

Eswatini (former Swaziland)

Part 1: Situation update in the country

Situation of children and adolescents

The situation of children and adolescents in Eswatini improved slightly over the past decade. During 2018 targeted results were, to a large extent, achieved across programmes at the national, sub-national and community levels, contributing to improved results for children and adolescents in the country.

While the country is classified as low-middle-income, it continued to rank low on the human development index: in, 2017 it was ranked 148th of 188, and has high rates of poverty and inequality. The country's poverty measures were updated with information from the 2017 Eswatini household and expenditure survey and child poverty report based on a national multiple overlapping deprivation analysis. The reports point to a marginal reduction in poverty rates over the past decade (from 63 per cent in 2010 to 58.9 per cent in 2017); but 70 per cent of children live in poverty. These figures were corroborated by the World Bank's 2017 *Macro Poverty Outlook: Swaziland*, which also found that four of every 10 individuals live on less than US\$1.90 a day, and six out of 10 on less than US\$3.10 a day.

Children, adolescents and adults in Eswatini suffer from numerous deprivations that result partly from monetary poverty and partly from limited access to basic social services. These deprivations overlap and differ with regard to age groups. With few exceptions, child poverty correlates with poor access to safe drinking water, sanitation, education and health services and increased vulnerability to abuse and exploitation. The child poverty report found that 56.5 per cent and 76.9 per cent of all children are multi-dimensionally poor using a cut-off of deprivation in four dimensions and three dimensions, respectively. The analysis indicated that the highest prevalence of deprivation among children is in the dimension of child protection affecting nine out of 10 children aged 0-14 years. Poverty remains a heavily rural phenomenon in Eswatini, with 70.2 per cent of rural and 19.6 per cent of urban populations living below the poverty line, and is more pronounced in two deprived regions: Lubombo (71.5 per cent), and Shiselweni (67.3 per cent).

The under-five mortality rate (U5MR) recorded a large decline, from 104 to 67 per 1,000 live births, between 2009 and 2014 (MICS). Compared to other countries in the region, U5MR in Eswatini has declined rapidly over the last 10 years. Three-quarters of under-five deaths occur during the first year, with 20 /1,000 children dying in the first month of life and 50/1,000 in the first year of life. Childhood mortality is generally higher in rural areas (48 per 1,000 live births) and among those from poorer households (55 per 1,000 live births). The major cause of under-five mortality in 2017 was non-infectious gastroenteritis and colitis, followed by protein/calorie malnutrition (MoH 2017 Report). The percentage of children aged 12–23 months fully immunized with MCV1 was 89 per cent, and 90 per cent of children under one year received DPT3 in 2018. Maternal mortality increased from 320 deaths in 2010 to 389 deaths per

100,000 live births in 2016, despite an increase in deliveries by skilled birth attendants. Inadequate quality of care in the provision of intrapartum and postnatal care, with lapses in clinical practice, are leading causes of maternal and neonatal deaths and areas of focus for UNICEF Eswatini.

The stunting rate among children under the age of five remains high, at 23 per cent (2017 Comprehensive Survey). This is attributed to poor infant and young child feeding practices, as well as poor household food security. Only 67 per cent of children younger than six months were exclusively breastfed in 2018, and in 2017 severe wasting rates were at 0.6 while global acute malnutrition (GAM) was at 2.5 per cent among children under the age of five. Vitamin A deficiency is a major public health problem in Eswatini, especially for young children and women who were pregnant. Access to improved water and sanitation are critical issues affecting children, adolescents and their families, particularly in rural areas. The national figure for households using improved drinking water sources was 72 per cent (urban 92.5 per cent, rural 67.4 per cent), according to the 2014 multiple indicator cluster survey (MICS).

Violence against children and adolescents continued to pose a challenge, particularly within the family environment, and is prevalent in all forms: physical, sexual and emotional abuse. Data from the 2007 *Violence Against Children* study found that 33 per cent of girls experienced some form of sexual violence before the age of 18. All these factors compromise women's and girls' ability to make autonomous decisions in matters affecting their lives and those of their families. Violence exposes girls to the risk of early pregnancy, HIV and other sexually transmitted infections, stigmatization and abandonment of education. Ingrained harmful practices and social attitudes towards girls, such as toleration of violence and stigma surrounding teenage pregnancy in schools, have a long-term negative impact. In Eswatini, teen pregnancy accounts for 41 per cent of drop-out from lower secondary and 52 per cent from senior secondary.

Youth and adolescents are recognized as crucially important to national development. Nonetheless, they face significant challenges, including a lack of access to reproductive health information and services; high unemployment (32.4 per cent in 2016) and limited access to education and skills development outside of formal education. In addition, social attitudes towards girls and strong patriarchal traditions contribute to increased vulnerability for women and girls, including gender-based violence; intergenerational sex; early sexual debut and limited employment and economic opportunities. Despite high national examination pass rates in 2018 (89.7 per cent for primary, 88.9 per cent for lower secondary) low net enrolment rates in secondary school (27.7 per cent in 2015) against high primary enrolment rates (94.4 per cent) and completion rates (74 per cent) at primary school highlight the inequalities and the impact of the low government investment in secondary education. Challenges affecting adolescents in the education sector include high repetition rates (16.6 per cent in primary, 13 per cent in lower secondary, 6 per cent in upper secondary), low survival rates for primary education (74 per cent) and high rates of school drop-out.

Despite a decline in new cases since 1996, the HIV and AIDS prevalence rate in Eswatini is 27.7 per cent, the highest in the world. The disparity in HIV prevalence by sex is most pronounced among young adults: prevalence among 20-to-24-year-olds is five times higher among women (20.9 per cent) than men (4.2 per cent). This presents a significant barrier to elimination of mother-to-child transmission. Adolescent girls and young women are vulnerable to risky sexual interactions partly due to gender norms which make it difficult for them to negotiate safe sex, as well as to poverty, unemployment and limited knowledge about HIV

prevention.

