

Update on the context and situation of children

The population of Eswatini is 1.1 million with 43% being children between 0 and 17 years. Of the total population, children under five years account for 12% while adolescents (10-19 years) are 25% (Population and Housing Census, 2017). Young people aged 15 to 35 years constitute 70% of the total population, representing a demographic dividend window of opportunity which should be harnessed with the requisite policies, programmes and investments.

The Kingdom of Eswatini's Strategic Road Map (2019-2022) and the National Development Plan (2018-2020) which articulate the country's priorities, have integrated the children's development agenda, and form the basis for planning and programming for children and adolescents.

While Eswatini is classified as low-middle-income, the 2017 Human Development Index (HDI) score is at 0.588 with a drastic decline in economic growth from 7.3% in 2015/16 to 0.7% in 2016/17 fiscal years (UNDP Statistical Update, 2018), resulting from the decline in Southern African Customs Union receipts. This has major implications on the achievement of the Sustainable Development Goals, and, child related set targets.

The proportion of population living below the poverty line is 58.9% and the extremely poor account for 20.1% (Eswatini Household and Income Survey, 2016/17). The burden of poverty impacts children in Eswatini; about 6 in every 10 children (56.5%) are multidimensionally poor which is higher in rural areas (65%) than urban areas (23%) (Multidimensionally Child Poverty, 2018). The multidimensional child poverty rate is slightly higher for boys than girls (60% versus 54%), and at regional level, Shiselweni has the largest proportion of multidimensionally poor children at 71%. Demographic changes have major implications on need and vulnerability for children and adolescents. Increased urbanization which is projected to increase from 24% in 2019 to 34% by 2050 with emergence and expansion of informal settlements, poses a new set of risks affecting children in Eswatini. (United Nations, World Urbanization Prospects, 2018).

The under-five mortality rate declined from 104 per 1,000 live births in 2010 to 67 per 1,000 in 2014 (MICS, 2014). Infant mortality is highest in Shiselweni region with 78 deaths per 1,000 live births while Lubombo and Shiselweni regions have higher proportions of inpatient under 5 deaths (MoH, 2018). This is mainly attributed to limited number of health facilities and the impact of drought. On the other hand, Hhohho and Manzini regions recorded highest health facility based neonatal deaths in 2018 (MoH Death surveillance reports, 2018). Poor management of sick babies in the referral hospitals, coupled with lack of intensive care services for newborns contributes to high neonatal mortality.

The proportion of children stunted remains high; 1 in 4 children under five in Eswatini are stunted with highest rates being among children aged 18 to 23 months (35%). Stunting rates vary from 30.2 % in the poorest households to 9.2 % in the richest households and is higher in rural areas than urban areas. Gender disparities are also evident as boys have higher stunting rates than girls (29.2% and 21.2%) (MICS, 2014). High stunting rates could be linked to the decline in exclusive breastfeeding from 69 % in 2016 to 58 % in 2018 (MoH, 2018).

Violence is the most-prominent child protection issue, with an estimated 1 in 3 girls experiencing some form of sexual violence in childhood. (Violence Against Children and Young Women in Swaziland, 2007). About 1 in 8 children age 1-14 years experienced at least one form of psychological or physical punishment by parents or caregivers (MICS, 2014). The rate of bullying in schools is estimated at 32% (School Violence and Bullying Global Status Report, UNESCO, 2017) with an estimated 69% of parents and caregivers believing that physical punishment is necessary to bring up a child (MICS, 2014). Whilst national legislative and policy frameworks on child protection are in place and aligned with international human rights standards, limited availability of child protection and gender-based violence services, negative social norms and weak institutional capacity at national and regional levels for the implementation/coordination of policy and legislation impede prevention and response efforts.

Eswatini has the highest HIV prevalence at 27 % (females 32.5%; males 20.4%). Adolescent and young women have the highest burden of the disease accounting for 9.85%. Recent evidence shows that among young people aged 15-24 years, 3.5% had sex before the age of 15 years with an estimated annual incidence of 1.07% which is higher among females (0.52%) than males (1.67%) (Swaziland HIV Incidence Measurement Survey 2, 2016/17).

