows clients reached with HIV Prevention Services.

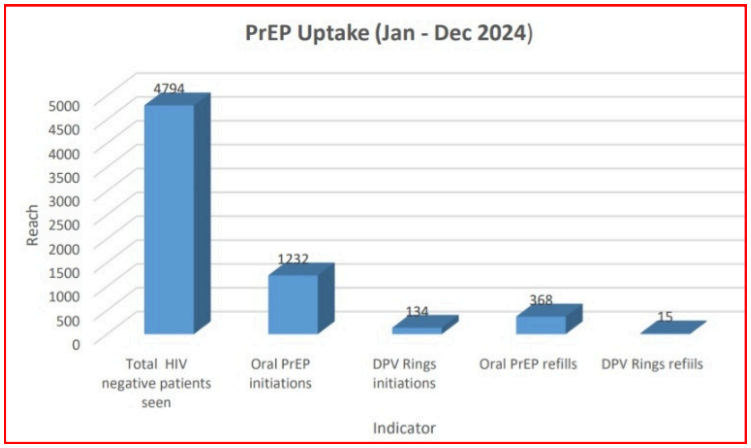


Figure 6: Shows the number of clients who have taken PrEP.

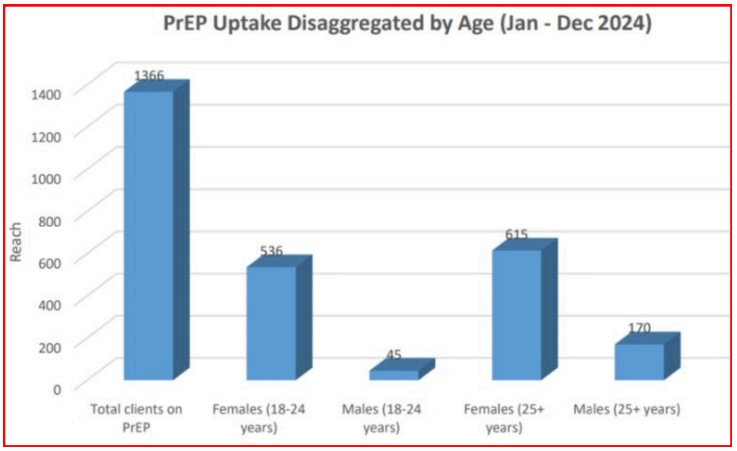


Figure 7: Shows clients reached with PrEP by age group.

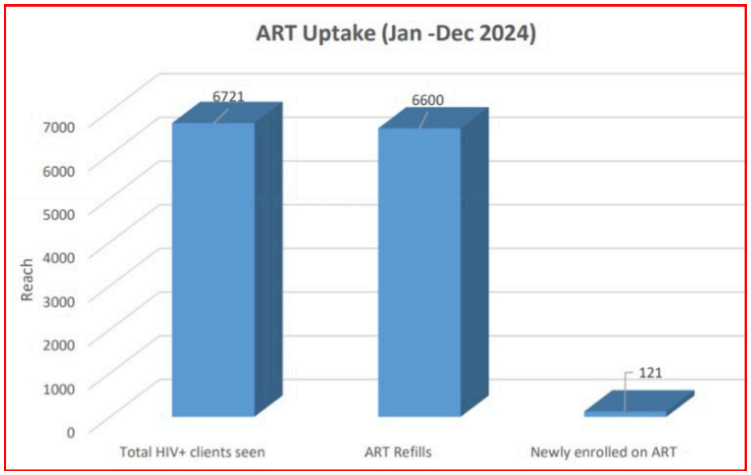


Figure 8: Clients who have taken ART in the reporting period.

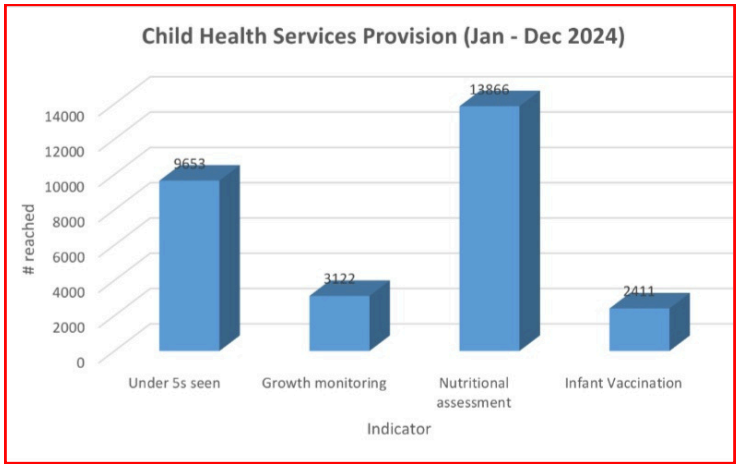


Figure 9: Shows the number of child health services provided in 2024.

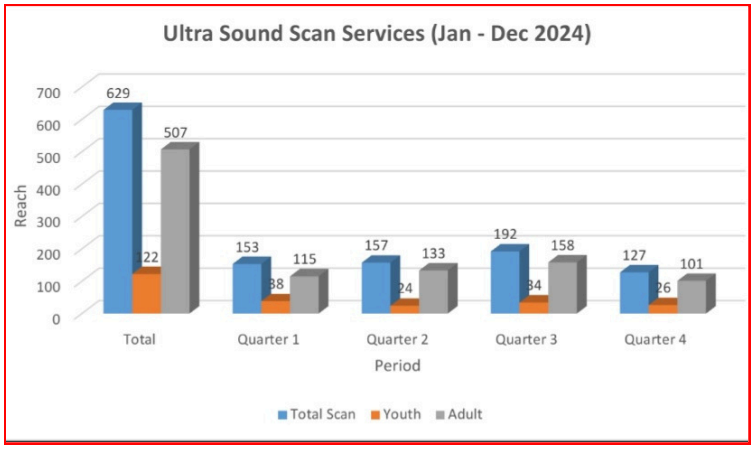


Figure 10: Shows the number of ultrasound scan services provided in 2024 per quarter to youth & Adults.

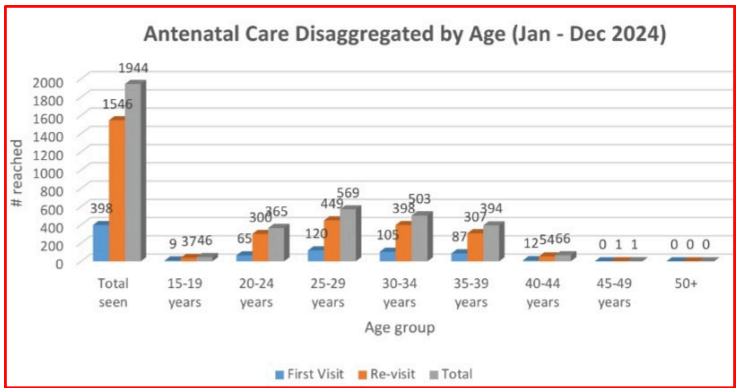


Figure 11: Shows the number of clients reached with Antenatal Care by age.