Political, economic, social and environmental context

Celebration of its golden independence jubilee on 6 September 2018, the change in name from Swaziland to Eswatini, the launch of a Science and Technology Park and the country's re-admittance into the Africa Growth and Opportunity Act by the United States of America were key political events and processes that marked the year in the Kingdom of Eswatini. These shifts were expected to provide opportunities for future human and capital growth, particularly for children and adolescents. The country also held successful and violence-free elections and appointed a new cabinet and prime minister on 6 November. The new cabinet presents an opportunity for advocacy for positioning children, adolescents and young people high on the new agenda. While Eswatini's celebration of 50 years of independence and the elections highlighted the country's success in maintaining peace and stability, there are nonetheless growing inequalities and increasing challenges related to domestic fiscal space. Commitment to achieving results for children and adolescents continued to be a high government priority.

Eswatini has experienced tepid economic growth over the past two years, as a result of two shocks: a prolonged drought combined with a sharp decline in Southern Africa Customs Union (SACU) revenues. Per capita GDP declined by 1.3 per cent (from 2.5 per cent in 2016 to 1.9 per cent in 2017). In recent years Eswatini's economic growth rate was among the lowest in the region. Depressed global growth affected the performance of the South African economy, which absorbs about 60 per cent of Eswatini's exports, resulting in reduced SACU transfers to Eswatini: from E7.1 billion in 2017/18 to E5.1 billion in 2018/19. Adding to future uncertainty was South Africa's announcement of its intent to review the SACU revenue-sharing formula, which could impact negatively on domestic investments for children and adolescents.

However the Government is taking steps to address current fiscal challenges. The 2018/19 budget emphasized commitment to restoring macroeconomic stability, including minimizing public debt, containing the public wage bill, prioritizing capital outlays and reducing transfers to extra-budgetary entities. To prepare for the fiscal changes in SACU's revenue-sharing formula, a series of reforms were introduced aimed at improving domestic resource mobilization, including increasing the value added tax (VAT) rate from 14 per cent to 15 per cent, an increased fuel tax rate and a levy on imported vehicles. The Government also plans to impose a VAT on electricity in 2019-2020. The Communications Act was amended to allow the Government to collect license fees from mobile companies. Other similar measures may result from a planned review of the Finance Act. The new Government also introduced measures to control government expenditure, contain public debt, and eradicate corruption, offering greater scope to ensure fiscal sustainability. Eswatini is seeking to find solutions to the country's over-reliance on imports, which could have a positive effect on trade performance and efforts. Talks are also underway to find a sustainable solution to the country's high wage bill. While these new developments could have a negative downside for children, UNICEF Eswatini is strategically positioned and is working and advocating with the Government to increase investments for children and adolescents, as outlined in the national development strategy (NDS).

El Niño drought and the evolving risk for children and adolescents

While the country continued to recover from the 2014-2016 El Niño drought, a 2018 vulnerability assessment and analysis report predicted repeated serious drought with threats to food and water security. The Government projects that from December 2018 to March 2019, 26 per cent of the population (246,639 people) will be food insecure, including 120,853 children.

The regions of key concern are Lubombo and Shiselweni, where 40 per cent of the population are included in integrated food security phase classification (IPC) 3 and 4 and face chronic challenges with food insecurity and high unemployment. In September the Government activated its multi-hazard contingency plan, coordinated by the National Disaster Management Agency (NDMA) and responsible for coordinating priority interventions. UNICEF co-led the water, sanitation and hygiene (WASH) and education clusters and the nutrition technical working group under the health cluster, and developed sector preparedness and response plans. Key issues of concern for children include: increased malnutrition and stunting caused by food insecurity and poor water sources; illnesses and non-adherence to HIV treatment by children, adolescents and women who are pregnant due to lack of food and limited access to health services; and overall heightened vulnerabilities, in particular an increased risk of violence and the need for protection. Compounding the situation was the limited fiscal envelope, impacting both service delivery and scaling-up the response.

The country continued its commitment to address structural bottlenecks that affect human and economic growth and to adopt inclusive measures. During the year, key legislation was enacted that strengthened the legal environment for prevention and response to violence against children. The Sexual Offences and Domestic Violence Act and the Persons with Disability Act were both finalized in 2018 and comprehensively address sexual and domestic violence, including offences relating to children and people with disabilities. As a result of high-level advocacy by UNICEF, the Government established a 'children's group', under the cabinet secretary, comprised of principal secretaries from 12 key line ministries, led by the deputy prime minister's office (DPMO). This group is mandated to address issues affecting children and adolescents and to regularly monitor results for this key sub-population.

In spite of the evolving political, economic and social landscape, UNICEF Eswatini, together with a wide range of partners, contributed to results for children and adolescents aligned with the goals of UNICEF's Strategic Plan 2018–2021 (SP).

Sustainable Development Goals

At the core of UNICEF interventions are SDGs clearly defining focused interventions and applying the equity agenda to 'leave no child behind'. To localize the SDGs, the MEPD led an SDG prioritization exercise resulting in identification of seven priority SDGs and baseline indicators, including a baseline for SDG 1: eradicating poverty. UNICEF Eswatini partnered with the African Union Commission to support the Government to strengthen its national evaluation and reporting capacity on SDGs, in preparation for the 2019 voluntary national progress report. It is expected that national coordination and monitoring of the SDG roadmap will be revitalized through the 2019 report.

Leveraging partnerships and resources to deliver results at scale

Partnerships were at the core of UNICEF Eswatini's advocacy efforts in 2018, to increase collaboration and understanding of child deprivations and support for child rights. Strategic engagement with the country's small but influential private sector was initiated to leverage resources for children and adolescents, resulting in the establishment of a private sector platform. Two concept notes on early learning and newborn care were developed to guide private-sector commitments. UNICEF Eswatini will develop a private-sector engagement framework to guide interactions with key stakeholders and partners, to raise resources for UNICEF programmes, draw public attention to children's issues and advocate for advancing child rights.

