FAMILY LIFE ASSOCIATION ESWATINI (FLAS)



45TH ANNUAL REPORT 2025

TEMNDENI

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

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FOLLOW US ON:

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 2

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 - IV Prevention Trials Network

ICT - Information Communication Technology

IPPFARO - 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

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, Members and partners of FLAS, Management and staff, Distinguished guests, Ladies and gentlemen.

It is my great pleasure to welcome you to the 45th Annual General Meeting of the Family Life Association of Eswatini.
This Annual General Meeting provides us with an important opportunity to reflect on the organisation's progress, acknowledge the work that has been accomplished, and consider the priorities that will shape FLAS in the years ahead.

The year 2025 has demonstrated the continued relevance, resilience, and commitment of FLAS to advancing sexual and reproductive health and rights in Eswatini. Our work remains guided by the 2024 - 2028 Strategic Plan, which places people at the centre of care, advances sexual and reproductive rights, strengthens partnerships and supports FLAS in becoming a sustainable and responsive organisation.

As the Board, our responsibility is to provide the governance and strategic oversight necessary to ensure that FLAS remains strong, relevant and sustainable. We must continue to strengthen our systems, diversify our resources, build meaningful partnerships and ensure that the organisation is well positioned to respond to the changing needs of the communities we serve.

Looking ahead, we recognise that sustaining the impact of FLAS will require continued commitment, innovation and collective effort. We must build on the strengths of the organisation, address emerging challenges and identify new opportunities that will enable FLAS to expand its impact while remaining accountable to our members, communities, partners and supporters.

As we deliberate today, let us remain focused not only on what FLAS has achieved, but also on what we must do to strengthen the organisation and secure its future. The Board remains committed to working closely with management, staff, members, partners and donors to advance the mission of FLAS and ensure that it continues to make a meaningful contribution to the health and wellbeing of the people of Eswatini.

I extend my sincere appreciation to our members, Board, management, staff, partners and donors for their continued commitment, support and contribution to the work of FLAS.
Together, let us continue building a stronger, more sustainable and impactful FLAS.

Thank you.



MESSAGE FROM FLAS EXECUTIVE DIRECTOR

The President of FLAS, Members of the National Executive Committee, Distinguished Guests, Our Development Partners and Government Partners, FLAS Members and Volunteers, Management and Staff, Ladies and Gentlemen. Good Morning!

As we gather for this important occasion, I would like to begin by expressing my sincere gratitude to everyone who has contributed to the work and progress of the Family Life Association of Eswatini. Your commitment, partnership and dedication have been central to our progress and impact.

The year under review was one of continued service delivery, programme implementation, innovation and organisational resilience. Across our clinics, mobile outreach and community programmes, our teams remained committed to bringing quality, person-centred SRHR services closer to the people who need them. During the reporting period, 42,754 clients accessed SRHR services through FLAS facilities and mobile clinics. This included 21,377 clients in Manzini, 17,101 in Mbabane, and 4,276 through mobile clinics.

We also continued to strengthen HIV prevention, youth engagement, community mobilisation, partnerships, and our visibility, while working to ensure that our programmes remain responsive to the needs of the communities we serve.

At the same time, the year reminded us of the realities facing FLAS. Resource limitations, commodity challenges, staffing constraints, documentation gaps, and the need to strengthen our systems require us to work differently and more strategically.

Fiscal prudence has been successfully achieved in the reporting period, most notably through the liquidation of R3 million in legacy creditor debt and tax liabilities with ERS, as well as an additional amount of various debts with creditors, which were all old debts accumulated as far back as 2019.

Remarkably, this turnaround was engineered completely within restricted donor resources, limited subvention and clinic income without triggering compliance or audit failures. With the organisation now legally and financially secure, our Sexual and Reproductive Health (SRH) clinics are positioned for long-term sustainability.

To move FLAS as an organisation from a defensive, stabilisation stance into an aggressive growth phase, management will drive three primary initiatives over the next 3 years: portfolio consolidation; clinic revenue generation; and structured optimization & expenditure reduction. We need to be able to do more with less!

I thank our staff for their dedication, our Board for its guidance, and our partners and donors for their continued confidence in FLAS.

As management, we remain committed to turning our strategic priorities into action and building a stronger FLAS for the future.

Thank you.

ORGANIZATION BACKGROUND



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

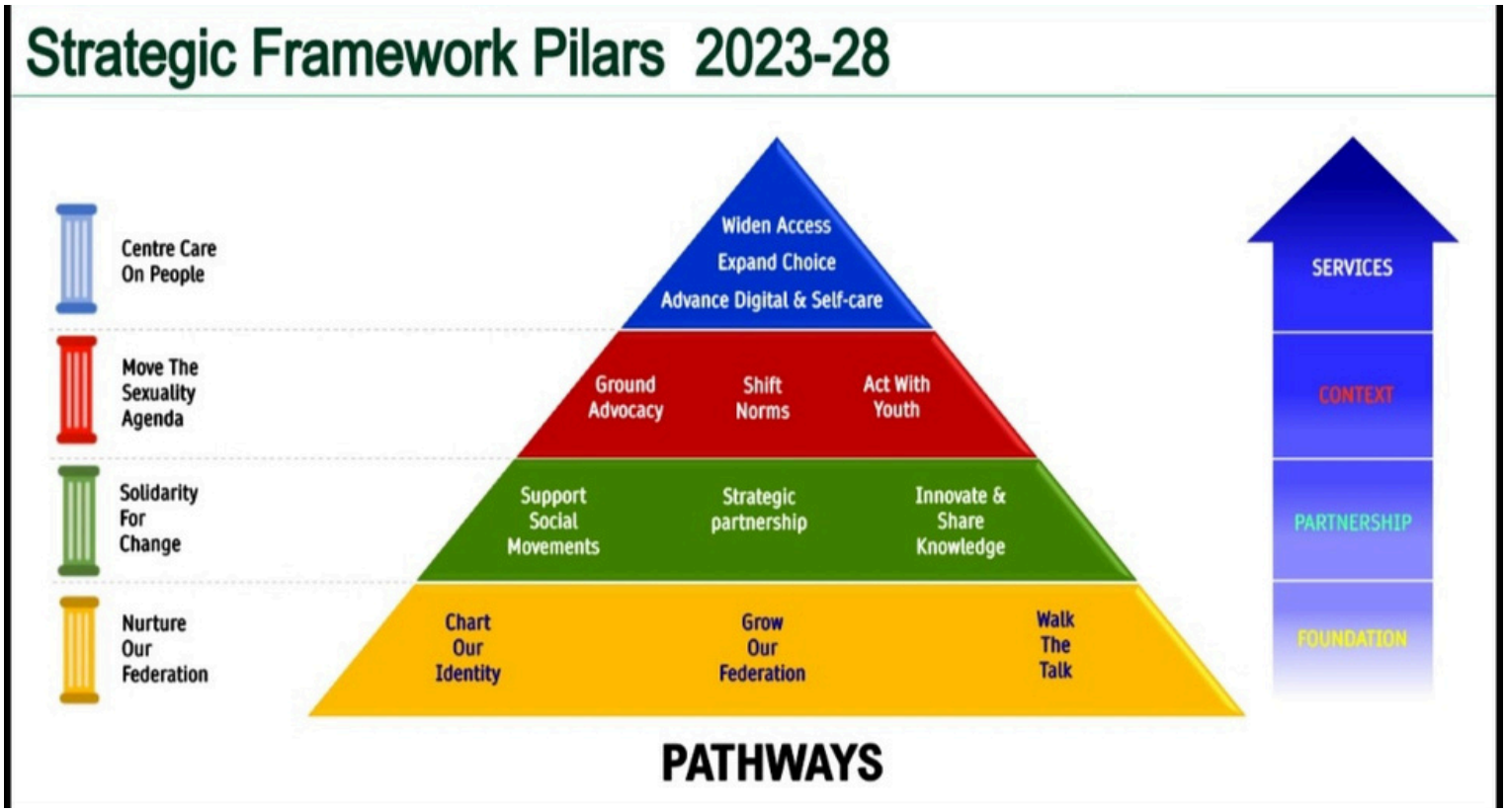
The Family Life Association of Eswatini (FLAS), was locally incorporated as an NGO in Eswatini in 1979 (registration R7/3602). Since registration, FLAS has championed programs to promote access of quality, pro-poor, rights-based, gender equitable, youth-focused and non-discriminatory SRH and rights information 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

Extending the Arm of Health (ETAH) - List of services provided

- Sexual and Reproductive Health
- Antenatal care
- Maternal health
- Ultrasound Services
- DNA Testing
- Fertility
- HIV testing services
- PrEP/VMMC
- Mental health and HIV
- Cervical cancer program
- Menstrual hygiene management
- Youth-friendly services
- Delivered youth-centred care
- Post abortion care