Eswatini has achieved near-universal net enrolment primary education at 94% in 2017 (female 93.5%, male 94.5%) however, a very high proportion of adolescents are currently excluded from the secondary education system. Net enrolment at lower secondary school level was 32.3% in 2017 (male 26%, female 38.7%) and 11.8 % at upper secondary education (male 9.9%, female 13.6%). (Annual Education Census). This is due to fewer secondary schools compared to primary schools, high cost of secondary education which is unaffordable particularly to households within the lowest quintile and high repetition rates leading to school drop outs. A sizeable proportion of adolescents are unaccounted for as they are not in education, employment or training. Youth unemployment rate is 47% which is double the national unemployment

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rate and has implications on ability to harness the demographic dividend.

The humanitarian context is shaped by climate change and the prolonged impacts of the 2015/16 El Nino induced drought which negatively impacts children and women. The country received generally below average rainfall due to delayed onset of the rains which has resulted in delayed land preparation and planting in most areas. It is projected that 232,000 people (25% of the rural population) will experience severe food insecurity by March, 2020 (VAC, 2019).

Major contributions and drivers of results

UNICEF Eswatini delivered the 2016-2020 country programme through two programmes, young child survival and development (YCSA) targeting 0 to 9-year old and adolescent protection, learning and development (APLD) targeting 10 to 19-year old. The planned results were aligned to UNDAF 2016 to 2020 outcomes and the National Development Plan 2019 to 2022. The two programmes were supported by cross cutting section on programme effectiveness where programme planning, monitoring, management and research were coordinated, with the operations section providing support to execute the programmes.

Young Child Survival and Development

UNICEF Eswatini support aimed at ensuring that young girls and boys are immunized, healthy, and registered at birth through UNICEF support towards (i) ensuring that government has appropriate strategic plans and budgets for maternal, new-born, child health, Early Childhood Development (ECD), nutrition and Water, Sanitation and Hygiene (WASH); (ii) increasing key government institutions capacity to provide quality health, HIV, nutrition, WASH and birth registration services; and (iii) strengthening capacity for Ministry of Health (MoH) systems to generate quality disaggregated information and use evidence for programme improvement. The programme contributed towards achievement of UNICEF strategic Plan goal area 1 (every child survive and thrive), goal area 3 (every child is protected from violence and exploitation) and goal area 5 (every child lives in clean and safe environment), and to the UNDAF outcomes on Health, HIV, Education, and Governance. Notable progress has been made during the reporting year in achieving results for children with UNICEF contribution.

Maternal newborn health and HIV: A decline in mother to child transmission (MTCT) of HIV rate at 18 months was reported from 7.8% in 2018 to 4.8% in 2019 (HIV Estimates report, 2019), achieving one of the global elimination criteria of less than 5% MTCT rate. HIV testing within two months among children born from HIV infected mothers was 94% by September 2019 (against 97% target). Antiretroviral treatment coverage for children 0 to 14 years children living with HIV increased from 75% in 2018 to 81% in 2019. These results were achieved with contributions from government, UNICEF, UNAIDS, WHO, PEPFAR and Global Fund. UNICEF specifically provided technical and financial support to MoH to strengthen community follow up system for HIV positive mothers and their babies through training of 300 mentor mothers which led to increased retention of mothers and babies in antiretroviral therapy (ART). To strengthened provision of integrated Prevention of MTCT services, with UNICEF support to MoH, newborn care training package that integrated PMTCT was developed and 27 health workers from 11 (100%) health facilities providing maternity services were trained. UNICEF Eswatini will continue to support strengthening of follow up systems for HIV positive mothers exploring new innovative ways.

Child Health and ECD: immunization coverage remained high with 91% children under 1 year of age receiving DPT3 (Pentavalent) vaccine and 89 % received Measles Rubella (MR)1 vaccine (HMIS Database). In achieving this result, with UNICEF Eswatini East and Southern Africa Regional Office (ESARO) and Supply Division, the MoH improved efficiencies in vaccine procurement and made a cost savings of 39 per cent in procurement through UNICEF Supply Division. Vaccine procurement through UNICEF also led to timely vaccine availability ensuring no vaccine stock outs. UNICEF continues to use lessons learned to advocate for efficient procurement for other child health essential supplies. In support of comprehensive child-health services, an integrated child health programme (including ECD) was costed and its investment case developed, health sector budget analysis briefs developed to support advocacy efforts on increased resource allocations and National Health Accounts in partnership with WHO and CHAI was conducted.