Classification of Eswatini as a middle-income-country has affected its ability to attract development aid; donor funding has decreased. With limited private and donor funds, the Government plays a significant role in budgeting that impacts the well-being of children and adolescents. UNICEF Eswatini's role has focused on policy advocacy to: improve equitable and transparent resource allocation, track efficiency and effectiveness of allocations, improve planning and budgeting for children and pilot scalable interventions. Strong partnerships with national and local governments ensured alignment with government priorities and contributed to sustained results for children and adolescents. Detailed planning, discussion and decision-making, in cooperation with government at all levels, and regular assessment and review of programmes and partnerships were key to achieving this continuity. UNICEF Eswatini also worked closely with United Nations (UN) agencies, donors and civil society organizations to achieve results for children and adolescents.

Part 2: Major results, including in humanitarian action and gender, against the results in the Country Programme Documents

The Government/UNICEF Eswatini 2016-2020 country programme (CP) adopts a life-cycle approach focusing on the first and second decades, with an equity lens, and contributes toward NDS goals and vision. The programme is embedded within the UNDAF 2016-2020 and aligned with the goals and focus areas of UNICEF's SP, adopting its key change strategies, including programming at scale, gender-responsive programming, winning the cause for children and adolescents with decision-makers and partners.

Goal area 1: Every child survives and thrives

UNICEF Eswatini's programme focused on: nutrition, newborn care and elimination of mother-to-child transmission of HIV (eMTCT), child health and early childhood development (ECD).

Nutrition: In 2018, UNICEF Eswatini focused on building national health system capacity to deliver infant and young child nutrition, as well as enhancing prevention and treatment services at health facilities and in communities. This contributed to increasing the proportion of children aged 0-6 months old exclusively breastfed from 63.8 per cent in 2014 to 67 per cent in 2018. Further, UNICEF, through the Swaziland National Nutrition Council (SNNC), supported implementation of the baby-friendly hospital initiative, which was strengthened in eight of the 11 state health facilities that provide maternity services throughout the country. In addition, infant and young child nutrition (IYCN) education and counselling was integrated into new national antenatal care guidelines developed by the Ministry of Health (MoH) with combined technical support from UNICEF and WHO. This sought to ensure routine monitoring and provision of critical maternal and young child nutrition information to women who are pregnant or lactating by nurses and rural health motivators (RHMs).

In addition, UNICEF Eswatini sought to increase the percentage of children aged 6-to-23 months who receive a minimum acceptable diet from 48.6 per cent in 2014 to 68 per cent in 2018. However, survey data from 2017 instead indicated a sharp decline in this figure: to about 10 per cent in 2017. This was largely attributable to the drought and high poverty levels that affected food availability and access. To address this challenge, UNICEF focused on strengthening emergency nutrition preparedness, response and resilience systems in health facilities and communities to build resilience for future nutrition shocks. With UNICEF humanitarian support, ready-to-use therapeutic food to cover 100 per cent of the country's

need for six months was procured and distributed to all 41 integrated management of acute malnutrition (IMAM) facilities to ensure consistent availability of treatment for children with severe acute malnutrition (SAM). The capacity of 1,163 who were pregnant or lactating on dietary diversification was enhanced through facility-based complementary feeding demonstrations conducted in 10 health facilities across the country by the SNNC, with financial support from UNICEF and USAID's Office of U.S. Foreign Disaster Assistance.

The capacity of health workers to identify and manage children with acute malnutrition was strengthened at 41 health facilities and communities in drought-prone regions of Lubombo and Shiselweni. Through UNICEF support to the MoH and World Vision Eswatini (WVE), 205 (of a target of 200) rural health monitors were trained on infant and young child nutrition, growth monitoring and early childhood development. Through these efforts, a total of 13,856 children were screened for malnutrition in communities and targeted informal day care centres. Children identified with malnutrition were referred to integrated management of acute malnutrition sites for appropriate treatment. In health facilities, 101 of the targeted 100 health workers were trained on integrated management of acute management, resulting in treatment of 487 children with severe acute malnutrition and moderate acute malnutrition, with a cure rate of 80 per cent.

Newborn care and eMTCT: In 2018 UNICEF sought to contribute to two critical goals: reduction the proportion of children born to mothers living with HIV who acquire the virus through vertical transmission from 5.1 per cent in 2016 to less than 5 per cent, and increasing the percentage of infants born to women living with HIV who receive a virologic test for HIV within two months of birth from 96 per cent in 2016 to 97 per cent. According to MoH programme data, by September 2018, some 94 per cent of infants born to women living with HIV had been tested by the age of two months of age, of whom only 1 per cent were HIV-positive. However based on 2018 UNAIDS HIV estimates, the proportion of children who had acquired HIV from their mothers by 18 months of age reached 8 per cent – a marked increase from the planned reduction to less than 5 per cent by 2020. The increase in HIV transmission between babies aged between 2-18 months suggests key gaps in adherence to antiretroviral treatment (ART) by women who were pregnant or lactating, which reportedly declined in 2018 from 83 per cent at six months to 77 per cent at 12 months. Identifying key approaches to strengthen follow-up systems for women and babies to improve ART adherence and reduce mother-to-child transmission rates for HIV will be prioritized in 2019 programming.

UNICEF support also focused on enhancing the policy and leadership environment to facilitate achievement of eMTCT by 2030, in line with global targets. With high-level advocacy, the eMTCT framework was developed and launched by one of the queens and the Minister of Health, and was rolled out to 83 per cent of health facilities to inform service provision. This contributed to 96 per cent of women who were pregnant knowing their HIV status and 90 per cent of women living with HIV receiving ART by September 2018. To inform operationalization of the eMTCT framework, UNICEF supported the generation of critical data through the eMTCT assessment to determine service delivery gaps in relation to global eMTCT validation standards. The findings and recommendation will guide development of an evidence-informed eMTCT action plan.