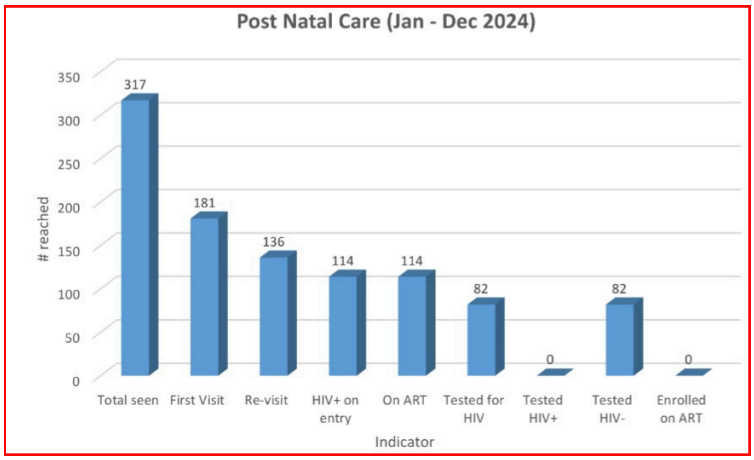


Figure 12: Number of clients reached with Post Natal Care.

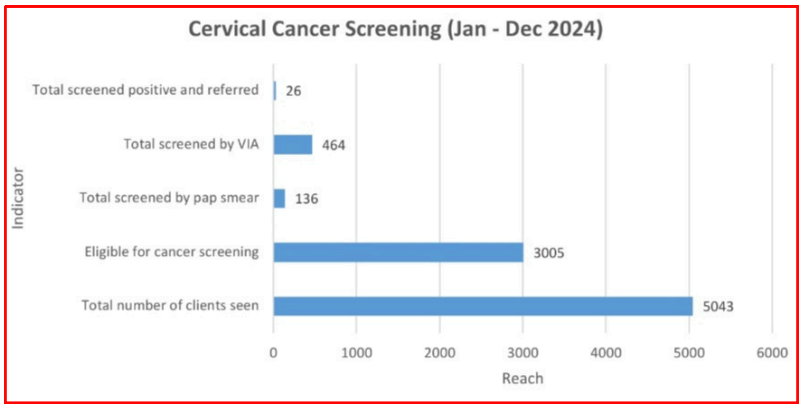


Figure 13: Number clients reched with cervical cancer screening.

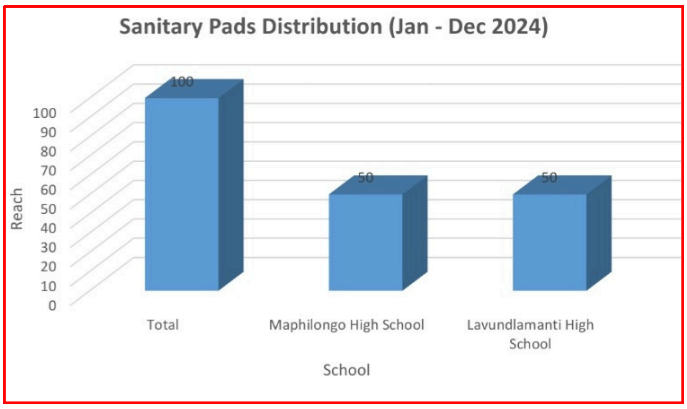


Figure 14: The graph above shows the number of sanitary pads that were distributed in schools.

FLAS collaborated with, GU, AHF and Nazarene Compassionate Eswatini to form a teen club to support HIV+ teens by creating a safe space for the community where they can learn and receive psychosocial support. It has grown over the year and has attracted more teens.

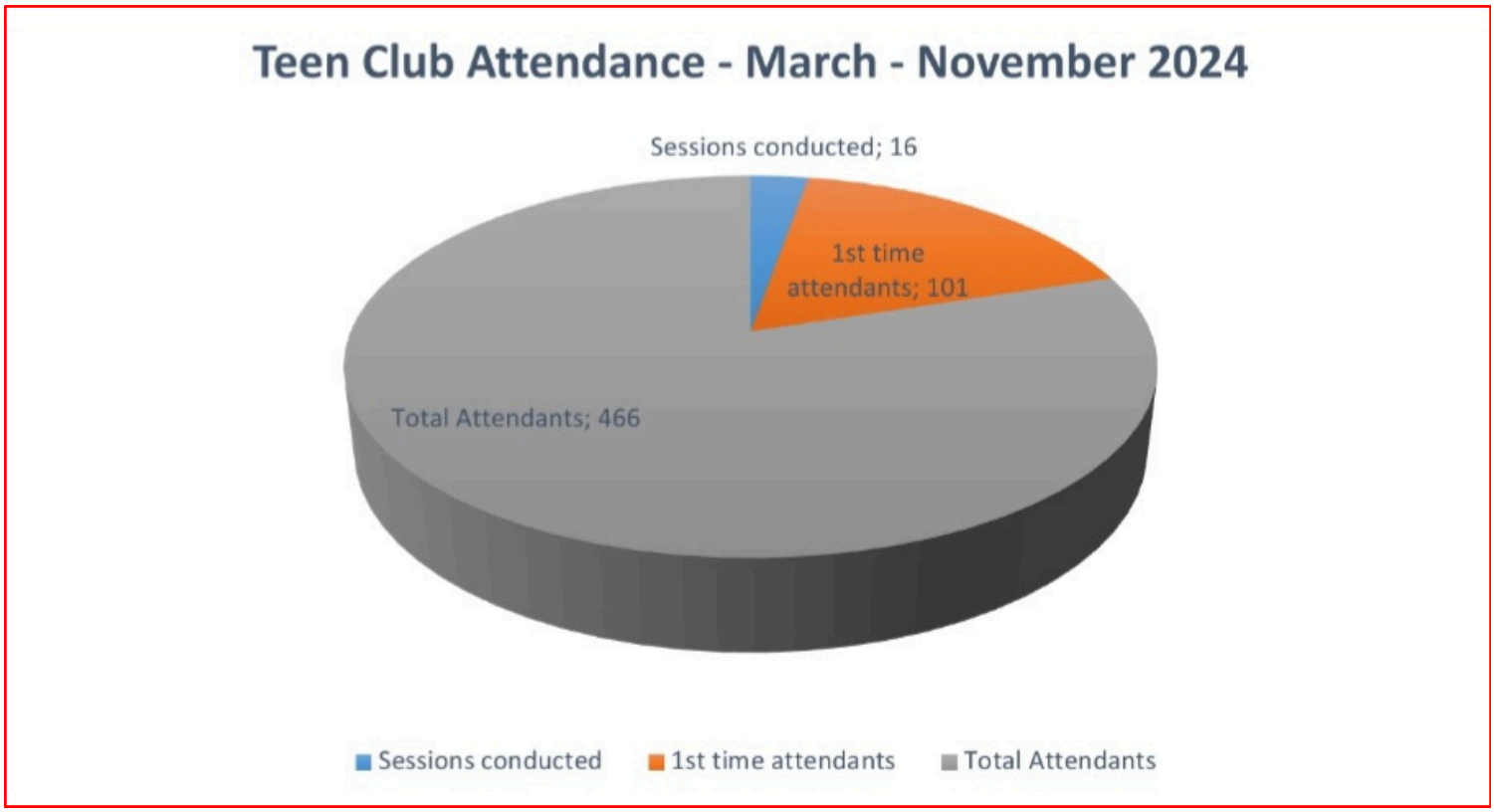


Figure 15: Shows Teen Clubs Attendance indicating that from (March–November 2024): The organisation conducted 16 sessions, recording a total of 466 attendances, including 101 first-time participants.".