Birth Registration: The proportion of under-five children with birth certificates increased from 37% in 2014 to 47% in 2019. In strengthening birth registration systems, and in partnership with International Center for AIDS Care and treatment Programme (ICAP), UNICEF Eswatini provided technical and financial support to MoH, Ministry of Home Affairs (MoHA) and developed evidence-based birth registration acceleration plan and informed implementation in 2019. Furthermore, UNICEF and partners developed proof of birth form, printed and distributed to all 11 (100%) government maternity facilities in the country and trained of 25 health workers from the 11 facilities as trainers to roll out birth registration timely. This resulted in increased timely birth registration within the recommended two months of age from 47% in 2016 to 76% in 2019. To fast track issuance of birth certificates which has been slow due to weak linkages between MoH and MoHA systems, UNICEF will support building an interoperable system between MoH and MoHA.

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Nutrition: UNICEF Eswatini focused on nutrition resilience building in emergency prone communities. With UNICEF technical and financial support, Eswatini National Nutrition Council (ENNC) strengthened systems for early detection of malnutrition and delivery of integrated management of acute malnutrition (IMAM), through training of 306 rural health motivators in community nutrition and procurement of therapeutic feeds for all 41 IMAM sites. To enhance early warning early action system for emergency, weekly disease surveillance including nutrition data was strengthened, which informed preparedness and response actions. However, weak capacity within ENNC, and the lack of a nutritional programme within MoH affected the availability of nutritional data and coordination of interventions. Moving forward, UNICEF, World Health Organization (WHO) and World Food Programme (WFP) will support development and implementation of health sector nutrition operational plan and strengthen nutrition coordination.

WASH: UNICEF Eswatini focused on building systems to facilitate Open Defaecation Free (ODF) certification for the country. With UNICEF financial and technical support to MoH and World Vision Eswatini (WVE), ODF protocol was approved by government, systems to facilitate ODF certification were established, four regional ODF verification certification teams were trained, and 13 community led total sanitation facilitators. As a result, 10 targeted communities with 603 households were triggered, and two communities ready for ODF certification. UNICEF will support MoH and WVE to fast track certification process, including post ODF monitoring systems.

Adolescent Protection, Learning and Development (849 words)

UNICEF Eswatini aims at ensuring that adolescent girls and boys aged 10-19 years have increased protection from violence and access to quality health services and secondary education. The programme contributed towards achievement of UNICEF Strategic Plan goal area 1 (Adolescent health and HIV), goal area 2 (Every child learns), goal area 3 (Every child is protected from violence and exploitation) and goal area 4 (Every child has an equitable chance in life); and UNDAF outcomes on Education, Health, HIV and Governance.

To accelerate results for adolescents, UNICEF Eswatini focus in 2019 was to strengthen the enabling policy environment, hence supported the development and adoption of key national legislation and strategies by the government and partners: i) including regulations for the implementation of the Children's Protection and Welfare Act ii) charge sheets for the Sexual Offences and Domestic Violence Act iii) Violence Prevention and Response Strategy iv) revised School Guide and Regulations and v), Multisectoral guidelines to Facilitate Adolescents' Access to Services Related to HIV and Reproductive Health. Focus was also given to capacity strengthening in implementation of these documents.

Protection: UNICEF Eswatini partnered with the Royal Eswatini Police Service (REPS) and His Majesty's Correctional Services (HMCS) to provide guidance to police and correctional services executives, officers-in-charge and station commanders on child protection legislation. As a result, 412 multisector service providers were trained for improved implementation of child protection legislation, with tailored training package on SODVA, Children's Protection and Welfare Act (CPWA) and Correctional Services Act (CSA), particularly in matters involving children as victims, witnesses and offenders.

Further, UNICEF, in partnership with the Deputy Prime Minister's Office (DPMO) supported a comprehensive assessment of the current national GBV and VAC violence data management system. Recommendations proposed for strengthening the national data management systems include standardized protocols for data collection; expansion of data sets; and transitioning from a paper-based to a real-time system. Moving forward, UNICEF will provide strategic support towards incremental implementation of a DPMO-led action plan on the recommendations. UNICEF also supported the Central Statistics Office (CSO) to integrate a VAC module in the ongoing national Multiple Cluster Indicator Survey (MICS) to enhance data for programming.