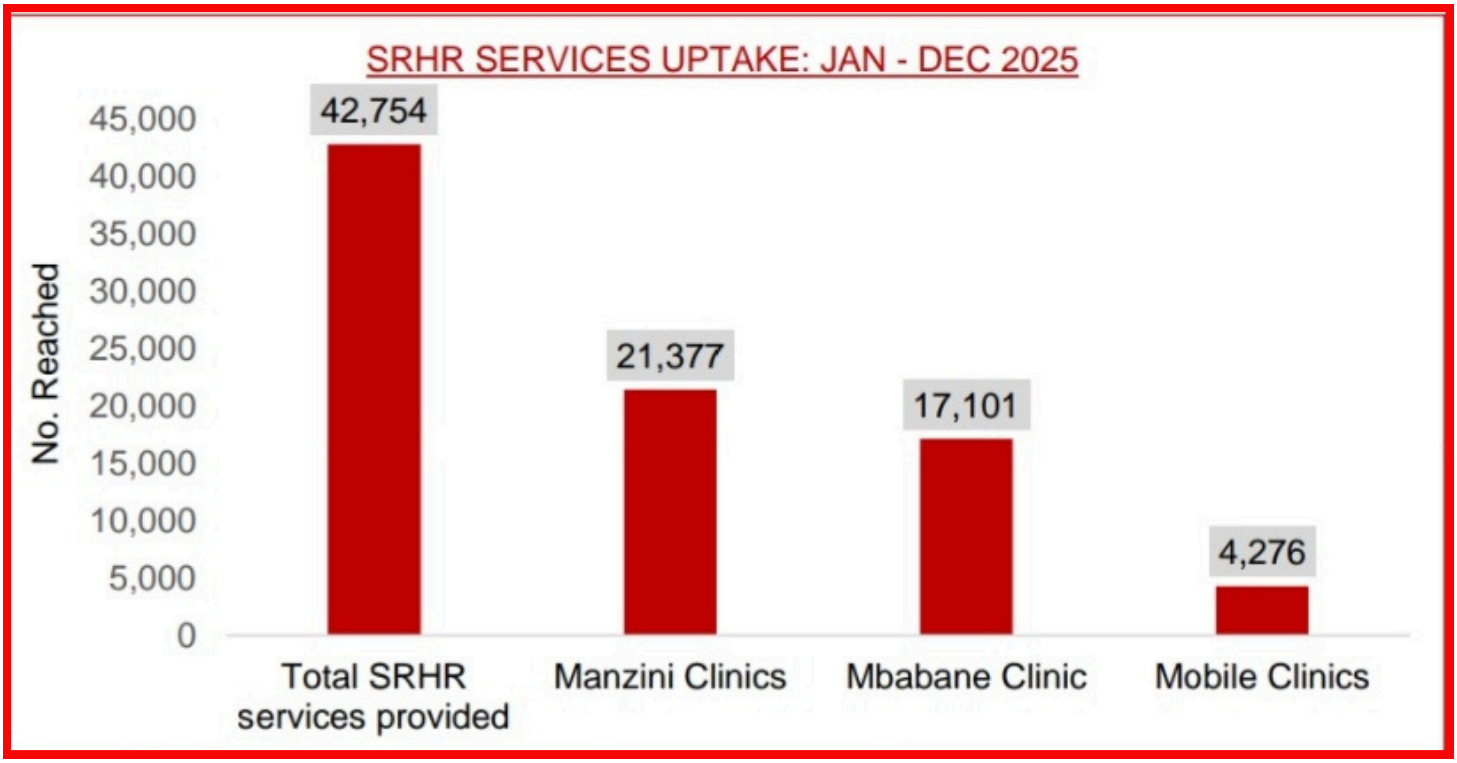


Figure 1 : Shows that In the reporting period a total of 42,754 clients were provided with SRHR services, FLAS Manzini being the highest in providing services to 21,377 individuals, followed by Mbabane Clinic providing services to 17,101 individuals and lastly mobile clinics 4,276 provided with SRHR services.

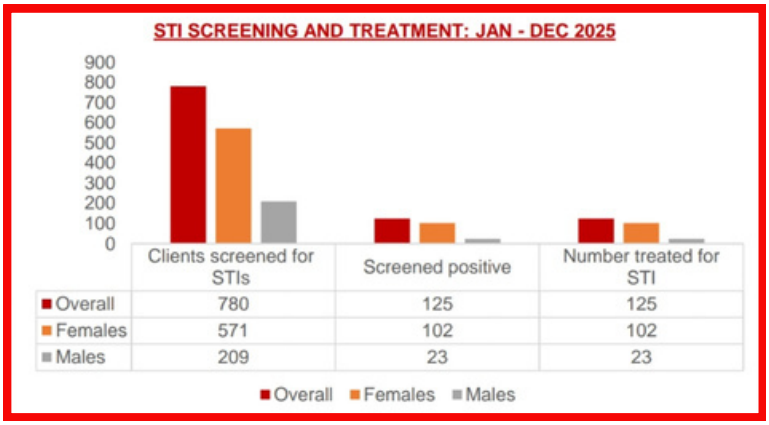


Figure 2 : shows clients done STI screening and treatment.

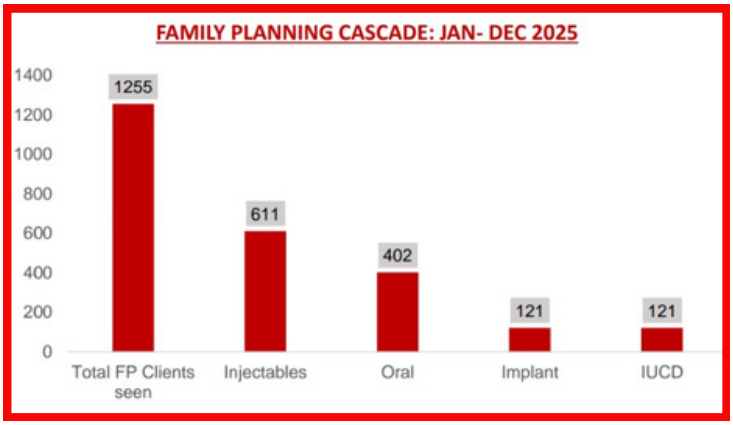


Figure 3: shows clients done STI screening and treatment.

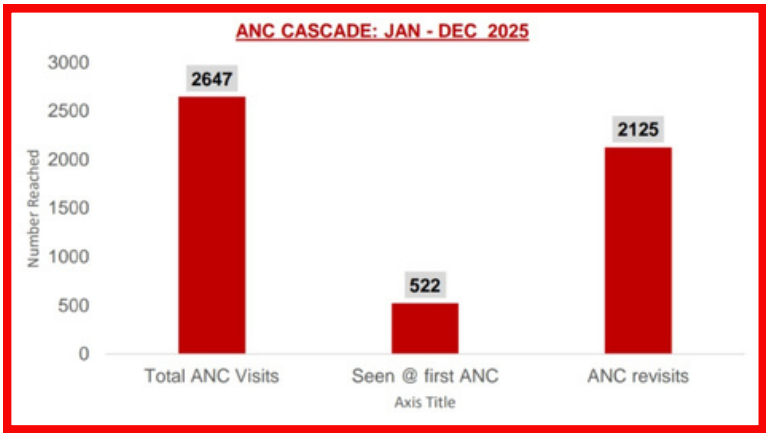


Figure 4: shows the total ANC visits.

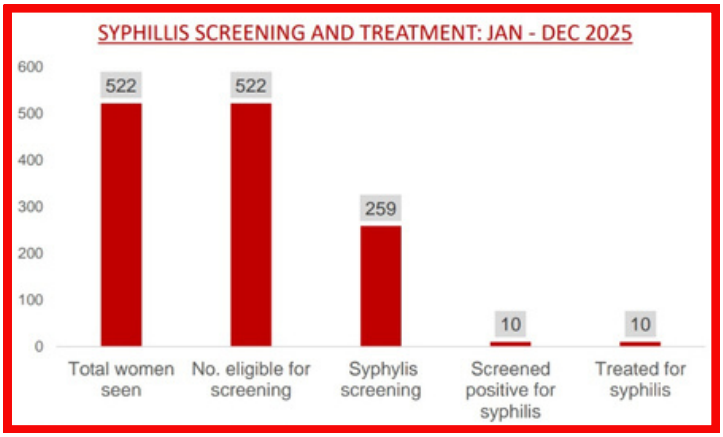


Figure 5: showing syphilis screening and treatment for pregnant women.

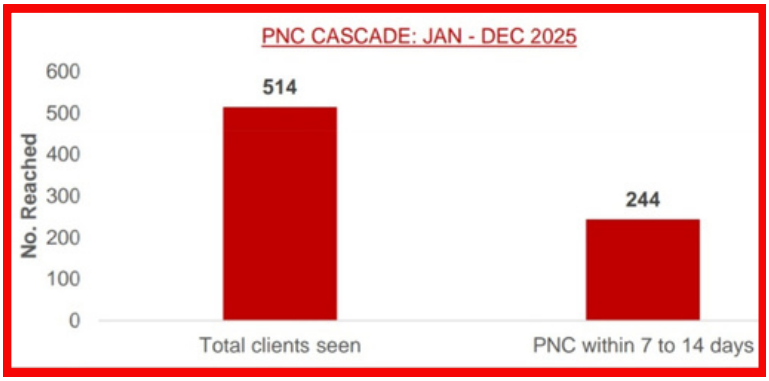


Figure 6: shows the number of clients reached with postnatal care.

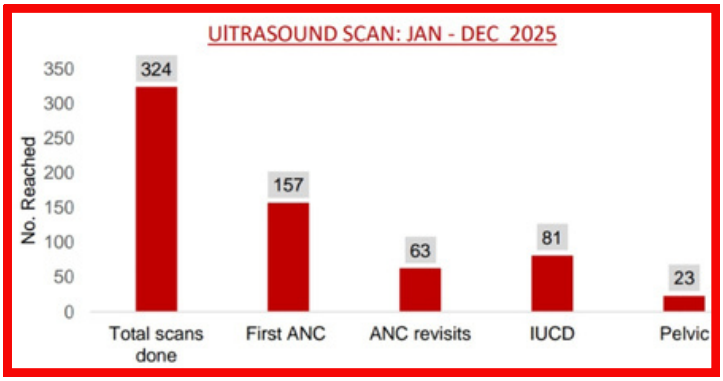
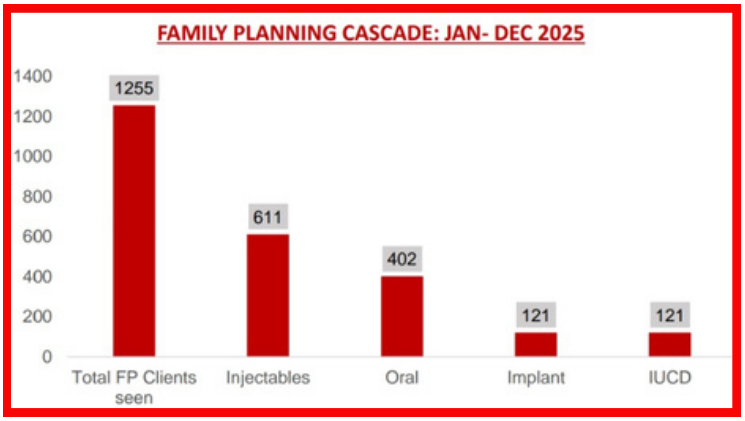


Figure 7: shows ultrasound services provided.

DNA PATERNITY TESTING

In December 2025, FLAS successfully introduced DNA Paternity Testing as part of its routine package of services being offered under clinical services at Manzini FLAS clinic. The clinical team was trained on DNA Paternity testing to build their capacity and competency to ensure quality of services. Standard Operational Procedure for DNA paternity testing was developed to ensure standardization of service proving among- health care workers and adherence to set standards. A total of five tests were conducted, with results delivered to clients in real time, ensuring both efficiency and confidentiality. The service includes two options: Comfort DNA Testing, which provides individuals with personal clarity and peace of mind, and Legal DNA Testing, which follows strict chain-of-custody procedures to ensure admissibility in court for matters such as child custody and inheritance.