Consortium to Advance Access to new HIV Prevention Products (CAAPP) Project

The consortium is geared to optimise the rollout and integration of new biomedical HIV prevention methods into IPPF service delivery platforms. The overall goal is to significantly increase the delivery of new biomedical HIV prevention methods at IPPF service delivery points. It is in support of the aim to reduce HIV transmission globally. This strategic fund intends to support the rollout of these new HIV prevention methods so they can become a regular part of service delivery.

Its Four result areas are; Firstly, demand generation or advocacy for product registration. Whereby we work with community stakeholders to generate demand and determine how they would like to receive services. Where it's not registered, work with the community and other stakeholders to advocate for product registration.

Secondly, service delivery of new biomedical HIV prevention methods, which aim to offer as many biomedical HIV prevention methods to as many people as possible. But also design programmes with community stakeholders to meet their needs. Thirdly, implementation research related to service delivery, whereby key questions about best practices to effectively roll out these services to support uptake, delivery, and persistence of these new methods.

Lastly, a Community of Practice for capacity strengthening and sharing, whereby the consortium will support each other and share learnings throughout the life of the programme and share those learnings with the rest of the federation.

The Service delivery of new biomedical HIV prevention methods

- During the reporting period, FLAS received a stock of 2400 dapivirine ring for 200 HIV negative females which was officially received by the Ministry of Health Directorate and management, together with FLAS management and staff.
- Upon arrival, first client to be initiated was a female sex worker among the all HIV negative females that were initiated in the past half year. A total of 134 women have been initiated.
- At the community level, PreP ambassadors distributed 299 HIVST kits to at high risk population. From the distribution, only two presumptive case which only one confirmed positive and in care.
- Whilst with condom distribution, only 173 270 male condoms and 3790 female condoms were distributed at various distribution sites: at community level and through static and mobile clinics.

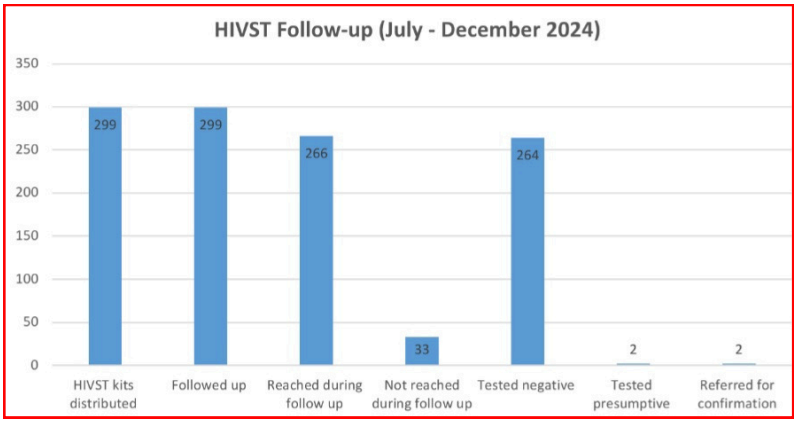


Figure 16: The graph above shows the number of HIVST kits distributed and follow ups made.

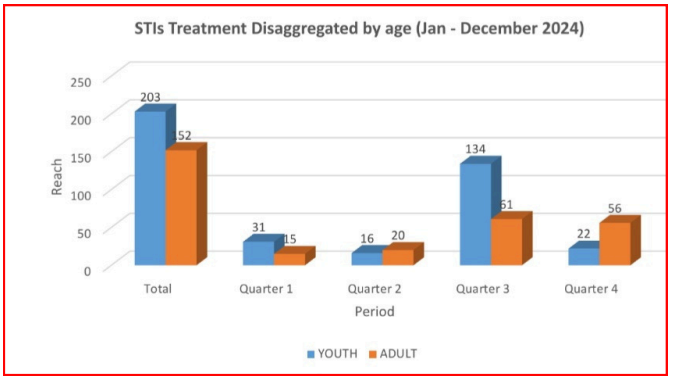


Figure 17: STIs treatment disaggregated by age per quarter.