To build health systems' capacity to deliver essential newborn care services as an entry point for eMTCT, UNICEF focused on strengthening the enabling environment and quality improvement for delivery of key interventions (i.e., newborn resuscitation, perinatal death surveillance and reviews, care of sick newborns and injectable antibiotics for sepsis) to improve the quality of new-born care in one region. The MoH, with UNICEF and WHO support,

developed the first neonatal care clinical guidelines incorporating HIV care for newborns.

UNICEF further supported printing and dissemination of 500 copies of the guidelines and oriented 30 doctors and nurses from all public health facilities providing maternity and newborn care services on the guidelines. Further, 121 health workers from 19 facilities were trained on maternal, newborn and child health quality improvement by Eswatini Nazarene Health Institutes (ENHI), and implemented quality improvement projects that reached 6,679 newborns with quality neonatal care, including ARV prophylaxis for HIV-exposed babies. It is expected that the trained health workers will facilitate implementation of newborn care at scale, thus contributing to a reduction in MTCT of HIV and neonatal mortality.

To enhance the use of evidence to inform change, UNICEF Eswatini supported orientation of 246 health care workers on perinatal and neonatal death surveillance reporting from public and private facilities. With enhanced onsite mentorship and supportive supervision, reporting was scaled up from four health facilities in 2017 to 17 in 2018; the reports informed quality improvement projects.

Child health: UNICEF Eswatini sought to enhance the policy environment and service delivery capacity for the provision of integrated child health services at scale. Considerable progress was made in increasing immunization coverage among children. The percentage of children aged 12-23 months fully immunized with MCV1 increased from 77.7 per cent in 2017 to 89 per cent in 2018, and children those under one year receiving DPT3 increased from 80 per cent in 2017 to 90 per cent in 2018. In addition, immunization coverage in the deprived regions of Shiselweni and Lubombo rose from less than 80 per cent in 2017 to 90 per cent in 2018. Maintenance of vaccine cold chain management at 85 per cent of health facilities was enhanced through training of 38 health workers on cold chain management, with UNICEF support.

As a result of holding child health days in hard-to-reach areas, 8,186 children under the age of five (55 per cent girls) were reached with a package of integrated immunization services, including vitamin A supplementation, deworming, HIV testing and ART refills. UNICEF's financial support to ENHI outreach services resulted in 12,258 people (45 per cent children, 35 per cent women, 20 per cent men) receiving a comprehensive package of services. To promote social and behaviour change, community dialogues were conducted to address immunization refusers and promote male involvement in health care, reaching 1,812 people (58 per cent men). These efforts were expected to contribute to fewer unimmunized children and improved sharing of responsibility for children's health care by mothers and fathers.

Collaboration with the Clinton Health Access Initiative and United States Embassy was key to successful advocacy with the Government for cost-saving measures in vaccine procurement. These efforts led the Government to shift to a more cost-efficient system, through UNICEF supply division, with an estimated cost-savings of over US\$1 million. The change will result in improved efficiency and fewer vaccine stock-outs and wastage.

To improve overall maternal and child health, nutrition and HIV outcomes, an integrated child health programme 2019–2022 was developed, with support and technical inputs from UNICEF and WHO. The programme offers a holistic package of child health services at all levels of service delivery to achieve better outcomes in child health. Costing, resource mapping and cost/benefit analysis for the programme will be finalized in 2019, facilitating the development of an investment case for high-level advocacy in favour of increased budget allocations for child

health services.

UNICEF fostered innovation as a driver of change through use of RapidPro platform. With UNICEF Eswatini and UNICEF ESARO technical and financial support, a client satisfaction feedback mechanism using RapidPro was scaled up from six in 2017 to 30 out of the 80 target health facilities to provide real-time feedback to health workers. The feedback assisted health workers to understand areas for improvement and to identify and initiate key actions. The mechanism's roll-out was challenged by lack of Internet services in some health facilities, affecting achievement of the targets. UNICEF provided technical assistance to address these challenges, resulting in an agreement between the MoH and the Ministry of Information, Communication and Technology to integrate RapidPro into the MoH routine client management Information System. UNICEF Eswatini conducted a feasibility assessment for integration and developed a costed action plan for future implementation. This will contribute to rapid scale-up of real-time feedback by clients and increase community engagement in service quality improvement.

Early childhood development: In 2018 UNICEF sought to build health systems capacity to deliver the ECD service package at scale, with special focus on integrating early childhood stimulation (ECS) and responsive care at all service delivery levels. Early childhood stimulation, responsive care programming and developmental growth milestones were incorporated into the MoH guidelines, strategies and training materials to ensure institutionalization within the health sector platform. With UNICEF technical support, early childhood stimulation (ECS) and responsive care were integrated into the child health programme, antenatal care guidelines, neonatal care guidelines and the MoH pre-service curriculum for community health volunteers. The curriculum roll-out was prioritized through the training of 14 rural health motivators as trainers and development of job-aides to promote early childhood stimulation among caregivers. The trainers will train 4,700 rural health motivators to provide household ECS information to caregivers nationwide. In addition, to enhance the provision of quality integrated ECD services for children in their communities, World Vision Eswatini, with UNICEF financial support, trained 54 lead motivators on ECD supervision of other motivators; and 4,187 children and 411 women who were pregnant accessed ECS information and services through home visits and informal day care centres by mentor mothers, with support through Siphilile.

Inclusive service delivery for the health sector was enhanced through development of an early detection of disabilities manual, and 40 doctors and 19 nurses from 18 health facilities were trained on disability screening and developmental milestones with UNICEF financial support. This resulted in increasing knowledge on early detection and appropriate management of and referrals for disabilities from 32 per cent to 64 per cent.

To improve overall coordination of ECD programming and accountability, a multi-sectoral ECD technical working group under the leadership of the DPMO was established. UNICEF also supported the development of an ECD framework, to be finalized in 2019, which will guide delivery and increase accountability for ECD across various ministries.

Goal area 2: Every child learns

UNICEF Eswatini's programme contributed to the following areas: enabling policy environment for quality education, generation of data and evidence to strengthen education programming, learner safety and protection and capacity strengthening for Ministry of Education and Training (MoET) officials.