By offering both comfort and legal DNA testing, FLAS has strengthened its role as a trusted provider of comprehensive family health and legal support services, further demonstrating its commitment to innovation and client-centered care.



INFERTILITY SERVICES

In the reporting period (January–December 2025), FLAS did not provide fertility consultations to clients through its clinical team. However, significant progress was made in strengthening the organization's capacity to deliver infertility services. A total of 35 staff members was trained in December 2025 in infertility counselling, basic laboratory testing, and referral pathways for clients experiencing challenges with conception.

In addition, a Standard Operating Procedure (SOP) for infertility services was developed to ensure consistency and quality in service provision across healthcare providers. These efforts lay a strong foundation for the future delivery of comprehensive fertility services, positioning FLAS to better support clients with reproductive health needs.

POST-ABORTION CARE SERVICES

In the reporting period (January-December 2025), FLAS provided technical assistance and support to MoH-Sexual Reproductive Health Unit in the development of post-abortion care training curriculum and also in conducting training of trainers for regional teams on post-abortion care guidelines to ensure standardization of service provision across all regions and facilities.

In December 2025, a total of 35 FLAS staff was trained on the post-abortion care guidelines. This training was designed to build the capacity and skills of healthcare providers in delivering safe, compassionate, and standardized care to clients.

The training covered clinical management of post-abortion complications, counselling, family planning integration, and referral pathways to ensure continuity of care. By equipping staff with updated knowledge and practical skills, FLAS has enhanced its ability to provide high-quality, client-centered services that prioritize both physical recovery and emotional support.

This initiative reflects the organization's dedication to improving reproductive health outcomes and ensuring that clients receive comprehensive care aligned with international best practices.

HIV INTEGRATION INTO SRH

HIV services is the first step HIV prevention, as they enable individuals to know their status and be linked to appropriate methods. These services in the reporting period were integrated into SRHR, including HIV testing, prevention and treatment.

By integrating testing with counselling and follow-up, providers can identify those at risk, reduce stigma, and ensure timely access to prevention options, ultimately strengthening both individual protection and public health outcomes.

In the reporting period a total of 42,754 individuals were seen in FLAS static clinics and mobile clinics and were all screened for eligibility to be tested for HIV. Out of the 42,754 individuals, 8,081 (18.9%) were clients who already knew their HIV status and were already on ART, 7,502 (17.5%) were identified -to be eligible testing and were all tested. Among those tested, 7,361 (98.1%) were tested HIV negative and 141 (1.9%) tested HIV positive. Of those tested HIV positive, 140 were initiated on ART, with a total of 138 individuals linking in FLAS clinics and 2 being referred and linking in other facilities.

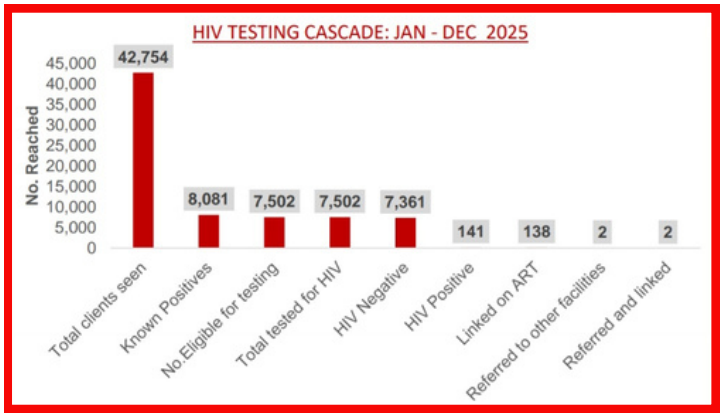


Figure 9: shows HIV Testing Cascade.

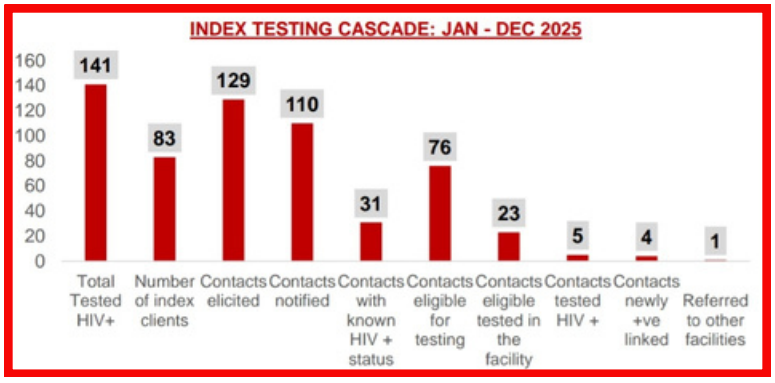


Figure 10 : shows HIV Index Cascade.

HIV PREVENTION SERVICES

FLAS provides a comprehensive package of combination HIV prevention methods, in line with the Eswatini Ministry of Health's adopted approach, which includes condoms, PrEP and PEP. These services are offered through both static and mobile clinics to maximise accessibility and coverage.

Between January and December 2025, a total of 7,361 clients tested HIV negative and were referred for PrEP eligibility assessment, directly contributing to the first 95 target by ensuring that 95% of people living with HIV know their Status and that those testing negative are linked to prevention options. Of those assessed, 1,059 were eligible and started PrEP. The majority opted for the vaginal ring (473; 44.6%), -followed by CAB-LA injections (337; 31.8%), and oral PrEP (249; 23.6%). This uptake shows clients prefer diverse, long-acting prevention options, reinforcing FLAS's role in expanding HIV prevention coverage and supporting treatment efforts toward the UNAIDS 95-95-95 targets.

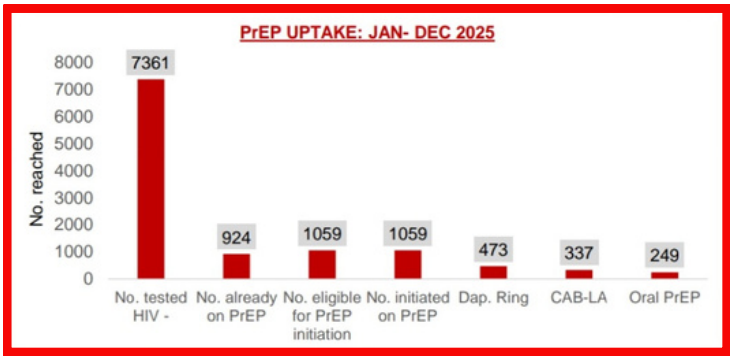


Figure 11 : shows PrEP uptake.

CONDOM DISTRIBUTION

FLAS distributed condoms through static clinics, mobile clinics, campaigns, national events and community cadres (Peer Educators, PrEP Ambassadors) across the four regions of Eswatini to expand access and coverage. Between January and December 2025, FLAS distributed a total of 364,990 condoms: male condoms (355,100; 97.3%) and- Female condoms (9,890; 2.7%), This indicates that most clients prefer male condoms as the primary prevention method, while uptake of female condoms remains limited. The imbalance highlights the need to improve awareness and accessibility of female condoms to promote gender equity in HIV prevention and strengthen overall program impact.

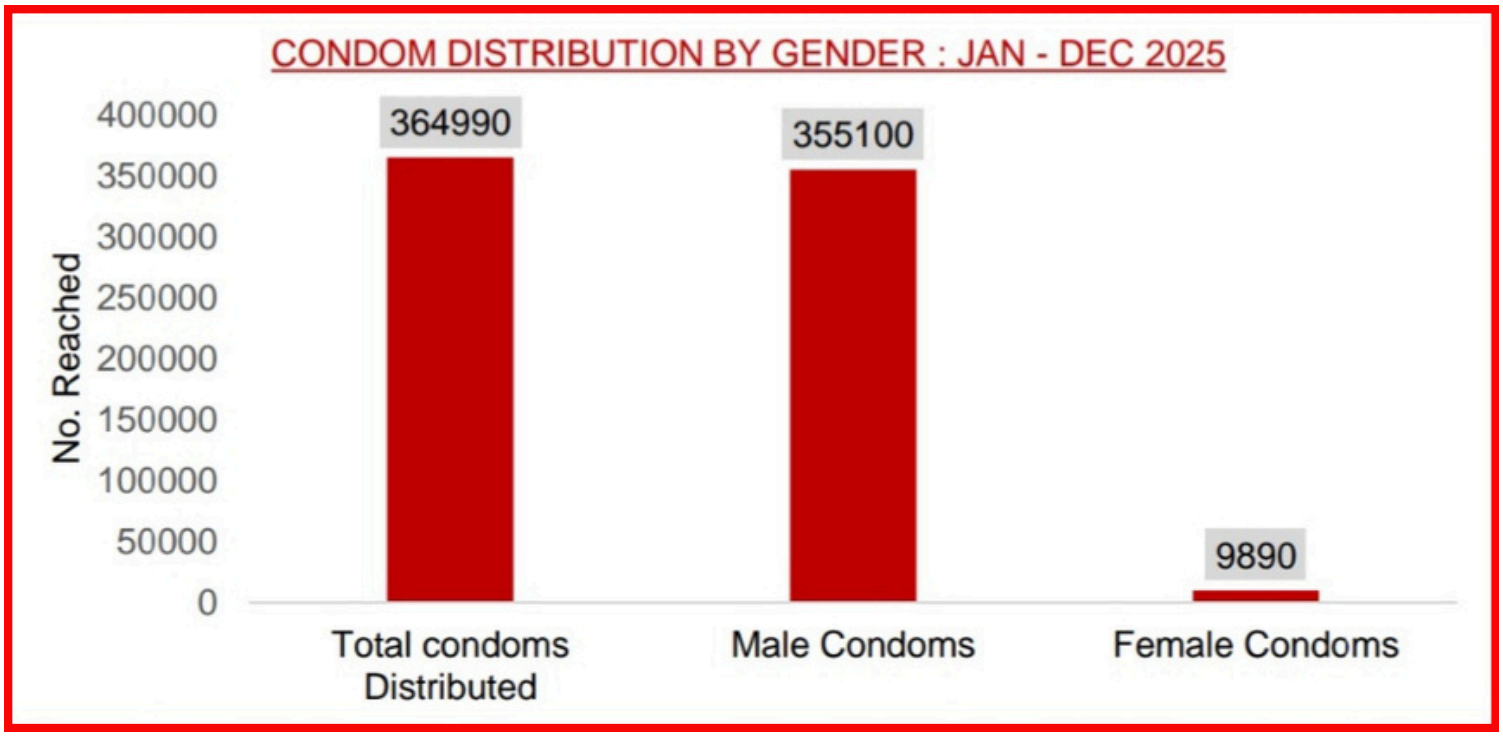


Figure 12: shows condom distribution by type.