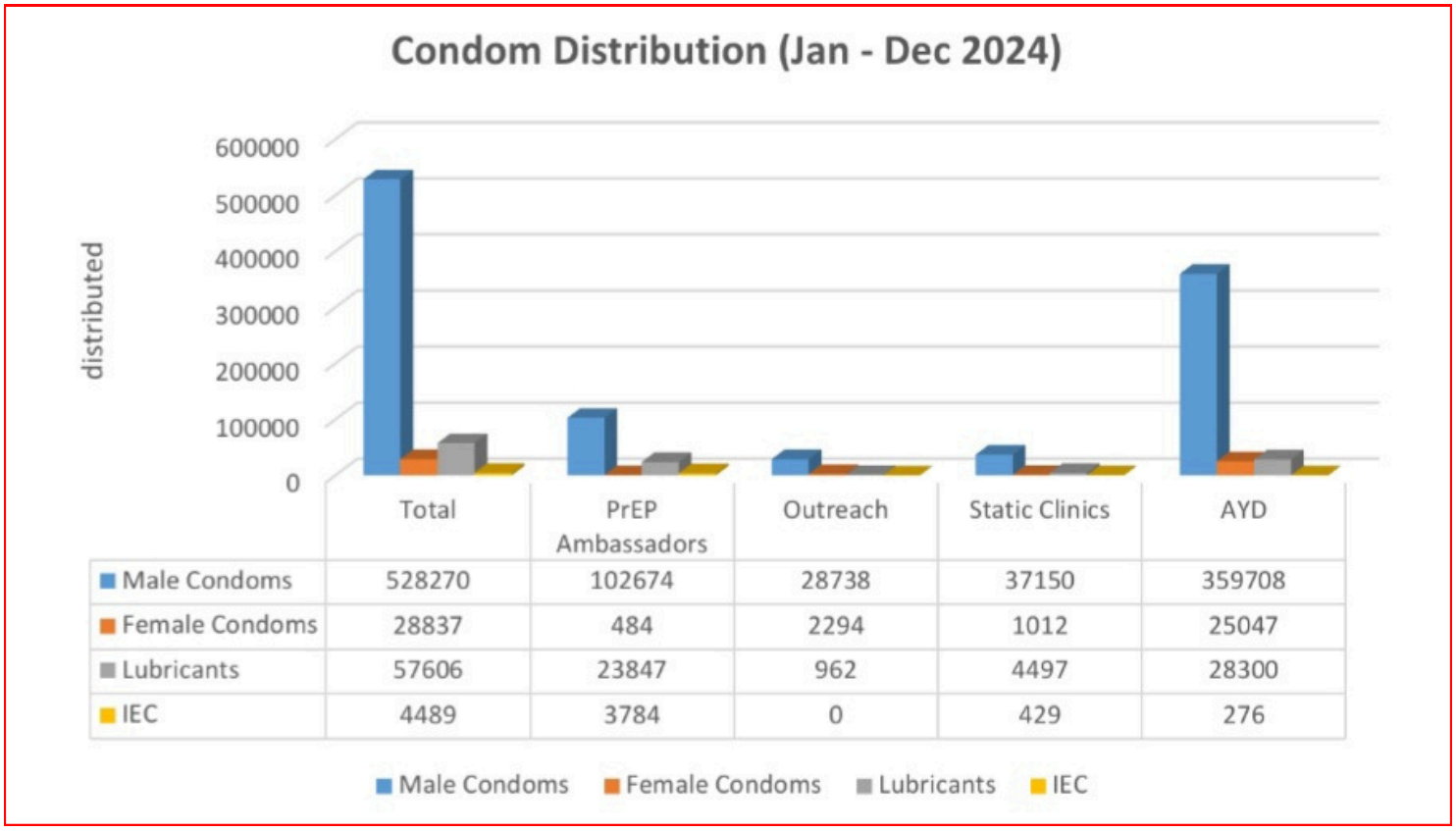


Figure 18: Showing Condom distribution at different sites.



Coverage of the arrival of prep ring arrival



Arrival of stock of Dapivirine Rings in Eswatini, where Ministry of Health directorate and management attended.

The Dapivirine ring arrived in the beginning of quarter three, immediately after arriving since all was set, initiations commenced. As of the end of the reporting quarter, a total of 134 HIV negative females were initiated most which were adults than youth. Only 10 switched from oral to prep ring during the reporting period.

Lessons learnt:

- Stigma and myths continue to remain a significant barrier to PrEP uptake. Beneficiaries need to be further sensitized on PrEP uptake and importance.
- Increase in STI cases. There was a spike in the number of cases in the year 2024. This shows that there is a gap in dual-protection (condom usage & PrEP uptake).
- The importance of tailored messaging: effective communication strategies that address specific populations' knowledge gaps significantly enhance awareness and acceptance of PrEP.
- Regular monitoring and evaluation enabled the program to adapt to changing needs and improve strategies based on real-time feedback and outcomes.
- Building strong partnerships with local organisations, healthcare providers, and policy makers enhanced program sharing and support.



Members of the consortium attending the service delivery and research implementation workshop held in Eswatini.



Shows mobile clinical team during outreach campaigns sensitizing the audience before service provision.

OUTCOME 2 : Move the sexuality agenda

I. PRIORITIZING AND POSITIONING ASRH AND CSE GENDER PROJECT

The advocacy project addressed and catalysed the transformation of social, cultural, structural and legal barriers, and to identify and compel duty bearers to redress the systemic failures, which impede the realisation of SRH and HIV & AIDS rights in marginalised communities and populations, namely, women, girls, female sex workers, young people in conflict with the law and LGBTI. Strategies included capacity building for right holders, engagement of policy makers and community leaders; tracking the implementation of international and regional instruments and, implementation of campaigns.

As an SRHR expert and youth focused organisation, FLAS participated in national public policies and technical working groups for various relevant programs. Further, the Association strengthened and developed strategic partnerships with relevant national and regional CSOs to strengthen action and advocacy for the advancement of SRHR in the country. The project also supported evidence-based, culturally relevant local, national and regional advocacy for comprehensive SRHR for all with quality research.

II. I.ADOLESCENT AND YOUTH DEVELOPMENT PROJECT

In the past year, our youth empowerment initiatives have made significant strides in providing opportunities for young people. We are proud to report on the transformative experiences and achievements of our youth, highlighting their engagement in various professional and creative avenues.

We also facilitated a week-long job shadowing experience for 2 students from Lusundvu Agricultural Academy in our youth office, providing them with insights into the workings of youth initiatives and office operations.

In Employment Opportunities:

This year, 11 YAM members were placed in temporary job positions across esteemed organizations. These included:

- FAWEESWA
- Mbabane Municipality
- Eswatini National Youth Council (ENYC)

Among these placements, 3 young people served as research assistants at FLAS, gaining valuable experience in research methodologies and practices.

In addition to these roles, 3 interns were actively involved in our youth office, contributing to various projects and administrative tasks. Furthermore, a student from Eswatini Medical Christian University completed a six-week internship, enhancing their practical skills in a professional setting.

Health Talks Sessions:

The health talks were designed to address various social ills, including substance abuse, mental health challenges, relationship dynamics, career guidance, HIV prevention, addiction, and hygiene status disclosure. Each session provided a platform for open discussion, allowing participants to share their experiences and thoughts on these pressing topics.

- The total number of health talks conducted is 72 (Mbabane Youth Centre: 32 health talks, and Manzini Youth Centre: 40 health talks).
- topics included: HIV prevention, mental health, GBV, substance abuse, addiction, suicide prevention, PEP/PREP, hygiene, career guidance, abstinence, Gangsterism.

Life Skills Education

This report summarises the successful implementation of Life Skills Education (LSE)- in schools and Comprehensive Sexuality Education (CSE) in communities over the past year. The program was executed through a dedicated team of 40 trained peer educators, with a strong emphasis on enhancing knowledge about sexual and reproductive health rights-Selection of Peer Educators. In preparation for the educational initiatives, peer educators were carefully selected from hot-spot areas across the country. Each region contributed 10 peer educators, ensuring a diverse representation and a strong foundation for the outreach efforts.

This strategic selection aimed to empower individuals who could relate to the challenges faced by their communities.

Comprehensive Training Program

A pivotal component of our initiative was a comprehensive three-day training held at the Flas Boardroom from July 29 to July 31 2024. This training equipped the peer educators with the necessary skills and knowledge to effectively deliver both LSE and CSE. The program included interactive sessions, role-plays, and discussions to foster a deep understanding of the subject matter.





Young people attending health talk sessions at the Manzini youth center.



Delivery of Comprehensive Sexuality Education (CSE)/ Life Skills Education by peer educators in schools and at the Umhlanga 2024. (a) The delivery of both LSE and CSE was significantly supported by the United Nations Population Fund (UNFPA). Their collaboration provided essential resources, training materials, and guidance that enhanced the overall impact of the program.