Towards enhancing reporting on violence against children, UNICEF partnered with the Swaziland Action Group Against Abuse (SWAGAA) and MTN Swaziland to provide an accessible, speedy and cost-effective reporting and response mechanism through the SMS-based Rapid-Pro platform (U-Report). The same platform is used to raise awareness on VAC prevention and response among in-school and out of school children and adolescents. In 2019, 2,467 children enrolled on U-Report platform and SWAGAA responded to 2,157 VAC reports and queries successfully.

HIV: With UNICEF Eswatini and partners support, adolescent access to HIV services substantially increased in 2019: HIV testing increased from 40,929 in 2018 to 45,232 in 2019; viral load suppression increased from 63% in 2018 to 90% in 2019; while adolescent living with HIV on ART increased from 9,638 in 2018 to 10,127 in 2019. These results have been achieved through collective efforts of all partners (UN agencies, PEPFA, MOH, Global fund, EU, USAID and CSOs) in the implementation of effective and evidence-based strategies, particularly the development and implementation of the adolescent friendly services standards in all health facilities.

UNICEF supported Baylor College of Medicine to provide support to 350 adolescent living with HIV (ALHIV), including home

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visits, teen clubs, fast tracked viral load testing and genotyping for adolescents failing second line treatment, and SMS-based counselling services, leading to viral load suppression of 90% and reduced loss-to-follow-up rate from 2.7% to less than 1% of the 350 adolescents. Efforts are underway to scale up these initiatives.

Through UNICEF partnership with Lusweti Institute for Health Development Communication (Lusweti) and Super Buddies 1,000 adolescents and 947 parents received HIV Testing and support education, 451 adolescents were tested for HIV and received their results and 4,894 adolescents were reached with peer-led HIV prevention, GBV and life skills education which leads to a total of 88,624 from 83,730 in 2018. To improve the availability of HIV test kits to hard-to-reach communities, UNICEF Eswatini successfully advocated with the Eswatini National AIDS Programme (ENAP) to increase distribution of HIV test kits to community-based organizations. Deeper analysis will be done in 2020 with our partners to improve on our achievements.

Education: To support the Ministry of Education and Training (MoET) addressing dropout grade repetition and transition, UNICEF Eswatini supported the implementation of the national strategy to reduce dropout through the orientation of 77 secondary school inspectors (100%). Further training was provided to 46 MoET officials on implementation of Inclusive Education Standards and 80 key officials and stakeholders on VaC prevention and case management. UNICEF supported the pilot of 20 school as CLTS model, in which 20 headteachers, 20 School Committee Chairpersons and 120 School Support Team members were engaged and capacitated. The programme has been fully embraced by the MoET and included in sector policy as a key strategy to ensuring safe schools for children. Following the reactivation of the Toll Free child help line for reporting violence against children within the education system in 2018, 56 VaC cases were reported from October 2018 to November 2019 (F: 37, M: 29), among them eight (F: 6, M:2) cases were handed to the Teaching Service Commission for hearing and disciplinary procedures for the VaC perpetrators, whilst the rest were handled by the Guidance and Counselling Unit. Efforts in awareness will continue to expand use of the line.

Programme effectiveness

In 2019 UNICEF Eswatini continued improving its key performance indicators. Risk-informed programming was strengthened through the development and close monitoring of the Harmonized Approach to Cash Transfer (HACT) plan, resulting to undertaking of 100% programme visits and spot checks with follow up of action points. This achievement is attributed to close monitoring of programme implementation on weekly, monthly, quarterly, mid and end of year basis together with partners. UNICEF continues to actively participate in the development of the UN Sustainable Cooperation Framework (UNSDCF). In collaboration with Government and non-governmental organizations stakeholders, the 2021-2025 draft Country Programme Document (CPD) was developed. This will be completed in 2020 in preparation for the 2021-2025 programme cycle.