LINKAGES TO CARE

FLAS is providing test and start services for clients seen at static and mobile clinics to ensure linkage to ART. In this reporting period, a total of 141 clients were initiated on ART, with 126 (89.3%) initiating on the same day, 8 (5.67%) initiating within 7 days, and 4 (2.8%) initiating within 7-14days. One client (0.7%) was referred for initiation in another facility, and 1 client is still pending initiation.

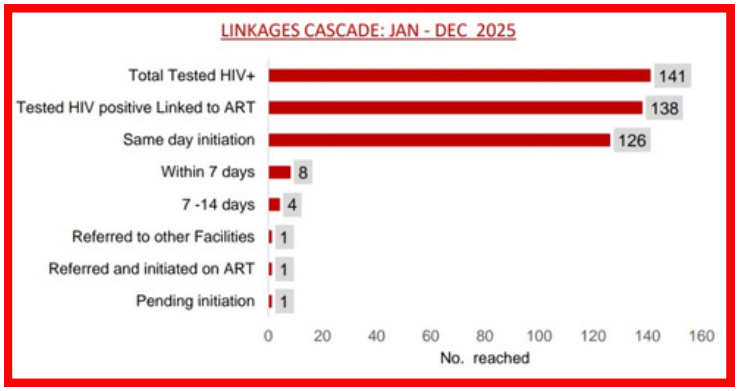


Figure 13: Shows linkages to ART cascade.

CARE AND TREATMENT SERVICES

During the reporting period, FLAS clinics strengthened the integration of HIV services within the broader Sexual and Reproductive Health and Rights (SRHR) framework, with a focus on the second 95 of the UNAIDS global 95-95-95 targets by ensuring that all clients diagnosed with HIV are initiated and maintained on sustained antiretroviral therapy (ART).

A total of 1964 clients were provided with HIV care and treatment; 1,826 of these clients were already on ART before the reporting period, and 138 of these clients were newly initiated.

These efforts highlight FLAS's commitment to expanding treatment coverage, sustaining lifelong care, and contributing to national and global goals of ending AIDS as a public health threat.

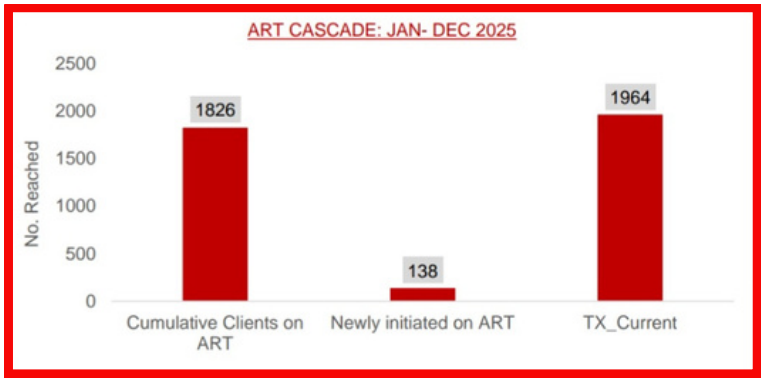


Figure 14: Shows clients on ART.

VIRAL LOAD MONITORING

Viral load monitoring data from January to December 2025 shows strong performance in both coverage and outcomes. Figure 14 indicates that out of 1,964 clients eligible for monitoring, 1,865 (95%) were tested, and 1,734 (93% of those tested) were virally suppressed. Only 131 clients (7%) had a high viral load, highlighting a relatively small proportion requiring intensified follow-up, adherence support, or treatment adjustments. The results demonstrate that FLAS have systems in place to reach eligible clients on ART, ensuring timely monitoring and achieving high levels of -viral suppression, which contributes significantly to national HIV targets and the global 95-95-95 goals.

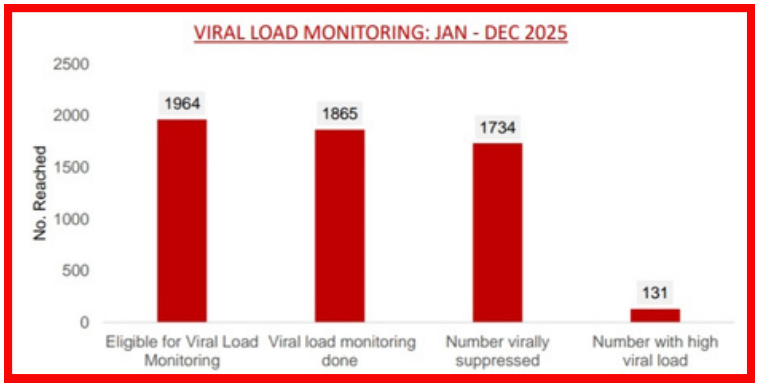


Figure 15 shows the viral load monitoring cascade.

RETENTION TO CARE

Retention in HIV care is key for sustaining treatment adherence, achieving viral suppression, and preventing new infections. FLAS do have patient tracking mechanisms in place to ensure clients remain engaged in care after ART initiation to protect individual health, maximise program impact, and support progress toward the UNAIDS 95-95-95 targets.

Between January and December 2025, a total of 73 clients were documented as having treatment interruptions in the reporting period. Tracing of these clients was done through phone calls, and 69 clients were followed up with; 40 were reached, and only 6 clients were returned to care, as shown in Figure 16 below.

The reasons for fewer individuals being brought back to care were the following;

1. Documentation of clients' demographics made it a challenge to locate clients. (Wrong phone numbers, physical addresses.)
2. Relocation to neighbouring countries.
3. Self-transfer to other facilities

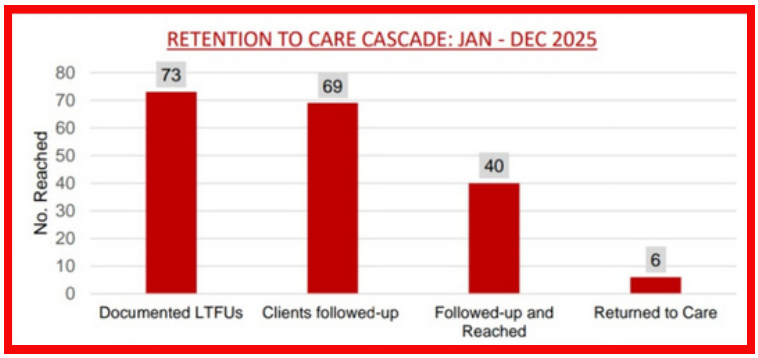


Figure 16: shows client tracing.

CERVICAL CANCER PROGRAM

FLAS Eswatini offers cervical cancer screening and treatment of pre-cancerous lesions to sexually exposed women through static and mobile clinics. Between January and December 2025, a total of 15 342 women were seen, with 9 761 (63.6%) being eligible for screening and screened. A total of 26 women screened positive, and 24 (92%) were treated through thermocoagulation. 2 (7.6%) were referred out for treatment.

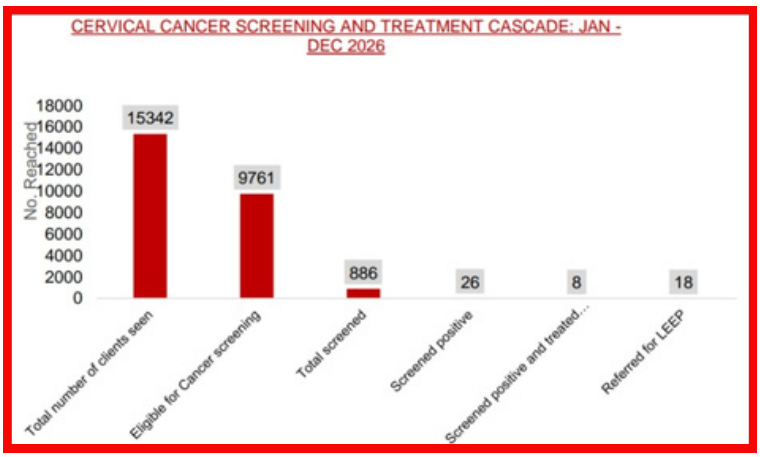


Figure 17: shows cervical cancer screening.

VIRAL LOAD MONITORING

FLAS integrated HPV vaccine to girls aged 9 -20yrs as a cancer prevention measure which contributes to reducing future cervical cancer incidence. HPV vaccine is being offered as a single dose to adolescent's girls and as a double dose to immunocompromised girls for long term protection against cervical cancer. Between January and December 2025, a total of 84 girls were seen in static and mobile clinics and were eligible for HPV vaccination, with 11 (13%) successfully vaccinated- -as shown in Figure 18 below.

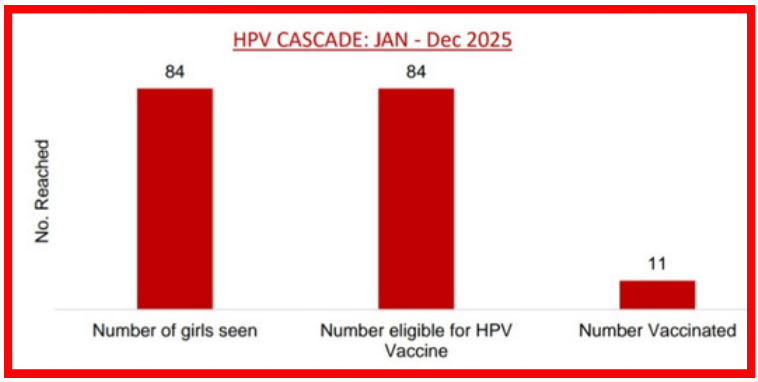


Figure 18: shows HPV Cascade.

YOUTH FRIENDLY SERVICES

During the reporting period, FLAS capacitated 35 staff on how to deliver a tailored youth friendly service in all static clinics. FLAS do have flexi-hours (starting as early as 7 am and also open on Saturdays) to cater for youth consultations that may be outside the normal working hours. Additionally, FLAS have a designated youth Nurse who specifically renders services to young people.

FLAS uses a human-centred design approach in planning and implementing youth-friendly services, ensuring that adolescents and young people are actively involved in shaping the care they receive. To strengthen this participatory model, FLAS has established a feedback mechanism that allows young clients to share their experiences and perspectives on service delivery.