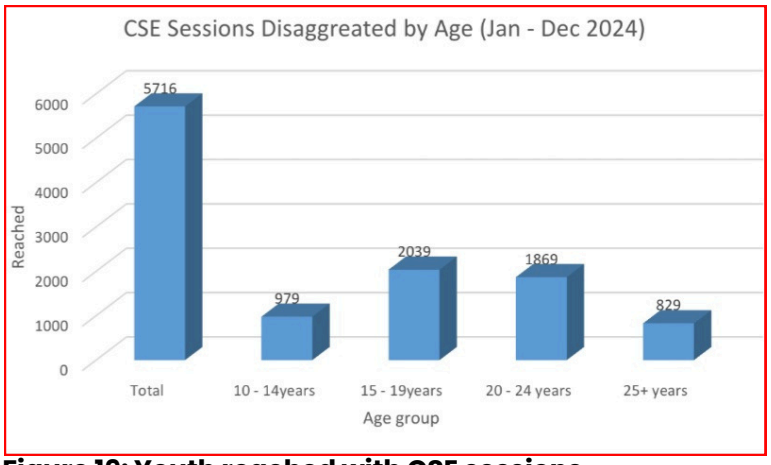


Figure 19: Youth reached with CSE sessions disaggregated by age.

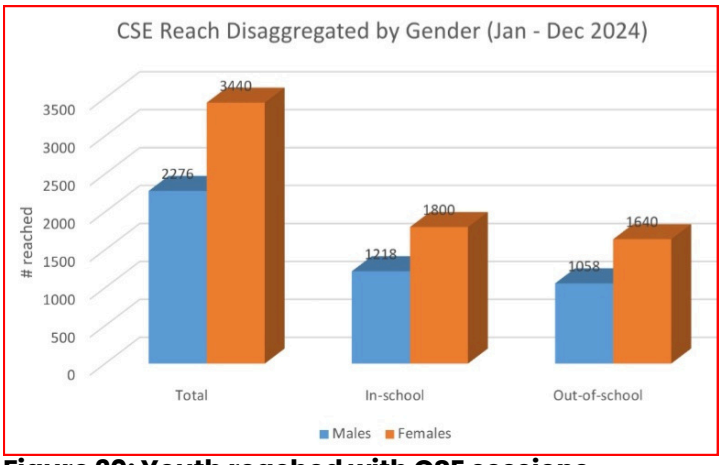


Figure 20: Youth reached with CSE sessions disaggregated by gender.



On –going session during the peer educator training.



FLAS peer educators (Hhohho region)' graduation. Graduates flanked by the MOH adolescent sexual reproductive health representative and UNFPA Representative.

CONDOMIZE CAMPAIGN

The Condomize Program has emerged as a transformative initiative aimed at destigmatising condom use and increasing access to condoms. This report highlights the key activities and successes of the program, particularly focusing on recent events and partnerships that have contributed to its impact.

Retraining of Condomize Champions

The program began with a comprehensive--retraining of Condomize Champions. These champions play a crucial role in advocating for condom use within their communities, offering education, and addressing misconceptions. This retraining ensured that they were equipped with up-to-date information and strategies to effectively engage the public.

CONDOMIZE STAND AT MAVUSO INTERNATIONAL TRADE FAIR

One of the significant highlights of the Condomize Program was the presence of a dedicated Condomize stand at the Mavuso International Trade Fair. This event provided an excellent platform for outreach and education, attracting a diverse audience and facilitating meaningful conversations about sexual health.

Objectives of the Campaign:

The overarching objective of the Condomize Campaign is to destigmatise condom use while ensuring greater access to these essential health products. By engaging with the public in an interactive setting, the program aims to normalise discussions around sexual health and promote responsible behaviour.

Condom Distribution:

During the Mavuso International Trade Fair, an impressive total of 134,000 male condoms and 2,000 Lubricants were distributed. This distribution was made possible through strategic partnerships with various organisations, including:

- Scouts
- Civil Society Organisations (CSOs)
- Ministry of Health
- Limkokwing University
- Other partners

These collaborations enhanced the reach and effectiveness of the campaign, ensuring that essential resources were accessible to attendees.

Condom Art Initiative

Participants at the trade fair had the unique opportunity to engage in a creative activity by making condom art pins and earrings. This initiative not only served as an engaging way to promote the message of the campaign but also encouraged conversations about sexual health in a fun and artistic manner.

Regional Campaigns

In addition to the trade fair, the Condomize Program successfully executed four regional campaigns, with one campaign held in each region targeting bus ranks—key locations where people frequently gather. These campaigns aimed to reach a broader audience and facilitate discussions about safe sex practices among diverse groups.



Condomize promotion at the Eswatini International Trade Fair 2025.

OUTCOME 3 : Solidarity for Change

KNOWLEDGE MANAGEMENT & VISIBILITY

SPECIFIC OBJECTIVES:

- Improve the quality of programme design and implementation through monitoring, Evaluation and Learning by December 2024.
- By December 2024 at least 80% of information/ data should be used for project improvement and information sharing.

WHAT WORKED WELL? WHY?

·The engagement of a youth intern. Data has been successfully captured into the database. Capturing data makes it easier for the unit to search for information and retrieve the data as needed. This has further helped eliminate duplicates within the data.

Participation in key national meetings.M&E initiatives were participated in by the Strategic Information Unit in the period under review. The following meetings were attended:

- The Quarterly Regional HIV/AIDS stakeholders meeting.
- The Condom Technical Group Meeting, hosted by the Ministry of Health's SRH Unit.
- Beijing 30+ country report development.
- Maputo Protocol Review.
- M&E Training on new biomedical HIV Prevention methods by the Ministry of Health in collaboration with George Town University.
- Webinar M&E training on data collection and analysis.

WHAT WORKED WELL? WHY?

- Reviewing and tracking for submission of reports. The Strategic Information Unit provided support for reviewing and tracking for submission of project reports to donors/stakeholders. All statutory reports were submitted on time, comments from IPPF received and addressed.
- Sharing of monthly data briefs. Data generated every month was shared with the clinical team to help track the-

-facility's progress and make necessary improvements in services rendered.

- Contribution to Strategy development. The Strategic Information Unit provided support in developing the FLAS Strategy, which was submitted to IPPF.
- Conducted a Client Satisfaction Survey. The survey was successfully conducted at all FLAS static Clinics, and a report was generated.

CLIENT SATISFACTION SURVEY REPORT

Introduction

This report presents an analysis of client satisfaction based on survey responses collected from various health service locations. The objective of the survey was to assess the quality of services provided, identify areas of improvement, and gauge overall client experiences. Survey Overview

The survey was conducted across-

-three FLAS health facilities, including Mbabane SRH Clinic, Manzini Adult Clinic and Manzini Youth Clinic. Respondents provided feedback on aspects such as reception experience, privacy, waiting times, cost, treatment satisfaction, TB screening, and overall service quality. Additionally, they offered suggestions for service improvement.

Demographic Breakdown

- Respondents belonged to various age groups, predominantly between 20-35 years.
- The majority of responses came from-Mbabane SRH Clinic, followed by Manzini Youth Clinic.
- The survey was conducted by different interviewers at each location.