Quality education: UNICEF's programme sought to support a new education policy including gender-responsive teaching and learning. This was intended to address policy and programmatic barriers to reducing gender discrimination, such as school-related gender-based violence and early pregnancy that prevent adolescent girls from accessing and completing secondary education. With UNICEF support to MoET, the education sector policy was approved, launched and disseminated at national and sub-national levels. The gender-responsive policy addresses every level of the education and training continuum, with specific attention to access, relevance, efficiency and effectiveness of the education system. The policy also mainstreams key cross-cutting areas such as HIV/AIDS and outlines key short-, medium- and long-term interventions needed to achieve the objectives.

In addition, UNICEF Eswatini contributed to strengthening education systems to ensure that schooling translates into improved learning outcomes, especially for the most marginalized children and adolescents. Human resource capacity of the education sector to undertake gender-responsive education sector planning for quality learning was improved. UNICEF built the capacity of four senior education officials to lead gender-responsive planning for primary and secondary schools. UNICEF will support implementation of the new education policy and a comprehensive gender-responsive sector review.

Generating data and evidence: In 2018 the key result planned was to complete two national studies (on out-of-school children and grade repetition) and develop an implementation strategy to address the challenges of gender inequality, repetition and school dropout. The former study was completed, finding an estimated 8 per cent of school-aged children and adolescents to be out-of-school. The study, supported by UNICEF Eswatini in collaboration with MoET and the Central Statistics Office, which provided secondary data and inputs on the draft report, offered important new evidence on the scale of the problem of children and adolescents unable to access schooling— highlighting poverty, pregnancy, unsafe schools and long commutes as key barriers to accessing education. Recommendations included the application and enforcement of policy restrictions on grade repetition (<5 per cent of learners) and assessing school performance in Grade 7 examinations. The grade repetition study, led by the MOET's national curriculum centre provided further insight into factors contributing to high repetition, learner drop-out and socio-cultural issues affecting attendance. Both studies served to inform the development of a new strategy for addressing secondary school dropout, grade repetition and transition. The strategy will impact on the 104,058 learners in secondary schools and contribute to improving retention and completion rates for girls and boys, as well as eliminating gender disparities.

UNICEF Eswatini also focused on improving education sector data and information systems to provide real-time, disaggregated data and its use for effective and equitable programming and policy decision-making. The education management information system national data collection tools was revised to accommodate a comprehensive set of indicators needed to assess performance of the education sector from pre-primary to higher education. The capacity of 31 MoET officials to manage the system was enhanced through targeted training and onsite coaching and mentorship, thus improved MoET's capacity to report on SDG 4 indicators. Through UNICEF support, the capacity of the system's database was expanded to accommodate more data and increase the speed of data cleaning, coding and analysis.

Learner safety and protection: In collaboration with the Government and local partners, UNICEF strengthened the education sector response to violence and ensured a safe school

environment. A toll-free line for reporting violence in schools was fully established, providing a free reporting and response service for cases of violence against children. The line recorded 17 cases within the first two months after its launch. During this period, it emerged that insufficient public awareness of the lines' existence and its inability to receive calls from mobile telephones hampered its use and effectiveness, issues that will be addressed in 2019. All reported cases were addressed by the MoET; some were referred to professionals, such as police and social workers, for further response. In 2018 the teaching service commission addressed and concluded 65 per cent of cases of violence against secondary school learners reported through various means to the Ministry's management.

Strengthened MoET capacity: UNICEF Eswatini supported the MoET to implement an in-service training programme on inclusive education aimed at improving teaching and learning. By the end of 2018, just over half (52) of the targeted 103 secondary school inspectors and senior officials (50 per cent of target) had been trained to integrate inclusive education principles and policy provisions in their routine roles and responsibilities. This will improve equitable quality education for all children and adolescents, including 3,653 learners with disabilities attending secondary school.

To increase understanding of education policies, strategies and plans among executive members of teacher's associations, 88 per cent of the target (90) was achieved, through orientation and training on key MoET policy documents. Further, the capacity of 80 school head teachers and administrators was enhanced for planning, monitoring and reporting on policies, strategies and plan implementation. The training programmes focused on content of the revised education sector policy, positive learner discipline and implementation of school-level interventions for improved quality learning. UNICEF will support the MoET's inspectorate division to strengthen monitoring, supportive supervision and guidance in schools.

Following forecasts of the El Niño drought, UNICEF Eswatini's emergency preparedness plan prioritized education system strengthening in education in emergency (EiE) preparedness and response. In collaboration with the Red Cross, MoET and NDMA, 1,525 teachers (87 per cent of the targeted 1,750 teachers) from all regions were trained to provide EiE, disaster risk-reduction and impact mitigation in schools. The training modules included early warning indicators, the role of teachers in continuing EiE and tips for ensuring learner safety. The training resulted in the establishment of an emergency focal point in 762 (87 per cent) of the country's 875 primary and secondary schools to coordinate respective EiE school plans. This served to enhance decentralization of the education cluster and promoted adherence to standard operating procedures in emergencies, such as having data on affected people within 72 hours of emergency onset.

Goal area 3: Every child is protected from violence and exploitation

UNICEF Eswatini's programmatic response to violence against children (VAC) focused on five complementary programme areas geared to strengthening child protection in the country: enhanced policy and legislative enabling environment; using data and evidence for a strengthened response to violence against children; capacity strengthening of justice professionals and other relevant service providers; and using innovative technologies to strengthen birth registration systems.