This is facilitated through an electronic platform (MOBISAM) as well as suggestion boxes placed in clinics, providing both digital and physical avenues for engagement.

The feedback collected is systematically reviewed and used to inform programming, enabling FLAS to tailor services to the evolving health needs of young people. In 2025, FLAS introduced the Youth Saturday Special, an innovative initiative designed to increase access to healthcare services for young people who may face financial barriers to consultations but are eager to seek care. This program provides a dedicated day where youth can access FLAS clinics at reduced or waived consultation fees, ensuring that cost does not become a deterrent to receiving essential health services.

Beyond affordability, the initiative also creates a youth-friendly environment that encourages open dialogue, trust, and engagement on sensitive health issues such as sexual and reproductive health, HIV prevention, and counselling. By tailoring services to the unique needs of young people, the Youth Saturday Special strengthens FLAS's commitment to inclusivity, equity, and the empowerment of the next generation in safeguarding their health and wellbeing.

YOUTH CENTERS

FLAS uses 2 youth centres to reach young people with health-related information. In FY25, the health education program was led by a youth nurse, peer educators, guest facilitators, and the youth office. A total of 78 health talk sessions were conducted at the youth centres in Mbabane and Manzini.

These sessions provided 617 young people with information about sexual and reproductive health and rights, as well as integrated HIV services, to the extent that they served as a pathway for service uptake. One significant issue was the inadequate recording of the number of youth who received health services at FLAS as a result of these sessions. Since the youth centre is no longer in an attractive position to draw in more young people, it needs to be renovated. A total of 72 health talks were conducted in this reporting period, with 32 (44.4%)-being conducted at Mbabane Youth Centre, and 40 (55.6%) health talks were conducted at Manzini Youth Centre. The youth in these health talks covered a wide range of topics, which included HIV prevention, mental health, status disclosure, GBV, substance abuse, addiction, suicide prevention, PEP/PREP, hygiene, relationships, career guidance, abstinence, choosing friends, gangsters

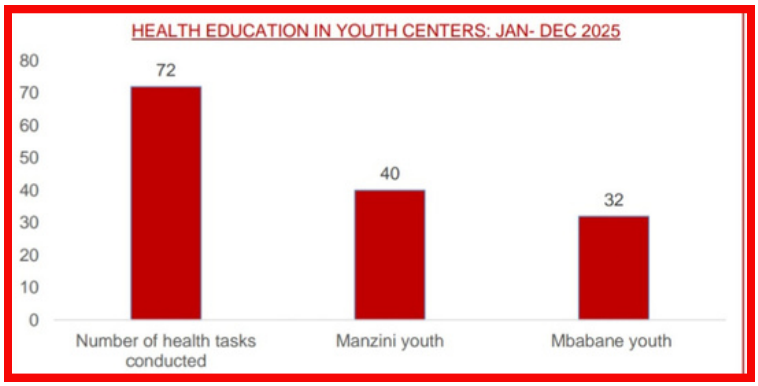


Figure 19: Shows health education conducted in youth centers.

MENSTRUAL HYGIENE MANAGEMENT

As a youth-focused organisation, FLAS recognises menstrual hygiene as a core mandate in promoting adolescent health, dignity, and gender equity. Ensuring that girls have access to menstrual hygiene products is vital for reducing school absenteeism, supporting confidence, and enabling full participation in education and community life. During the reporting period, 1,000 hygiene packs were distributed across four schools (Gundvwini, Emnotfweni High School, Florence Christian Academy, and Nkhaba High School.

Although implementation was constrained by the late start of peer education activities, which overlapped with external examinations, the initiative remains a critical intervention in empowering young girls and advancing FLAS's mission to address the holistic health needs of youth.





Pictures from top down show the distribution of sanitary packs at Emnotfweni High School and dignity packs at Nkhaba High School.

EMTCT SERVICES

Vertical transmission of HIV remains one of the most significant pathways of new infections among children. Elimination of mother-to-child transmission (EMTCT) of HIV is crucial and can reduce the risk of transmission through effective antiretroviral (ART) and early interventions.

In this reporting period, Figure 19 below shows that out of 522 women seen, 92 were already known HIV-positive at entry, with 90 (98%) on ART, reflecting continuity of care. Among the 430 women eligible for HIV testing, all were tested, -with 414 testing negative and 16 newly diagnosed positive. Importantly, all 16 newly diagnosed women were promptly enrolled on ART.

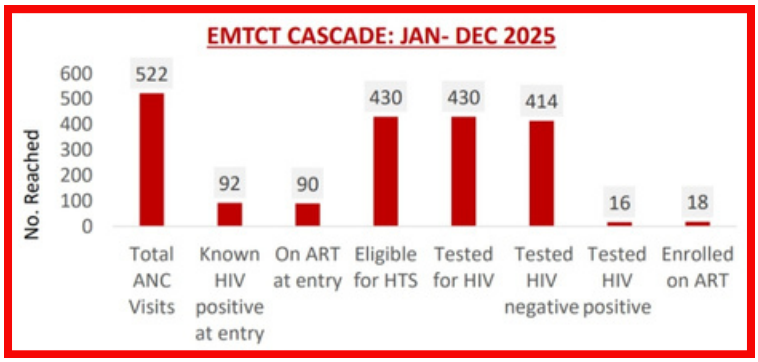
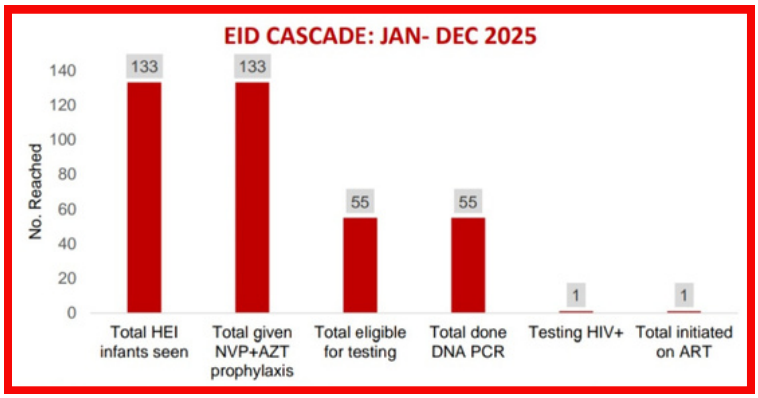


Figure 20: Shows the EMTCT cascade.

EARLY INFANT DIAGNOSIS

Early infant diagnosis(EID) of HIV is important to ensure prompt initiation of exposed infants into ARVs Between January and December 2025, FLAS provided DNA PCR tests to 55 (76.3%) HIV exposed infants and on infant was tested HIV positive and was initiated on ART.

Figure 21 on the right shows early infant diagnosis.



PROJECTS IMPLEMENTED

CONSORTIUM TO ADVANCED ACCESS TO NEW HIV PREVENTION PRODUCTS(CAAPP) PROJECT

FLAS implemented biomedical HIV Prevention services through the CAAPP Project to provide community mobilisation and service provision to 4 communities, which were: Mtfongwaneni (Lwandle and Ndlandlameni), Motshane (Ekupheleni), LGBTQIA+(HP4M and Rock of Hope), and FSW (VOOV). The community mobilisation was done by 6 PrEP Ambassadors who were also able to request mobile clinics on scheduled days. Between January and December 2025, a total of 10 community dialogues were conducted targeting young persons and key populations with accurate HIV prevention information in a supportive environment; hence 235 people were reach.



Community dialogue at one of the implementation sites.

This approach helps overcome stigma, misinformation, and limited access to services, and connects the clients to appropriate prevention options. During the reporting period.

In December 2025, task shifting of the distribution of dapivirine vaginal PrEP ring from clinicians to PrEP Ambassadors was done to decentralise service provision and enhance community ownership. This initiative highlights FLAS's commitment to sustainable, client-centred approaches that integrate community participation into the delivery of essential health services.



Clinic staff refresher training on new biomedical HIV prevention methods.

HALT WORLD VISION ESWATINI PROJECT

During the reporting period, FLAS implemented the World Vision-supported project targeting Adolescent Girls and Young Women (AGYWs) to expand access to comprehensive Sexual and Reproductive Health and Rights (SRHR) services. Through mobile clinics, services such as HIV prevention, cervical cancer screening, STI screening and treatment, and family planning were delivered across 14 Tinkhundla, reducing barriers for underserved communities. The project also--extended outreach to tertiary institutions, which were UNESWA,SANU, Limkokwing University, Ngwane Teachers Training College, and William Pitcher College where it promoted health awareness, encouraged positive behaviours, and increased uptake of SRHR services. By combining community-based and academic interventions, the initiative strengthened early detection, prevention, and management of key SRHR concerns, ultimately improving health outcomes for young women in both rural and educational settings.

POPULATION COUNCIL GRANT

In November 2025, FLAS received Population Council grant which was for strengthening demand creation and community engagement of dapivirine PrEP vaginal ring as part of CAAPP project interventions. FLAS used the grant to intensify awareness campaigns, mobilize communities and peer to peer support in the dapivirine ring.



Community dialogue at Nkiliji, supported by the population council grant.



From left: podcast session supported by the grant.

ACHEIVEMENTS

- Joined forces with the Ministry of Health for Menstrual Hygiene Day, where 1,000 hygiene packs were distributed in schools
- Cervical Screening training improved service delivery in static clinics. A total of 886 women were screened for cervical cancer.
- Clinics have introduced youth Saturdays as an incentive to encourage the youth to access clinical services. In FY25,605 youth clients accessed services in static clinics.
- DNA testing has also been integrated as part of SRH services as of December 2025; hence, 5 clients underwent DNA in FY25.
- Peer-to-peer support was strengthened through engagement of 24 peer educators (6 per region)
- Teen clubs have been revived, targeting adolescents living with HIV. The starting date for the activity will be January 2026.
- Community Engagement: Collaborations with local shops and public toilets fostered community participation and awareness.
- Increased Accessibility: Various distribution points significantly improved access to condoms, particularly in high-density areas.

CHALLENGES

- Stockouts of family planning commodities
  1. Ovral: April 2025 and December 2025 (60 days)
  2. Injectables
  3. Depo – September 2025 (30 days)
  4. Noristerate: Sep – Dec 2025 (120 days)
  5. Norigynon: September – December 2025 (120 days)
  6. IUCD: April – December 2025 (270 days)
  7. Implant: September – October 2025 and November- December 2025 (120 days)
- Low (1.5%)youth attendance at the clinic was observed.