KEY FINDINGS

1. **Reception Experience**

- A majority of respondents found the receptionists to be courteous and helpful.
- However, a small percentage indicated that receptionists did not provide complete information about available services.

2. **Privacy and Confidentiality**

- Most respondents expressed satisfaction with the level of privacy in consultation rooms.
- A minor proportion reported concerns about confidentiality.

3. **Waiting Time and Service Duration**

- A significant number of clients were very satisfied with the time spent with healthcare providers.
- A few respondents noted moderate dissatisfaction with waiting times.

4. **Cost of Services**

- Responses varied, with some clients finding the cost reasonable, while others-expressed dissatisfaction.
- Cost concerns were more pronounced at certain facilities, especially the youth clinic.

5. **Treatment Satisfaction**

- Most clients were very satisfied with the treatment or procedure they received.
- Some respondents had neutral feedback or slight dissatisfaction.

6. **TB Screening**

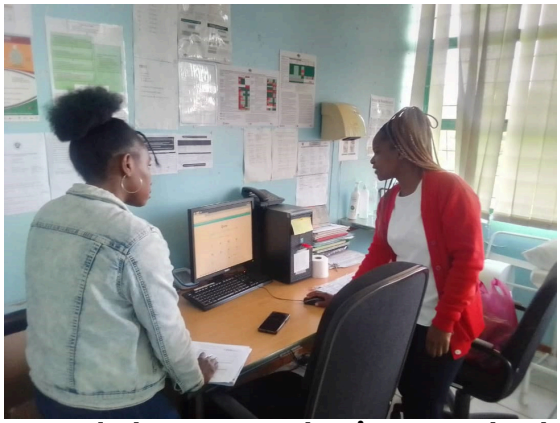
- A notable proportion of clients were neither satisfied nor dissatisfied with TB screening at the point of entry.
- Some respondents expressed mild dissatisfaction, indicating room for improvement.

7. **Overall Experience and Recommendations**

- The majority of clients rated their overall experience as very satisfactory.
- A strong majority indicated they would recommend FLAS services to others.

Client Suggestions for Improvement

- Enhancing parking facilities.
- Establishing a separate hospital for antenatal care.
- Expediting lab results by having an in-house laboratory.
- Improving communication on available services.



Data Clerk Intern conducting spot check at Manzini Static Clinic.

Conclusion and Recommendations

The survey results indicate high levels of satisfaction with key aspects of service delivery, particularly staff courtesy, treatment quality, and overall experience. However, improvements can be made in areas such as TB screening, cost transparency, and service accessibility. Addressing these concerns will enhance client satisfaction and reinforce FLAS's commitment to quality healthcare services.

OUTCOME 4 : Nature Our MA

GOVERNANCE AND MEMBERSHIP

INDICATOR PERFORMANCE REPORT.

IMPLEMENTATION PLAN OBJECTIVE 1: MAINTAIN 100% COMPLIANCE TO IPPF ACCREDITATION STANDARDS BY DECEMBER 2024

Indicator	Baseline	Target	Reach	*Explanation of variance*
1.1 Number of NEC and Subcommittee work plans developed	1	1	1	NEC and Subcommittees reviewed and approved Work Plans, Annual Report, Audi ted Financial Report and Half Year Report
1.2 Number of NEC performance appraisal conducted	1	1	1	Performance Appraisal for NEC was conducted. A link was shared and Members filled the online tool.
1.3 Number of statutory reports reviewed, analysed and approved by NEC and subcommittees	4	4	3	NEC and Subcommittees reviewed and approved statutory reports (Annual Report and Audited
				Financial Report and Half Year Report).
1.4 Number of members attending Regional Forum Meeting	3	3	3	NEC Members attended Regional Forum Meeting during the second quarter. ED Also attended the International AIDS Conference organised by IPPF
1.5 Number of appraisals documents completed	1	1	0	Appraisal to be conducted in the second quarter of 2025

1.6 Number of volunteers attending AGM face to face and virtual	88	77	100 physical and 9 virtual	Annual General Meeting was conducted in quarter two and was a success
1.7 Number of NEC and Subcommittees Members trained attended Induction training	24	22	25	Induction training was conducted during the third quarter and it was a success
1.8 Number of partners visited by the Accreditation team	3	3	0	Accreditation was conducted online

I**MPLEMENTATION PLAN OBJECTIVE 2:** IMPROVE OPERATIONAL EFFICIENCY AND EFFECTIVENESS OF FLAS PROGRAMMES BY DECEMBER 2024

Indicator	**Baseline**	**Target**	**Reach**	***Explanation of variance***
2.1 Number of people attending Annual Programs Work Plans Meeting	13	15	22	Annual Programs Planning meeting was conducted by all departments and work plans were developed
2.2 Number of people attending Annual Program Report Meeting	16	20	22	Annual Programs Report meeting was conducted successfully by all departments
2.3 Number of quarterly Programs Meetings conducted	4	4	3	Quarterly Programs Meetings for first quarter, second quarter and half year were conducted successfully.
2.4 Number of people attending Half Year Report meeting	21	20	22	Half Year Report was conducted by all departments
2.5 Number of people attending Business Planning Update Meeting	2	10	2	Business Planning meeting was conducted and updates were inserted on the portal

2.6 Number of partnerships established	3	3	3	A total number of six partnerships were established (IFP India, George Town, AHF, UNFPA, SOS, World Vision). Eleven partnerships maintained. IFP India
2.7 Number of SRHR meeting forums attended	*4*	*10*	*5*	*FLAS participated in 5 SRHR priority meeting.*
2.8 Number of technical development trainings attended	*6*	*12*	*12*	FLAS participated in 12 technical development trainings • Nurse-Led ART Initiations (NARTIs) 25-29 March 2024 • Monitoring and evaluation training for Health Care Workers 25-27 March 2024 • PrEP (Injectable and vaginal ring) 4 April 2024 • Cold chain and vaccine mana gement training for Health Care Workers 9-12 April 2024 • TB/HIV Training 17 April 2024

				• GBV/PEP module on CMIS 16-17 April 2024 • Social accountability monitoring for SRH&R linking & learning meeting 23 April 2024 • GBV/PEP module on CMIS 7 May 2024 • Sensitisation on KPs May 2024 • EPI upscaling and integration of COVID-19 and HPV vaccines 28 May 2024 • TB/HIV/ART13-14 June 2024 • TOT on PrEP 12-14 June 2024

IMPLEMENTATION PLAN OBJECTIVE 3: OBJECTIVE 3: TO INCREASE BY 30% ADULT AND YOUTH VOLUNTEER PARTICIPATION IN FLAS PROGRAMS BEFORE DECEMBER 2024.

Indicator	Baseline	Target	Reach	*Explanation of variance*
3.1 Number of Volunteers engaged in MA social media platform	309	320	61,697	There is a WhatsApp group where member's updates are always shared. There is also a Facebook page where SRHR issues are also shared with Volunteers.