Policy and legislative environment: To promote the 'leave no child behind' agenda and galvanize commitment from decision-makers and the wider public, UNICEF Eswatini supported

interventions leading to the enactment of two child-friendly laws and one action plan to guide programming for children and adolescents with disabilities. Following continuous and joint advocacy by UN agencies, development partners and civil society organizations with the Government and Parliament, the Sexual Offences and Domestic Violence Law and Persons with Disabilities Law were enacted. Both laws comprehensively address sexual and domestic violence offences, including those related to children and provide a framework for implementation, including the establishment of appropriate, survivor-friendly support services. Enactment of these laws strengthened the national legal environment for child protection and prevention and response to violence against children. The laws are in line with the UN Convention on the Rights of the Child, the Convention on the Elimination of all Forms of Discrimination Against Women and the UN Convention on the Rights of Persons with Disabilities, of which Eswatini is a signatory. UNICEF Eswatini supported the DPMO's dissemination of the two laws, making the Persons with Disabilities Act available in Braille, in response to the needs of people with visual impairment.

The national disability action plan 2018–2022, supported by UNICEF and the UN Development Programme, was finalized and launched by the Government under the leadership of the DPMO disability unit. The action plan supports the promotion and protection of the rights and fundamental freedoms of persons with disabilities, including empowerment to exercise their rights and enjoy equal participation in the life of the communities where they live, without discrimination of any kind. In 2019 UNICEF will support the Government to undertake orientation of key duty-bearers on their role in the implementation of the two laws.

Data and evidence for strengthened response to violence against children: A key priority for UNICEF Eswatini was supporting the Government to use evidence as a driver of change for children and adolescents and promote the sharing and use of locally generated evidence on violence against children to inform targeted interventions and policy advocacy. The programme targeted development/publication of policy briefs from the 2016 study on drivers of the violence against children study. In collaboration with DPMO's department of gender and family issues and the Swaziland Action Group Against Abuse (SWAGAA), key findings were synthesized into policy briefs, providing a snapshot of risks/protective factors to violence against children in all settings, with recommendations for policy advocacy and programme interventions. This was achieved through UNICEF's convening role, technical and financial support and the overall leadership provided by department of gender and family issues.

Aligned with the NDS objective of strengthening strategies to address low reporting rates for violence against children and to contribute to greater availability of national data, UNICEF supported the DPMO to assess the current system for data collection, analysis and publication and identify strengths, gaps and recommendations for improvement. Recommendations from the assessment will be used to improve the quality, timeliness and availability of national data on children and adolescents affected by violence, informing strategic programming for prevention and response. Further, contributing to future interventions for improved effectiveness in monitoring and tracking cases of child violence within the justice system, an assessment of the judiciary case management system was undertaken. The assessment findings will inform 2019 interventions to upgrade to a more real-time system.

Strengthened capacity of justice professionals and service providers: National systems-strengthening within the justice system and among violence against children service professionals was a key focus of UNICEF's support in 2018, including plans to train 30 per cent of justice and law enforcement professionals on child-sensitive approaches to handling child

victims and child offenders. With UNICEF support to the Ministry of Justice and the Royal Eswatini Police Service, 78 police officers, 35 police executive personnel, 77 prosecutors, 23 magistrates, 30 court clerks (42 per cent of professionals) improved their capacity to implement key child protection legislation such as the SODV Act of 2018 and the Child Protection and Welfare Act of 2012, and to better manage child survivors and offenders. In addition, the capacity of 29 key multi-sector service providers, including social workers, health care workers and civil society actors, was strengthened through training on cross-sectoral linkages required for a comprehensive response to violence against children. This work enhanced the quality of the response and provided more opportunities for realization of a violence-free society.

Innovations in the response to violence against children: In 2018 UNICEF planned to establish partnerships that would use a mobile phone-based application (U-Report) to increase case reporting and psychosocial support for child victims of violence. UNICEF Eswatini catalysed partnerships and innovations to achieve efficient and targeted solutions to improve the response and quality of child protection services and address bottlenecks in reporting of cases of violence in both development and humanitarian contexts. UNICEF partnered with SWAGAA to establish a U-Report platform for real-time case reporting and response, increasing the number of institutions with child case reporting mechanisms from two in 2017, to three (SWAGAA toll-free, MoET toll-free line and U-Report helplines). This provided 342 children and adolescents an online platform for engagement, and SWAGAA provided 816 online responses to violence-related information, psychosocial support, counselling and referral. Establishment of the U-Report response to violence will also support interventions needed to mitigate child protection concerns arising from the projected El Niño-induced emergency in 2019.

Strengthening birth registration systems: The national birth registration rate among children under age five remained low (54 per cent) due to weak systems for facilitating registration. UNICEF planned a bottleneck and systems analysis to inform interventions to enhance inter-ministerial collaboration for improving access to birth registration. In partnership with the International Centre for AIDS Care and Treatment Programme and the MoH and Ministry of Home Affairs, UNICEF Eswatini supported the analysis and will inform the development of action plans and interoperable online birth registration systems between the two ministries. Further, a technical working group on multi-sectoral birth registration was established, with UNICEF support, to enhance coordination on birth registration.

Given that parental knowledge and attitudes are vital to improving birth registration of newborns, UNICEF Eswatini invested in social behaviour change communication to improve birth registration at health facilities. UNICEF supported the ENHI to promote birth registration through health education and distribution of information, education and communication material during antenatal care and the post-delivery period. From 2017 to 2018 the number of registered newborns at the hospital increased from 150 to 210 per month, resulting in 2,100 children (53 per cent boys, 47 per cent girls) registered in 2018. Lessons learned on health facility-based birth registration were documented, increasing the availability of evidence to inform good practices for national scale-up.

Goal area 4: Every child lives in a safe and clean environment

Open defecation-free (ODF) communities: During 2018 UNICEF supported the development of strategies and system-strengthening approaches for the delivery of interventions to reduce open defecation from 10.7 per cent in 2014 to 7 per cent. UNICEF provided technical and

financial support for the development of a national open defecation-free certification protocol to guide its implementation and certification in communities by the MoH. In addition, 30 communities were triggered to reduce open defecation and 50 per cent of the triggered communities achieved their post-triggering plans through UNICEF Eswatini support to the MoH and World Vision Eswatini. To achieve these results the MoH, with UNICEF Eswatini technical and financial support, trained 11 regional staff (7 males, 4 females) to serve as community-led total sanitation facilitators and the rollout of open defecation interventions. In addition, 35 government and civil society personnel were trained on open defecation-free verification, using the newly developed protocol.