MITIGATION PLAN

- Request family planning commodities from nearby MoH facilities while waiting for the availability of stock at Central Medical Stores
- Give available family planning commodities based on Medical Eligibility Criteria
- The organisation introduced Youth Saturdays to increase youth engagement and improve youth access to SRH services.

OUTCOME 2 : Move the sexuality agenda

GOAL: SOCIETAL AND LEGISLATIVE CHANGE FOR UNIVERSAL SEXUAL AND REPRODUCTIVE RIGHTS .

YOUTH EMPOWERMENT INITIATIVES

In the fiscal year 2025, FLAS's youth empowerment initiatives have made significant strides in providing opportunities for young people. The youth were provided with the opportunity to learn livelihood skills which they can use to make a living for themselves. These transformative experiences and approaches included 33 young people trained in liquid soap making, turning recyclable objects into accessories (earrings) and also being capacitated on making the Swazi Necklace known as Ligcebesha.



Liquid soap-making session in one of the youth health talks on Fridays.

EMPLOYMENT OPPORTUNITIES

In the reporting period, FLAS supported the implementation of a project by Young people through the Soul City Grant. The project was the Know Your No project, which targets young people aged 12-35 years, providing integrated SRH and GBV information. The project has made significant strides in empowering young girls in school on the issues of consent and gender-based violence.

In the reporting period, schools reached include St. Michaels High School and Mjingo High School. Figure 22 below indicates that out of 150 students targeted, 116 were reached (77%), while two out of three targeted girls' schools were engaged, reflecting 67% coverage.

These outcomes demonstrate strong progress in mobilising and delivering in-school sessions, with the majority of intended beneficiaries reached. However, the gaps of 34 students and one school not covered also highlight areas where logistical coordination, resource allocation, or timing could be strengthened.

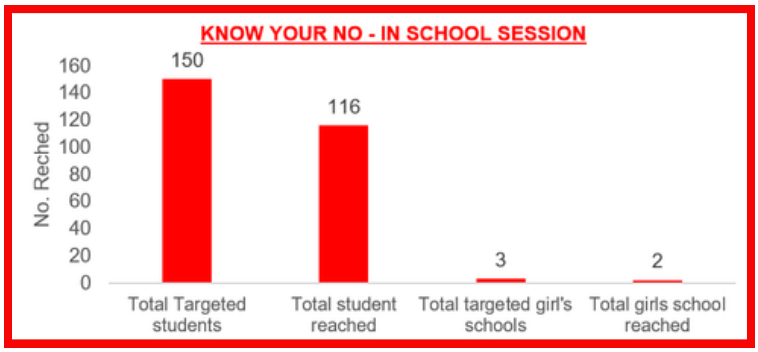


Figure 22: Shows the project implemented by YAM.

PEER EDUCATORS PROGRAM

In this reporting period, FLAS strengthened its youth engagement efforts by identifying and training 24 peer educators, drawn from the Youth Action Movement across all four regions of Eswatini (six per region). A one-day on-site training was conducted to build their capacity in delivering comprehensive sexuality education and equipping them with skills for effective community outreach.

Peer educators were deployed to various communities including Mahhwalala Zone 6, Mahhwalala Zone 4, Mangwaneni, PTS, and Piggs-Peak Ngonini in Hhohho; Ekukhanyeni Zakhele, Mbikwakhe, Mhlaleni, Ntabamhloshana, and Mathangeni in Manzini; Madlenya, Maphilingo, Mamisa, Mganyaneni, and Siphofaneni in Lubombo; and Madulini, Mathendele Township, Siphumelele, Maseyisini, Ngololweni, and Mahamba in Shiselweni. heir mandate included conducting sexuality education -sessions both in and out of school, promoting condom use, and facilitating condom distribution within their local communities. This initiative underscores FLAS's commitment to empowering young people as agents of change in advancing sexual and reproductive health and rights.



Peer educators distributing condoms in Fontein, Mbabane.

YOUTH INTERNSHIP PROGRAM

Between January and December 2025, FLAS Youth Internship Program engaged 3 Youth Interns. Under this initiative, two interns were placed in Manzini and the Mbabane.

The core mandate of this initiative is to build skills of young people to gain insight and knowledge on work environment to make informed decisions on their career path.

GENDER BASED VIOLENCE-HLONIPHEKA PROJECT

In the reporting period (January–December 2025), and with the support of UNFPA, FLAS established a day safe space for survivors of Gender-Based Violence (GBV). This initiative was designed to provide a confidential and supportive environment where survivors could access immediate care, counselling, and referral services.

The safe space serves as a critical entry point for GBV survivors to receive psychosocial support, medical attention, and guidance on legal and social protection options. By creating a dedicated and survivor-centred environment, FLAS has strengthened its response to GBV, ensuring that affected individuals are treated with dignity, compassion, and respect. This development reflects FLAS's commitment-to advancing gender equality and safeguarding the rights and well-being of vulnerable populations. Additionally, FLAS staff participated in a 3-day non-residential off-site training on GBV and 36 participants were trained. The training aimed to equip frontline responders with the skills to identify, support, and refer GBV survivors effectively.

A referral pathway for GBV survivors, a Standard Operating Procedure(SOP) was developed. The SOP provides clear, structured guidance to healthcare providers and community workers on how to identify survivors, offer immediate support, and ensure timely referrals to specialised services such as medical care, psychosocial counselling, legal assistance, and social protection.

DIGITAL CONTENT ON SRHR TARGETING YOUNG PEOPLE

In this reporting period, FLAS developed and deployed 4 digital advocacy materials. Content included posters and videos on SRHR, women's empowerment, HIV prevention, PrEP, human trafficking awareness, breast cancer awareness, and GBV prevention. These materials supported national campaigns such as Women's Month and Breast Cancer Awareness Month, and, these increased online visibility of FLAS services and reinforced accurate SRHR messaging among youth and community members.

CHAMPIONSHIP YOUTH ADVOCACY ON SRHR SERVICES

Between January and December 2025, FLAS conducted youth advocacy for 3,000 young people through information desks, health talks, school outreach, community dialogues, condomize campaigns, and national events. Young people were educated on HIV and STI prevention, family planning, -GBV, consent, mental health, and youth-friendly services. Condom demonstrations promoted safer sexual practices across all four regions. Advocacy efforts increased awareness, addressed myths and misconceptions, and strengthened linkages between youth and FLAS health services.

YOUTH DIALOGUES, FORUMS, OR FOCUS GROUP DISCUSSIONS ON SRHR, GENDER JUSTICE, AND HUMAN RIGHTS

In this reporting period, FLAS facilitated youth dialogues, FGDs, and life skills education sessions facilitated in schools, youth centres, and communities (with a total of 42 activities) Topics included teenage pregnancy, gender norms, GBV, HIV prevention, PrEP use, consent, and human rights. Focus group discussions with PrEP users provided insight into client experiences, barriers, and community perceptions, informing programme improvement and youth-responsive service delivery.



CSE session at Siphofaneni Inkhundla

YOUTH NETWORKS & EVENTS

Between January and December 2025, FLAS youth team participated in 4 national campaigns (16 days of activism and clean up campaigns) and regional events (2 Umhlanga ceremony participation). Participation enhanced knowledge exchange, and ensured alignment of SRHR messaging across organisations and programmes.



Peer educators conducting LSE session at the Umhlanga 2025.

CSE STRUCTURED SESSIONS

In this reporting period, FLAS provided structured CSE/ LSE sessions in communities through Peer Educators to give young people the information for informed decision on their sexual and reproductive health as well as navigate complex situations. Figure 22 below shows that, 8279 youth reached with CSE/LSE. Exceeding the target by such a wide margin demonstrates the organization's capacity to mobilize, engage, and deliver impactful youth-centered programming.

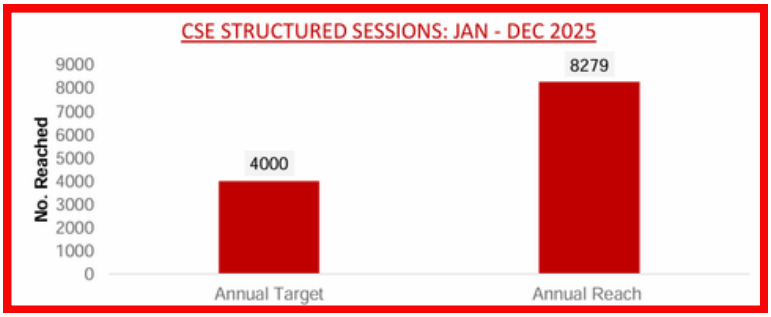


Figure 23: Shows reach on structured CSE.

SINGLE SESSIONS LSE SESSION (IN-SCHOOL)

Between January and December 2025, FLAS, through Peer Educators and the Youth Affairs team, led single LSE sessions in 26 schools. Figure 23 below shows that a total of 14,158 sessions were conducted, with 5,329 delivered in-school and 8,829 out-of-school.

This distribution shows that while schools remain a key platform for structured learning, the majority of sessions occurred in community and out-of-school settings, reflecting FLAS's strong emphasis on reaching young people beyond the classroom.

Overall, the data demonstrate both scale and inclusivity, positioning FLAS as a leading youth entity in advancing comprehensive sexuality education across Eswatini.

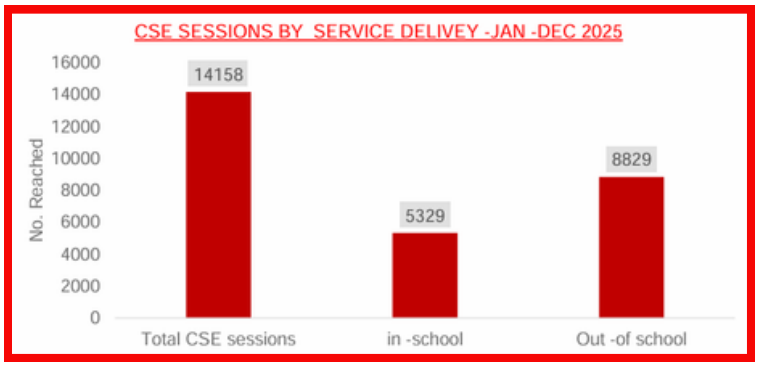


Figure 24: Shows CSE sessions by service delivery.

DEMAND CREATION AND ADVOCACY SERVICES

Between January and December 2025, FLAS conducted a total of 30 SRHR topics, falling short of an annual target of 50, meaning the target was partially achieved. The lower performance was mainly due to the lack of a structured monthly schedule in the first two quarters, where participation often depended on being called by the radio station rather than planned engagement.