3.2 Number of Volunteer/Members recruited	10	12	9	This activity was a success as nine adult Members were recruited
3.3 Membership, volunteer and activist tracking system in place	85%	100%	96%	Membership/Volunteer tracking system in place
3.4 Volunteers Skills database document updated	90%	100%	97%	Updated membership database in place
3.5 Number of volunteers supporting program activities	5	5	5	YAM Volunteers (Interns) were attached in different departments as interns. New Volunteers were engaged on different committees
3.6 Number of volunteers attending volunteers day.	0	100	0	Volunteers day was not conducted
3.7 Number of exiting YAM members who join the adult membership	3	5	2	Exiting YAM members identified and engagement ongoing

(1) What are the main achievements?

- There has been impressive participation by Volunteers in organisational interventions. The Board and Subcommittees were able to develop the Annual Calendar and Work Plans. They also reviewed and approved statutory reports such as Annual Report, Financial Report, Half Year Report and Annual General Meeting. Since 2024 was an lection year, the new Board and-

-the Subcommittee attended an Induction training, which was a success. They also discussed challenges of the MA, including the scarcity of funding.

- The Association maintained partnerships for program efficiency by recognising the comparative advantage of different organisations, which has enabled FLAS to leverage on strengths for effective and comprehensive program delivery.

(2) What did not work so well?

- Cash-flow challenges: The MA continues to face cash flow challenges, a shortage of funds compromising visibility and service delivery. FLAS will reinforce its resource mobilisation initiatives with the help of IPPFARO, the Ministry of Health, UNFPA, and World Vision.
- The dwindling donor funds continued to affect the Association, resulting in delays of payments to 3rd parties, threatening compliance with statutory obligations.

(1) Lessons Learnt:

- Resource mobilisation need to be made a key performance area for FLAS.
- ·Exchange visits for Volunteers and also celebrating Volunteers day to increase their moral support.





Members following Annual General Meeting proceedings.



Staff Members Reviewing Annual Report



Board and Sub-committee members attending induction training.

INDEPENDENT AUDITOR'S REPORT

Opinion

In our opinion, the financial statements of The Family Life Association of Swaziland (the Association) for the year ended 31 December 2024 are prepared, in all material respects, in accordance with the basis of accounting described in note 2 to the financial statements and the requirements of the Companies Act of Eswatini.

What we have audited

The Family Life Association of Swaziland's financial statements set out on pages 7 to 30 comprise:

- The statement of financial position as at 31 December 2024;
- The statement of income, expenses, and changes in fund balances for the year then ended;
- The statement of cash flows for the year then ended; and
- The notes to financial statements which include a summary of significant accounting policies.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

THE FAMILY LIFE ASSOCIATION OF ESWATINI

STATEMENT OF INCOME EXPENSES AND CHANGES IN FUND BALANCES

for the year ended 31 December 2024

	Current Year						Prior Year	
	Unrestricted E	Donor restricted E	2024 Total E	Unrestricted US$	Donor restricted US$	2024 Total US$	2023 Total E	2023 Total US$
Grant Income								
I P P F Grant	**2 116 341**	**-**	**2 116 341**	**115 446**	**-**	**115 446**	2 527 115	140 153
IPPF - Investment Voucher	**-**	**308 810**	**308 810**	**-**	**16 846**	**16 846**	-	-
Release of property, plant and equipment	**1 338 488**	**-**	**1 338 488**	**73 014**	**-**	**73 014**	-	-
Other doners								
Eswatini Government	**777 800**	**-**	**777 800**	**42 429**	**-**	**42 429**	777 800	43 137
Special projects								
USAID	**-**	**-**	**-**	**-**	**-**	**-**	100 000	5 546
HPVGA Cancer Project	**-**	**-**	**-**	**-**	**-**	**-**	209 352	11 611
CAAPP	**-**	**2 719 991**	**2 719 991**	**-**	**148 375**	**148 375**	-	-
IPPF - Khulisa Umntfwana	**-**	**-**	**-**	**-**	**-**	**-**	43 894	2 434
IPPF Temafa	**962 863**	**-**	**962 863**	**52 524**	**-**	**52 524**	632 494	35 078
UNFPA	**-**	**4 738 150**	**4 738 150**	**-**	**258 465**	**258 465**	2 002 575	111 063
UNICEF	**-**	**-**	**-**	**-**	**-**	**-**	840 149	46 595
Private Sector and local resources	**878 843**		**878 843**	**47 939**	**-**	**47 939**	1 017 615	56 437
Sundry income	**2 012 326**	**-**	**2 012 326**	**109 772**	**-**	**109 772**	2 105 261	116 758
Subscriptions	**10 590**	**-**	**10 590**	**578**	**-**	**578**	72 920	4 044
Patient fees and consultation	**1 958 799**	**-**	**1 958 799**	**106 852**	**-**	**106 852**	2 106 865	116 846
Total Income	**10 056 050**	**7 766 951**	**17 823 001**	**548 554**	**423 686**	**972 240**	12 436 040	689 702

THE FAMILY LIFE ASSOCIATION OF ESWATINI

STATEMENT OF INCOME EXPENSES AND CHANGES IN FUND BALANCES *(continued)*
for the year ended 31 December 2024

	Current Year						Prior Year	
	Unrestricted E	Donor restricted E	2024 Total E	Unrestricted US$	Donor restricted US$	2024 Total US$	2023 Total E	2023 Total US$
Expenses								
Outcome 1 –	-	(1 613 319)	(1 613 319)	-	(88 006)	(88 006)	-	-
Outcome 2 –	-	(2 950 078)	(2 950 078)	-	(160 926)	(160 926)	(1 362 169)	(75 546)
Outcome 3 –	-	(2 293 790)	(2 293 790)	-	(125 126)	(125 126)	(1 135 016)	(62 948)
Outcome 4 –	-	(419 000)	(419 000)	-	(22 856)	(22 856)	(224 645)	(12 459)
Total Outcomes	-	(7 276 187)	(7 276 187)	-	(396 914)	(396 914)	(2 721 830)	(150 953)
Management and Admin. (Indirect Costs)	(11 259 508)	-	(11 259 508)	(614 203)	-	(614 203)	(10 340 866)	(573 503)
Total expenses	(11 259 508)	(7 276 187)	(18 535 695)	(614 203)	(396 914)	(1 011 117)	(13 062 696)	(724 456)
(Deficit)/surplus for the year	(1 203 458)	490 764	(712 694)	(65 649)	26 772	(38 877)	(626 656)	(34 754)
Transfers to other funds (Note 10)	4 861 980	-	4 861 980	265 220	-	265 220	-	-
Fund balances at beginning of year								
Undesignated	(10 249 751)	3 545 700	(6 704 051)	(757 338)	381 490	(375 848)	(6 077 395)	(363 004)
Fund balances at end of year								
Undesignated	(6 591 229)	4 036 464	(2 554 765)	(557 767)	408 262	(149 505)	(6 704 051)	(397 758)
Cumulative translation adjustment	-	-	-	9 065	-	9 065	-	25 952
Fund balances at end of year	(6 591 229)	4 036 464	(2 554 765)	(548 702)	408 262	(140 440)	(6 704 051)	(371 806)