Water, sanitation and hygiene: UNICEF Eswatini focused on enhancing the policy environment to facilitate implementation of sanitation and hygiene interventions, contributing to a reduction in diarrhoea-related morbidity and mortality among children under five years of age. The MoH, with UNICEF technical and financial support, finalized a sanitation and hygiene strategy and action plan 2019–2022. Implementation is expected to ensure that actions to remove diarrhoea from the top 10 causes of under-five mortality are implemented at scale.

To increase access to sanitation and hygiene services, and as part of the WASH gender response, 6,282 adolescent girls in 80 schools were trained in menstrual hygiene management and received sanitary packs, through UNICEF financial support to World Vision Eswatini. In addition, latrines were constructed in six schools reaching 1,202 girls and 1,324 boys with equitable access to sanitation within schools. To promote WASH social and behaviour change, 18,371 people from 50 communities and 37 schools were reached with information on safe sanitation and hygiene practices through community dialogues. This will ensure that communities practice safe sanitation and hygiene, contributing to reduction in diarrhoeal disease and stunting.

UNICEF Eswatini continued to support post-El Niño recovery efforts and focused on resilience-building to minimize future shocks in two drought-prone regions. In partnership with World Vision Eswatini 34,089 people (14,432 girls, 14,319 boys, 2,959 women, 2,379 men) were provided with clean, safe water in 34 communities in Lubombo and Shiselweni regions. With UNICEF support, five new wells were drilled, 34 hand-pumps were rehabilitated, three water springs were protected, and water trucking was provided to the communities. To maximize rainwater collection, rainwater harvesting systems and onsite storage tanks were installed at 40 schools, benefitting 15,148 people (7,216 girls, 7,286 boys, 392 women, 254 men). Community systems to effectively manage water points, as part of water safety planning, were also enhanced. With UNICEF financial support, World Vision Eswatini established and trained 87 WASH committees and 40 school WASH clubs on water quality management. To build resilience for future shocks, the 87 WASH committees were also trained on water systems management, and 194 water point repair artisans were trained to support communities in rehabilitation of water points. This resulted in six hand-pumps being repaired without Government support.

Sanitation and water for all (SWA): UNICEF Eswatini focused on high-level government commitment to ensuring that all people in the country have access to water and sanitation facilities. As part of South-South cooperation, UNICEF supported the Government to host a sub-regional SWA meeting featuring high-level participation. The four participating countries developed country-specific two-year SWA action plans. Follow-up on implementation of the plan takes place through high-level, tripartite quarterly meetings involving ministers of natural resources and energy, health, and the UNICEF Representative, facilitating improved cross-

sectoral national and regional coordination for water and sanitation.

Goal area 5: Every child has an equitable chance in life

Adolescent empowerment and gender norms: In 2018 results achieved in adolescent empowerment sought to provide an opportunity for adolescent girls and boys to participate actively with service providers, avoid risky behaviours and improve outcomes for adolescent HIV prevention, care and treatment.

UNICEF focused on strengthening institutional capacity to provide adolescent HIV prevention, treatment and care, information and services at scale. In 2018 the number of adolescents benefiting from national life-skills curriculum interventions increased from 79,560 in 2017 to 83,730, and comprehensive HIV knowledge among girls increased from 44.5 per cent to 88 per cent. By June 2018 access to HIV testing among children and adolescents had also increased; 41,054 children aged below nine years and 35,835 adolescents (10-to-19 years) were tested, contributing 34 per cent of all HIV tests conducted in the country, compared to 32 per cent in 2017.

UNICEF technical support to the Eswatini National AIDS Programme (ENAP) led to a two-year plan for scale-up of HIV testing services for adolescents, to address low testing coverage. UNICEF provided financial and technical support to the Superbuddies Club for community-level behaviour change communication interventions, in partnership with Ilovo Sugar Company, which provided logistical support during community interventions.

Access to treatment and services for adolescents living with HIV (ALHIV) improved through capacity building of health workers to provide second- and third-line antiretroviral treatment to children and adolescents. With UNICEF financial support to Baylor College of Medicine, 81 doctors and nurses were trained on second- and third-line HIV treatment and genotype testing for 26 (47 per cent of national genotypes) was supported. As a result 13 children and adolescents were initiated on third-line treatment, contributing to a reduction in AIDS-related mortality. In addition, psychosocial support systems for adolescents living with HIV were enhanced through UNICEF support to teen clubs and psychosocial counselling through the U-Report platform, which benefitted 350 such adolescents. Further, home visits by counsellors to 115 defaulting adolescents were supported, reducing loss-to-follow-up rate from 2.7 per cent in 2017 to less than 1 per cent. This resulted in high viral load suppression (90 per cent among female and 89 per cent among male) for adolescents engaged in teen clubs in 2018, compared to national viral suppression of 81 per cent in females and 79 per cent in males in 2017. An independent impact evaluation of the UNICEF Eswatini-supported teen club programme for adolescents living with HIV was undertaken, providing evidence to inform programme improvement and scale-up.

The percentage of health facilities providing adolescent-friendly HIV testing and ART services, however, has remained stagnant (at 74 per cent and 66.4 per cent, respectively) since 2013. To address this challenge, UNICEF focused on generating evidence to inform adolescents and youth-friendly health services (AYFHS) and strengthening the capacity of health facilities to deliver such services. A national baseline assessment on implementation of national standards for adolescent youth-friendly health services was conducted by the MoH, with UNICEF technical and financial support. The results informed interventions intended to improve service provision. Further, 28 nurses (24 females, four males) from ENHI health facilities were trained to provide quality services, leading to the establishment of 20 teen clubs reaching 1,073 teens

(79 per cent females; 79 per cent aged between 10–14 years) and improved coordination and operationalization of teen clubs at health facilities.