PUBLICATION-NEWSLETTER & ANNUAL GENERAL MEETING REPORT

In this reporting period, a total of four online newsletters were produced and circulated, with one newsletter issued in each quarter to update stakeholders on FLAS activities. Additionally, a total of 50 annual general meeting reports were designed, published and distributed to FLAS members.



SOCIAL MEDIA ENGAGEMENT

In this reporting period, FLAS developed 123 digital IEC materials on SRHR, which were circulated on social media platforms. This is slightly below the maximum target of 144, as priority was placed on producing content on available commodities.

FLAS reached a total of 527,461 through social media engagement in this reporting period, significantly surpassing the annual target of 300,000, with higher engagement driven by paid advertisements, service-related content and -the addition of a LinkedIn page, particularly towards the end of the year. As illustrated in figure 24 below.

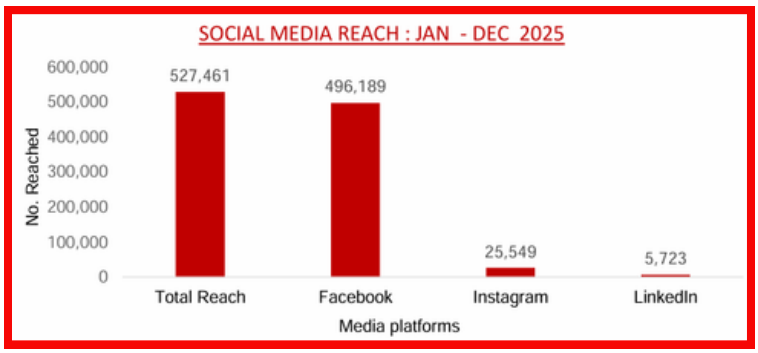


Figure 25 shows social media marketing reach.

ACHEIVEMENTS

- Social media significantly exceeded targets, reaching over 527,000 people through a mix of structured content, paid promotions, and platform expansion (including LinkedIn), demonstrating the effectiveness of a diversified digital strategy
- Participated in national and community events, with 19 events attended; combined with well-designed visibility materials, contributed to enhanced brand recognition and strengthened direct community engagement.
- Quarterly newsletters (4) were published, and digital IEC materials (123) were deployed in the reporting period.
- Delivery of LSE/CSE sessions using multiple models of CSE delivery, which include delivery of CSE/LSE during the Umhlanga ceremony, in-school sessions, in different constituencies/Tinkhudla's,and communities.
- Radio programming was highly effective due to the introduction of a prior schedule outlining topics to be covered and designated personnel for each session. A total of (32) radio sessions were conducted in FY25 through EBIS 2.
- Engagement of 3 youth interns ensured easy access to young people which allowed smooth coordination of youth activities.

CHALLENGES

- Inconsistent staff sensitisation and updates on project implementation led to fragmented messaging and inadequate support.
- Insufficient budget allocation for website updates and directional signage weakened overall brand consistency and accessibility.
- Limited SRHR knowledge among journalists posed a risk of misinformation, potentially affecting message integrity..

MITIGATION PLAN

- Integrate project updates on standing meeting e.g. weekly staff, quarterly review and MDT meetings.
- Conduct resource mobilization for website upgrade, signage, and media engagement to avoid recurring gaps.
- Provide journalists with media toolkits on SRHR topics to improve accuracy and strengthen partnerships for wider, credible coverage, especially when they are covering FLAS events.
- Conduct capacity building for journalists to build their skills and knowledge FLAS mandate.

OUTCOME 3 : Solidarity for Change

GOAL: AMPLIFY IMPACT BY BUILDING BRIDGES, SHAPING DISCOURSE, AND CONNECTING COMMUNITIES, MOVEMENTS, AND SECTORS.

BUILDING STRATEGIC PARTNERSHIPS

In this reporting period, FLAS engaged in strategic partnership with community implementing partners and Civil Society organizations to identify areas of collaboration on areas of youth engagement activities. Memorandum of understanding were done to formalize the partnership.

There were 3 new partnerships established (Resource College, Health Plus 4Men, World Vision Eswatini) and 7 partnerships maintained (AHF, UNAIDS, UNFPA, The George Hotel, ICAP: HPTN084, IFP India).

RESEARCH AND KNOWLEDGE MANAGEMENT

In this reporting period, FLAS through the CAAPP Project conducted implementation research on strengthening the delivery of PrEP services for key populations in Eswatini. This qualitative study explored barriers and facilitators to effective PrEP uptake, aiming to generate evidence that can inform program design, improve service delivery, and enhance community engagement. The research reflects FLAS's commitment to evidence-based programming and knowledge generation.

Findings from the study will be disseminated in 2026, contributing to national and regional resource hub on HIV prevention to influence policy, practice, and future interventions. By embedding research within its programming, FLAS continues to position itself as both a service provider and a leader in advancing innovative, youth-centered HIV prevention strategies.

DATA MANAGEMENT AND REPORTING

In this reporting period, FLAS developed and finalized the organization M&E framework. This framework provides a structured approach for tracking program performance, measuring outcomes, and ensuring accountability across all interventions. By institutionalizing this framework, FLAS has positioned itself to generate timely evidence that informs decision-making, supports donor reporting requirements, and guides program improvements.

The finalized M&E framework not only strengthens internal capacity but also reinforces FLAS's role as a data-driven, youth-centered organization committed to data quality, learning, and continuous improvement in advancing sexual and reproductive health outcomes.

The Strategic Information Unit provided support to reviewing and tracking for submission of project reports to donors/stakeholders. All statutory reports were submitted on time, comments from IPPF received and addressed.

ACHIEVEMENTS

- Fully functional MDT meeting to discuss key performance indicators and develop remedial actions for areas of underperformance
- Participated and provided technical assistance during Project Implementation Task Team (PITT) meetings to share research updates
- CAAPP implementation research to enhance and shape the country's HIV prevention strategy, especially on new biomedical HIV prevention methods.
- Partnerships with Health Plus 4Men, World Vision, UNFPA, SAFAIDS, and AHF on SRHR and HIV services maintained

CHALLENGES

- Staff shortage: Only one M&E Officer under SIU
- Poor Documentation of services provided (both mobile and static clinics).

MITIGATION PLAN

- Engage more personnel to assist on monitoring of data to ensure real time reporting to all stakeholders.
- Liaise with MOH (HMIS unit) to provide continuous refresher trainings for program staff on the use of CMIS for both mobile and static clinics.
- Develop a centralized repository (using excel and Power BI) to house all clinical and community data in order to easy analysis and real-time reporting.





Presentation of the CAAPP project phase 1 implementation research findings

OUTCOME 4 : Nature Our MA

GOAL: REPLENISH AND NURTURE THE FEDERATION FROM A COMMON VALUE BASE AND UNLEASH OUR COLLECTIVE POWER FOR GREATER IMPACT.

CHART OUR IDENTITY

During the reporting year, the NEC and its subcommittees successfully developed an annual work plan with clear objectives and a calendar of events. Also reviewed and approved key statutory reports including the annual report, audited financial report, first quarter report, half year report, and business plan. NEC members actively represented the organization at both the IPPF Regional Forum in Mombasa, Kenya, and the IPPF General Assembly in Indonesia.

The NEC also conducted the Executive Director's performance appraisal in the second quarter and held a successful Annual General Meeting in the third quarter. While the NEC's self-performance appraisal was deferred due to timing, plans are in place to conduct it mid- and end-term. Additionally, the accreditation exercise was undertaken by the Executive Director and heads of departments in the second quarter, further strengthening institutional accountability and compliance.

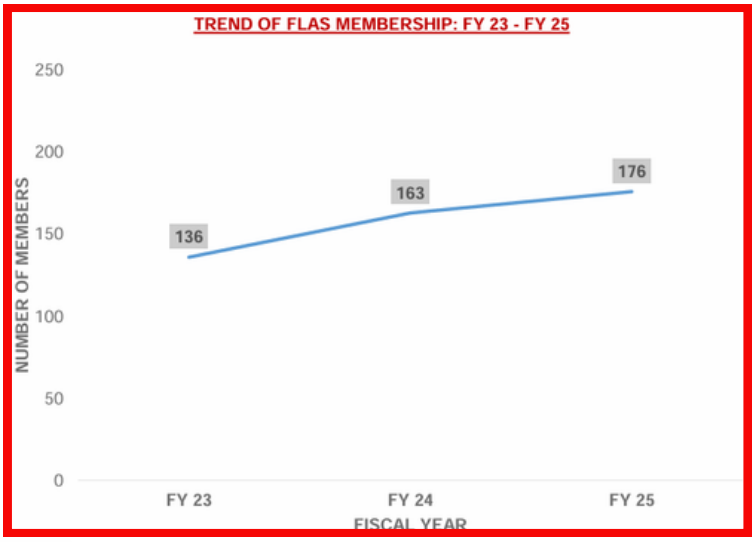
RESOURCE MOBILIZATION & DIVERSIFY INCOME

Between January and December 2026, FLAS did resource mobilization and diversity of income through proposal writings and redefining the health care package to attract more customers(clients) for service delivery. A total of 7 proposals were submitted to various donors - in the reporting period and results were:2 pending outcome,2 successful and 3 unsuccessful. Additionally, health care package was introduced such as DNA paternity testing and Youth Saturday initiative in a bid to encourage clients to perceive FLAS as a service provider of choice.

MEMBERSHIP GROWTH

During the year 2025, FLAS strengthened volunteer and membership engagement through multiple platforms. Volunteers and members were actively engaged via the Association's social media pages (Facebook, Instagram) and a dedicated WhatsApp group where regular updates on SRHR issues were shared.

Recruitment efforts brought in 62 new members (both Youth Action Members and adults), with six prospective members pending registration, and further recruitment was pursued during national events such as Buganu and the Trade Fair. YAM members who were transitioning out due to age were successfully engaged to join adult membership, ensuring continuity--and sustained participation in the Association's activities. FLAS membership showed a steady upward trend from FY 23 to FY 25, increasing from 136 to 176 members, which is a 29% overall growth, as illustrated in Figure 26 below.



TECHNICAL ASSISTANCE AND SUPPORT

FLAS provided technical assistance and support on policy direction at MoH national level during the various technical working groups such -as Adolescent Sexual Reproductive Health TWG, Condom TWG, National Health Sector HIV Response TWG and PrEP core team.