THE FAMILY LIFE ASSOCIATION OF ESWATINI

STATEMENT OF FINANCIAL POSITION
at 31 December 2024

	Current Year						Prior Year	
	Unrestricted E	Donor restricted E	2024 Total E	Unrestricted US$	Donor Restricted US$	2024 Total US$	2023 Total E	2023 Total US$
ASSETS								
Non-current assets								
Property plant and equipment (Note 1)	**41 371 702**	**103 375**	**41 475 077**	**2 274 326**	**5 639**	**2 279 965**	42 696 126	2 367 922
Total non-current assets	**41 371 702**	**103 375**	**41 475 077**	**2 274 326**	**5 639**	**2 279 965**	42 696 126	2 367 922
Current assets								
Cash and cash equivalents (Note 5)								
- Current accounts	**3 198 135**	**142 875**	**3 341 010**	**175 808**	**7 854**	**183 662**	644 555	35 747
- Interest bearing deposit accounts	**18 652**	**-**	**18 652**	**1 025**	**-**	**1 025**	17 007	943
Inventories (Note 7)	**94 611**	**-**	**94 611**	**5 201**	**-**	**5 201**	125 292	6 949
Receivables:								
- Grants receivable	**-**	**-**	**-**	**-**	**-**	**-**	-	-
- Other	**831 054**	**-**	**831 054**	**45 685**	**-**	**45 685**	535 302	29 688
Total current assets	**4 142 452**	**142 875**	**4 285 327**	**227 719**	**7 854**	**235 573**	1 322 156	73 327
Total assets	**45 514 154**	**246 250**	**45 760 404**	**2 502 045**	**13 493**	**2 515 538**	44 018 282	2 441 249

THE FAMILY LIFE ASSOCIATION OF ESWATINI

STATEMENT OF FINANCIAL POSITION (continued)
at 31 December 2024

	Unrestricted E	Donor Restricted E	2024 Total E	Unrestricted US$	Donor Restricted US$	2024 Total US$	2023 Total E	2023 Total US$
Liabilities and fund balances								
Liabilities								
Current liabilities								
Accounts payable accrued expenses and provisions (Note 2)	**3 181 884**	**688 195**	**3 870 079**	**174 914**	**37 831**	**212 746**	3 159 221	175 211
Deferred income (Note 3)	**(108 644)**	**3 078 656**	**2 970 013**	**(5 972)**	**169 239**	**163 267**	5 006	278
Total current liabilities	**3 073 240**	**3 766 852**	**6 840 092**	**168 942**	**207 070**	**376 013**	3 164 227	175 489
Total liabilities	**3 073 240**	**3 766 852**	**6 840 092**	**168 942**	**207 070**	**376 013**	3 164 227	175 489
Fund Balances:								
Accumulated Funds	**(6 591 229)**	**4 036 464**	**(2 554 765)**	**(548 702)**	**408 262**	**(140 440)**	(6 704 051)	(371 806)
Revaluation Reserve	**28 921 982**	**12 244 986**	**41 166 968**	**1 589 897**	**673 131**	**2 263 028**	47 293 212	2 622 875
Fixed Assets Fund (Note 4)	**308 109**	**-**	**308 109**	**16 937**	**-**	**16 937**	264 894	14 691
Total Fund Balances	**22 638 862**	**16 281 450**	**38 920 312**	**1 058 132**	**1 081 393**	**2 139 525**	40 854 055	2 265 760
Total Liabilities & Fund Balances	**25 712 102**	**20 048 302**	**45 760 404**	**1 227 074**	**1 288 463**	**2 515 538**	44 018 282	2 441 249

THE FAMILY LIFE ASSOCIATION OF ESWATINI

STATEMENT OF CASH FLOWS
for the year ended 31 December 2024

	2024 E	2024 US$	2023 E	2023 US$
Cash flow from operating activities				
Net cash from operating activities (Note 6)	**(204 875)**	**(12 207)**	161 142	8 935
Interest received	**54 943**	**2 997**	8 958	497
Net cash (utilized)/generated in operating activities	**(149 932)**	**(9 210)**	170 100	9 432
Cash flow from investing activities				
Purchase of property plant and equipment (Note 1)	**(117 439)**	**(6 406)**	(24 498)	(1 359)
Proceeds from sale of property plant and equipment	**-**	**-**	23 599	1 309
Net cash utilised in investing activities	**(117 439)**	**(6 406)**	(899)	(50)
Cash flow from financing activities				
Grants received in the current period	**13 012 578**	**709 833**	12 408 371	688 167
Grants utilised in the current period	**(10 047 107)**	**(548 067)**	(12 436 039)	(689 701)
Net cash inflow/(outflow) from financing activities	**2 965 471**	**161 766**	(27 668)	(1 534)
Movement in cash and cash equivalents	**2 698 100**	**146 150**	141 533	7 848
Cash and cash equivalents at beginning of year	**661 562**	**36 690**	520 029	28 842
Translation adjustment	**-**	**1 847**	-	-
Cash and cash equivalents at end of year (Note 5)	**3 359 662**	**184 687**	661 562	36 690

CHALLENGES

- **Supply chain management:** Commodity stock-outs, especially on family planning commodities, which resulted in interruption of sexual reproductive health services.
- **Capacity Building of Health Care Providers**: Lack of refresher trainings (Adolescent Sexual Reproductive Health, Gender Based Violence, Family Planning, Monitoring and Evaluation) to build capacity and skills of Health Care Providers on updated new health related issues which hindered service delivery.
- **Human Resource:** Inadequate human resources deployed at the Strategic Information Unit which affects the turnaround time for data capturing and reporting
- **Monitoring and Evaluation Gaps:** Inconsistent reporting from mobile clinics teams and lack of Client Information Management System(CMIS)at community level made it difficult to track program impact in real time.

CONCLUSION

The year 2024 has been a testament to the Family Life Association of Eswatini's (FLAS) unwavering commitment to advancing Sexual and Reproductive Health and Rights (SRHR) for all, particularly young people and vulnerable populations. Through its strategic outcomes, the Association has made measurable progress in expanding access to quality, rights-based, and youth-friendly services, while strengthening advocacy, partnerships, and community engagement.

Despite challenges, FLAS has continued to innovate, foster collaboration, and deliver impactful interventions that empower communities and safeguard the health and rights of adolescents, youth, and key populations.

The achievements in integrating SRH and HIV services, rolling out new biomedical HIV prevention methods, and promoting youth empowerment highlight the resilience and adaptability of the organisation.

Looking forward, FLAS remains committed to scaling up proven interventions, enhancing monitoring and evaluation systems, and reinforcing its resource mobilisation efforts to ensure sustainability. Together with Government, implementing partners, and communities, FLAS will continue to champion inclusive, equitable, and transformative SRHR programs that improve lives today and secure a healthier, more empowered future for generations to come.

44TH ANNUAL REPORT

2024

Family Life Association of Eswatini

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