UNICEF Eswatini achieved 100% of planned surveys, research/studies and evaluation, namely; the Situation of Children and Adolescents in Eswatini, Rapid Assessment of Grade 0 (pre-school) in schools in Eswatini, Open budget Survey and the Country Programme Evaluation. Findings and recommendations of these reports informed improvements in programming for children and adolescents and are being used in the development of the next Country Program (2021-2025). Six budget briefs on National budget, Peoples' budget, Health, Education, WASH, and Social Protection were produced in collaboration with Ministry of Economic Planning and Development with technical support from UNICEF. These are currently used to advocate for improved public finance for children in the 2020/21 fiscal year.

Awareness on the Prevention of Sexual Exploitation and Abuse (PSEA) was successfully conducted. In 2019, UNICEF Eswatini staff, ten Civil Society Organisations partners and 44 government officials from key line Ministries' capacity to prevent sexual exploitation and abuse of authority was strengthened. Prevention of Sexual Exploitation and Abuse has been integrated in key policy documents for civil society organizations.

UNICEF nurtured existing partners and explored opportunities to engage new partnerships at community, regional and national levels on children's rights including teachers, community leaders, parents, children and chiefs. Through UNICEF advocacy, the Prime Minister reaffirmed Government's commitment to ensuring that all children enjoy their rights during the commemoration of the 30th anniversary of the Convention on the Rights of the Child (CRC @30). The Deputy Prime Minister continued to champion and advocate for children's rights as exemplified through popularization of the Sexual Offences and Domestic Violence (SODV) Act using various innovative communication strategies. Communication materials on children's rights were developed and disseminated to various stakeholders including children. UNICEF in partnership with the Deputy Prime Minister's office and the children's consortium supported child participation forums where children discussed children rights and expressed their understanding of rights in various art forms including speeches, children's parliament, essay writing and drawings.

UNICEF expanded partnership to the Ministry of Tinkhundla Administration and Development. This is geared towards enhancing coordination between various ministries implementing programmes at community level and improving the ministry's capacity on results-based reporting. In 2020, these indicators will be shared with Chiefs who will provide

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oversight in the implementation of children's programmes at chiefdom levels. Towards this end, UNICEF successfully mobilized 12 champion chiefs representing the four regions, who pledged their commitment to upholding and protecting the rights and welfare of all children within their chiefdom. The pledge presents an opportunity to engage with the chiefs in 2020, to improve indicators for children within their chiefdoms. Further, UNICEF in collaboration with the Children's Services Department and NGO Children's Consortium sensitized community leaders, parents, teachers, media and about 12,000 children on children's rights in line with CRC@30. UNICEF in partnership with NGOs (Super Buddies and Lusweti) and Ministry of Education reached 12,063 children and adolescents with messages on HIV and violence prevention. Advocacy work included orienting the new ministers and Principal secretaries on the child rights agenda and the development of the Principal Secretary's forum action plan.

Management

In 2019 UNICEF Eswatini enhanced the management of its resources through effective accountabilities and reporting, as demonstrated through its achievement of the key performance indicators. This was achieved through strengthening internal control measures, effective risk management, implementation of self-control assessment recommendations and timely disbursement and reporting of use of funds by implementing partners.

The office mandatory committees met as planned and terms of reference were updated to incorporate global changes communicated by Headquarters. The Country Management Team (CMT) met monthly to review emerging strategic issues, management indicators, and implementation bottlenecks and provided monitoring and oversight on programme implementation progress and internal controls. Additionally, all other statutory committees, including the programmes and operations committees met as scheduled to ensure that implementation of programmes was on track. The office continued to monitor expenditures of all expiring grants in 2019, to ensure efficient utilization of funds in achievement of set results.

Further, the office conducted an internal self-assessment with the support of the Johannesburg Operations Hub and implemented the recommendations to strengthen processes and improve efficiencies. The office's internal control mechanisms (Contract Review Committee (eCRC), Partnership Review Committee, Table of Authority and Release Strategy) were maintained to support decision-making and ensure accountability.

The HACT assurance plan was fully achieved with 100% programmatic visits (20 implementing partners), and 100% spot checks (8 implementing partners) conducted against the planned actions. 2 HACT audits and 1 micro-assessment conducted. HACT recommendations informed risk management of partners, and implementing partners were informed of the HACT guidelines, including requirement to comply with the UN Protocol on Allegations of Sexual Exploitation and Abuse Involving Implementing Partners.