ACHIEVEMENTS

- Business Planning Meeting and Quarterly Programs Meeting were conducted successfully
- Recruited 66 new members(total of 342 members; 133 youth and 209 adults)
- NEC Members (President, Executive Director and YAM President) attended the Regional Forum Meeting, which was held in Mombasa, Kenya.
- Submitted 3 proposals in the fiscal year.

CHALLENGES

- Cash-flow
- Low recruitment rate for association members
- Lack of a retention plan for recruited members.

MITIGATION PLAN

- Strengthen resource mobilization.
- Use Media platforms to advertise membership.
- Advertise during community activities.
- FLAS also advertise and recruits.
- Develop a retention plan for recruited members.



FLAS Executive Director Mr Patrick Dlamini and FLAS President Mr Ambrose Maseko at the IPPF General Assembly 2025



FLAS Youth President Bongiswa Gwebu participated in the IPPF General Assembly 2025 Youth Forum, contributing youth voices to global conversations on sexual and reproductive health and rights, leadership, and meaningful youth engagement.

INDEPENDENT AUDITOR'S REPORT

Opinion

We have audited the financial statements of The Family Life Association of Eswatini, which comprise the statement of financial position at 31 December 2025, and the statements of income, expenses and fund balances and cash flows for the year then ended, and the notes to the financial statements which include a summary of significant accounting policies and other explanatory notes, and the National Executive Committee's report.

In our opinion, the financial statements of The Family Life Association of Eswatini, which comprise the statement of financial position as at 31 December 2025, its financial performance and its cash flows for the year then ended, are prepared in all material respects in accordance with the requirements of the External Audit Manual of the International Planned Parenthood Federation (IPPF)

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are funher described in the Auditors' Responsibilities for the Audit of Financial Statements section ofour report.

We are independent of the Organisation in accordance with the International Ethics Standards Board for Accountants' International Code of Eth ics for professional Accountants (including International Independence Standards) (IESBA Code) together with the ethical requirements that are relevant to our audit of the financial statements in Eswatini and we have fulfilled our other ethical responsibilities in accordance with these requirements and the IESBA Code. 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 2025

	Current year						Prior Year	
	Unrestricted E	Donor Restricted E	2025 Total E	Unrestricted US$	Donor Restricted US$	Total US$	2024 Total E	2024 Total US$
Grant Income								
IPPF Grant	1 495 609	-	**1 495 609**	83 581	-	**83 581**	2 116 341	115 446
IPPF - Investment Voucher	-	381 422	**381 422**	-	21 315	**21 315**	308 810	16 846
Release of property, plant and equipment (note 6)	1 341 662	-	**1 341 662**	74 978	-	**74 978**	1 338 489	73 014
Other donors								
Government of Eswatini	1 002 799	-	**1 002 799**	56 041	-	**56 041**	777 800	42 429
Special projects and other income								
IPPF – CAAPP	-	3 262 416	**3 262 416**	-	182 317	**182 317**	2 719 991	148 375
IPPF Temafa	857 802	-	**857 802**	47 937	-	**47 937**	962 863	52 524
UNFPA	-	3 889 586	**3 889 586**	-	217 366	**217 366**	4 738 150	258 465
Population Council	-	9 587	**9 587**	-	536	**536**	-	-
Conference Hire	92 450	-	**92 450**	5 166	-	**5 166**	-	-
Private Sector and local resources	-	-	-	-	-	-	878 843	47 941
Office Rental and Wellness Program	565 707	-	**565 707**	31 614	-	**31 614**	-	-
Studio Rent	1 950	-	**1 950**	109	-	**109**	-	-
Sundry income	2 684 401	-	**2 684 401**	150 016	-	**150 016**	2 012 326	109 772
Subscriptions	4 480	-	**4 480**	250	-	**250**	10 590	578
Patient fees and consultation	2 055 023	-	**2 055 023**	114 843	-	**114 843**	1 958 799	106 852
Total Income	**10 101 883**	**7 543 011**	**17 644 894**	**564 535**	**421 534**	**986 069**	**17 823 002**	**972 242**

SNG GT

THE FAMILY LIFE ASSOCIATION OF ESWATINI

STATEMENT OF INCOME, EXPENSES AND CHANGES IN FUND BALANCES
for the year ended 31 December 2025 (continued)

	Unrestricted E	Donor restricted E	2025 Total E	Unrestricted US$	Donor restricted US$	2025 Total US$	2024 Total E	2024 Total US$
Expenses								
Outcome 1 –	-	(2 382 842)	**(2 382 842)**	-	(133 163)	(133 163)	**(1 613 319)**	(88 006)
Outcome 2 –	-	(2 773 997)	**(2 773 997)**	-	(155 022)	(155 022)	**(2 950 078)**	(160 926)
Outcome 3 –	-	(1 539 702)	**(1 539 702)**	-	(86 045)	(86 045)	**(2 293 790)**	(125 126)
Outcome 4 –	-	(16 621)	**(16 621)**	-	(929)	(929)	**(419 000)**	(22 856)
Total Outcomes	-	(6 713 162)	**(6 713 162)**	-	(375 159)	(375 159)	**(7 276 187)**	(396 914)
Management and Administration (Indirect Costs)	(10 305 394)	-	**(10 305 394)**	(575 907)	-	(575 907)	**(11 259 508)**	(614 203)
Total expenses	(10 305 394)	(6 713 162)	**(17 018 556)**	(575 907)	(375 159)	(951 066)	**(18 535 695)**	(1 011 117)
(Deficit)/surplus for the year	(203 511)	829 849	**626 338**	(11 373)	46 375	35 002	**(712 694)**	(38 877)
Transfers to other funds	-	-	-	-	-	-	**4 861 980**	265 220
Fund balances at beginning of year								
Undesignated	(6 591 229)	4 036 464	**(2 554 765)**	408 262	(548 702)	(140 440)	**(6 704 051)**	(375 848)
Fund balances at end of year								
Undesignated	(6 794 740)	4 866 313	**(1 928 427)**	396 889	(502 327)	(105 438)	**(2 554 765)**	(149 505)
Cumulative translation adjustment	-	-	-	(8 894)	-	(8 894)	-	9 065
Fund balances at end of year	(6 794 740)	4 866 313	**(1 928 427)**	387 995	(502 327)	(114 332)	**(2 554 765)**	(140 440)

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THE FAMILY LIFE ASSOCIATION OF ESWATINI

STATEMENT OF FINANCIAL POSITION

for the year ended 31 December 2025

SNG Grant Thornton

ASSETS	Unrestricted E	Donor restricted E	2025 Total E	Unrestricted US$	Donor Restricted US$	2025 Total US$	2024 Total E	2024 Total US$
Non-current assets								
Property, plant and equipment (Note 3)	40 051 862	81 553	**40 133 415**	2 374 147	4 834	**2 378 981**	41 475 077	2 279 965
Total non-current assets	40 051 862	81 553	**40 133 415**	2 374 147	4 834	**2 378 981**	41 475 077	2 279 965
Current assets								
Cash and cash equivalents: (note 7)								
- Current accounts	911 877	302 201	**1 214 078**	54 053	17 914	**71 967**	3 341 010	183 662
- Interest bearing deposit accounts	20 482	-	**20 482**	1 214	-	**1 214**	18 652	1 025
Inventories (Note 1)	64 187	-	**64 187**	3 805	-	**3 805**	94 611	5 201
Receivables: (Note 2)								
- Grants receivable	-	-	-	-	-	-	831 054	45 685
- Other	15 635	375 018	**390 653**	927	22 230	**23 157**	-	-
Total current assets	1 012 181	677 219	**1 689 400**	59 999	40 144	**100 143**	4 285 327	235 573
Total assets	41 064 043	758 772	**41 822 815**	2 434 146	44 978	**2 479 124**	45 760 404	2 515 538

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THE FAMILY LIFE ASSOCIATION OF ESWATINI

STATEMENT OF FINANCIAL POSITION (continued)

for the year ended 31 December 2025

	Unrestricted E	Donor Restricted E	2025 Total E	Unrestricted US$	Donor Restricted US$	2025 Total US$	2024 Total E	2024 Total US$
Liabilities and fund balances								
Liabilities								
Current liabilities								
Accounts payable accrued expenses and provisions (Note 4)	(1 550 360)	(401 527)	**(1 951 887)**	(91 900)	(23 802)	**(115 702)**	(3 870 079)	(212 746)
Deferred income (Note 5)	(1 588 495)	(77 445)	**(1 665 940)**	(94 161)	(4 591)	**(98 752)**	(2 970 013)	(163 267)
Total current liabilities	(3 138 855)	(478 972)	**(3 617 827)**	(186 061)	(28 393)	**(214 454)**	(6 840 092)	(376 013)
Total liabilities	(3 138 855)	(478 972)	**(3 617 827)**	(186 061)	(28 393)	**(214 454)**	(6 840 092)	(376 013)
Fund Balances:								
Accumulated Funds	6 794 738	(4 866 311)	**1 928 427**	402 770	(288 459)	**114 311**	2 554 765	140 440
Revaluation Reserve (Note 6)	(27 628 845)	(12 244 986)	**(39 873 831)**	(1 637 750)	(725 844)	**(2 363 594)**	(41 166 968)	(2 263 028)
Fixed Assets Fund (Note 6)	(259 584)	-	**(259 584)**	(15 387)	-	**(15 387)**	(308 109)	(16 937)
Total fund liabilities	(21 093 691)	(17 111 297)	**(38 204 988)**	(1 250 367)	(1 014 303)	**(2 264 670)**	(38 920 312)	(2 139 525)
Total liabilities and fund balances	(24 232 546)	(17 590 269)	**(41 822 815)**	(1 436 428)	(1 042 696)	**(2 479 124)**	(45 760 404)	(2 515 538)

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THE FAMILY LIFE ASSOCIATION OF ESWATINI

STATEMENT OF CASH FLOWS
for the year ended 31 December 2025

	2025 E	2025 US$	2024 E	2024 US$
Cash flow from operating activities				
Net cash from operating activities (Note 8)	(865 660)	(44 393)	(204 875)	(12 207)
Interest received	43 881	2 452	54 943	2 997
Net cash inflow from operation	(821 779)	(41 941)	(149 932)	(9 210)
Cash flow from investing activities				
Purchase of property, plant and equipment	-	-	(117 439)	(6 406)
Proceeds from sale of property, plant and equipment	750	42	-	-
Net cash utilised from investing activities	750	42	(117 439)	(6 406)
Cash flow from financing activities				
Grants received in the current period	8 737 345	488 279	13 012 528	708 812



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