Following the results of the Independent Task Force survey (ITF), Country Management Team (CMT) in collaboration with CO Staff Association (COSA) discussed the report with all staff and established a task force. The Task team has developed an action plan which incorporates the previous surveys' actions plans to improve office culture and will be monitored on monthly basis at CMT. In 2019 staff were trained on Emotional Intelligence (EI) and Speak Up which was supported jointly by the CO Staff Association and Senior Management. Generally, the office environment has improved with less conflicts reported to the office structures (Respectful Workplace Advisor, Peer Support Volunteer). The office continues to nurture office culture and has introduced staff rotational chairing for the Monday Morning Meeting.

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Lessons Learned and Innovations

One of the key lessons learned by the Eswatini CO was that enhanced strategic oversight, coordination and accountability of senior management leads to improved implementation and achievement of results for children. During the reporting year, UNICEF and the Ministry of Health (MoH) senior management team initiated the process of monthly meetings at senior management level to assess the progress on the implementation of the rolling workplan and ensure timely interventions by senior management in areas where bottlenecks were identified. For example, when there was a delay in transfer of funds by Ministry of Finance to UNICEF Supply Division for procurement of vaccines, this was addressed timely through joint advocacy efforts by UNICEF and the MoH senior management. In addition, approval of key strategic documents such as the "*Guide to Integrated Programming and Service Delivery*" and "*Sanitation and Hygiene Strategy*" were fast-tracked. This platform also resulted in achievement of 92% of the planned rolling workplan results for 2019. UNICEF Eswatini's investment in high level advocacy training for all staff, development of and implementation of a CO policy advocacy plan has contributed to improved advocacy on child issues and results for children.

Another key lesson learned was creating a culture of "shared accountability" for all key country office performance indicators (KPIs) by all staff, which was found vital for the improved and sustained country office performance in 2019. In 2018 and throughout 2019, the country office performance on all KPIs maintained no less than the top five position in the region, and this was a result of collective staff efforts in developing, implementing, monitoring and reporting on work plan targets against organizational priorities. Towards this goal, Eswatini CO received a Regional Management Indicator Award 2018 for "Best Performance in Quality Assurance". The country office also received recognition for being one of the first countries to complete its performance appraisal evaluations, and for this achievement the CO earned itself an onsite training session on Career Conversations from UNICEF HQ. These positive outcomes are also attributed to the CO investment in ongoing staff capacity including Emotional Intelligence (EI). EI trainings were supported jointly by the COSA and senior management. Application of EI has generally improved office culture and staff-to-staff work interactions, contributing to a positive culture in the office and a conducive environment for work.

Innovation

To improve quality of health care service delivery, an innovative real-time Client Satisfaction Feedback Mechanism (CSFM) was implemented by the Ministry of Health (MoH) Quality Assurance / Quality Improvement Programme with technical and financial support from UNICEF. Modelled on the UNICEF U-Report platform, the CSFM was developed through integration of Rapid-Pro and the MoH Client Management Information System (CMIS) currently installed in 178/334 health facilities. The main purpose of establishing the CSFM was to encourage citizen engagement in contributing towards improved delivery of quality health care services by health facilities.

The CSFM is a Short Message Service (SMS) based system and it triggers clients to provide real-time feedback on quality of service received at the health facility. The system generates dashboards on the client feedback data both at health facility and national level. The Quality Assurance /Quality Improvement Programme use these dashboards to track and monitor facility performance at national level, whilst health workers at facility level can view the dashboard for their own health facility and use the information to improve service delivery.

The SMS-based system for the CSFM is configured on reverse billing at 5 cents per SMS by both the country's Mobile Network Operators (MNOs), Eswatini Mobile and Eswatini MTN. There is no charge to the client for sending feedback through SMS to the health facility. The reverse billing rate was negotiated with the MNOs by UNICEF in collaboration with MoH. Currently UNICEF is paying the MNOs and MoH will take over after six months.

Even though the CSFM has recently been established, officials at all levels within MoH especially health care workers at health facilities have received it with resounding approval and excitement. The CSFM will be rolled out to the remaining 156 health facilities as soon as MoH completes installing CMIS in all the health facilities. There are no reported challenges yet since operationalization of the new system has just started.