UNICEF's collaboration with SWAAGA aimed to pilot the U-Report platform as a mechanism for child case reporting, response and referral. Some 342 children and adolescents were enrolled on SWAAGA's U-Report platform and received online information, psychosocial support and counselling, guidance and responses to logged queries; 816 responses were provided to enrolled participants. Based on lessons learned, UNICEF will explore working with other child services organizations to increase utilization of the U-Report platform as a child case reporting and response mechanism. The UNICEF-supported RapidPro platform has been instrumental in directly connecting adolescents and young people with service providers and specialized groups for targeted support.

In line with UNICEF's Gender Action Plan 2018-2021, UNICEF aimed at improving expectations and practices for girls and boys to promote gender equality and address gender norms that affect demand creation for HIV services. A further result focus was to increase adolescent girls' perception of HIV acquisition risk and generate demand for HIV testing services and condom use. Through use of combined communication for development approaches, UNICEF Eswatini partnered with Lusweti Institute for Development Communication and ENAP to increase adolescent girls' perception of HIV acquisition risk and generate demand for HIV testing services and condom use. From the collaboration with AIDS Health Care Foundation, 2,313 (57 per cent) of the 4,057 adolescent girls participating in UNICEF supported school-based clubs, tested for HIV and received their results. In addition, confidence to negotiate condom use increased from 77 per cent to 88 per cent among the participating adolescent girls.

Disability: In disability, a key result was to strengthen national systems to improve quality and access of inclusive services. In 2018, the Persons with Disabilities Bill (2015) was enacted, providing a comprehensive legal framework to respond to the needs of persons with disability. UNICEF high-level advocacy jointly with UNDP contributed to the Bills enactment. In collaboration with DPMO, UNICEF financially supported the Persons with Disabilities Act translation in Braille and dissemination, ensuring awareness of the Act's content for visually impaired people. In further strengthening national frameworks for guiding disability programming, UNICEF provided technical support for the finalization and launch of the National Disability Action Plan 2018-2022, which provides a blue print for multi-sectoral planning interventions.

Public financing for children (PF4C): With a focus on using evidence to influence equity-focused policies and programmes, the country's poverty measures were updated with information from the 2017 household and expenditure survey and the child poverty report. These are playing a key role in high-level advocacy and evidence-based action and provided critical information used to develop a targeted cash-plus programme to address extreme poverty. 2018 was a critical year for the expansion of PF4C interventions by improving the partnership with the Ministry of Finance (MoF). In collaboration with MoF, four budget briefs were drafted and provided analytical underpinning for advocacy for more efficient spending in key social sectors. The PF4C agenda was further expanded through strengthened capacity and monitoring of the Government's budget transparency, through increased availability and quality of budget information in the public domain. As a result, the Government uploaded the enacted budget estimates prior to the 30 June deadline, improving its budget transparency rating.

Part 3: Lessons learned and constraints

In 2018 UNICEF Eswatini faced challenges and learned lessons that offer opportunities from which to shape programme implementation over the next two years.

The reporting year was characterized by local and national elections, which led to a change of leadership at community, constituency and national levels. The campaigns and changes in leadership delayed the pace of programme implementation, especially for community-based interventions for which community leadership was critical to mobilize and engage rights-holders.

Sustaining UNICEF-supported programmes in a context of limited government resources and human resource capacities presents a challenge. UNICEF prioritized evidence-generation on child poverty, inequity and budget transparency through its policy advocacy; informed investment cases and strategic interventions; and worked with the MoF and line ministries to obtain the best possible outcome for children and adolescents from domestic spending. However, a key challenge was the limited quantity of domestic resources available in 2018. Despite significant gains in supporting the development of strategic, evidence-based programmes to accelerate results for children and adolescents, the Government's inability to finance its commitments adversely affects UNICEF's high-level policy advocacy and has longer-term negative effects on the country. Cognizant of this, UNICEF played a key role in establishing a multi-sectoral group of principal secretaries from 12 line ministries responsible for issues affecting children and adolescents, to elevate these issues on the national development agenda and increase government accountability for achievement of results.

Although Eswatini has developed numerous policies prioritizing social and child-related outcomes, they are often not effectively and transparently incorporated into budgets and programmes, contributing to slow and inefficient implementation. Core issues of sufficiency, efficiency, effectiveness and equity in sector programme budgets constrain key results for children and adolescents. Across various sectors, stronger financial and programme accountability is needed to obtain the best possible results from government resources. Efforts are required to ensure that resources are allocated to low-cost, high-impact interventions and that results-based budgeting and value for money approaches are adopted to achieve more effective spending for children and adolescents. Improving resource distribution to promote equitable spending, with greater attention to disadvantaged groups and areas, is a priority for UNICEF. A key lesson learned was the importance of working with both the MoF and line ministries to ensure that equitable financial allocations are made, through targeted programme and budget approaches. Targeting programmes would make a significant contribution to the national goal of reducing extreme poverty.

While Eswatini has received significant technical assistance; developed key policy documents, strategies and plans; and received staff capacity, all aimed at improving the situation of children and adolescents, a persistent implementation gap impedes improved outcomes. Closing the implementation gap will continue to remain a high priority for UNICEF in the country, in particular investing in interventions that improve the situation for children, adolescents and other most vulnerable population groups.

A key challenge to effective monitoring and reporting on results for children and adolescents has been the 'verticalization' of results; that is, monitoring only by individual sectors, with no linkages between them. No government body holistically monitors and tracks performance on indicators reflecting child and adolescent well-being. This calls for a shift from sector monitoring to government-wide monitoring that engages all key line ministries. As a result of UNICEF Eswatini's high-level advocacy, a multi-sectoral group of principal secretaries from 12 key line ministries responsible for child and adolescent issues was established in 2018, presenting an opportunity to put these issues at the top of the national agenda and support the effective monitoring of results achieved for children and adolescents by Government and partners.

Gains in 2018 also illustrated that work on real-time data and innovation is critical and should be strengthened to enable expansion. The RapidPro platform enabled UNICEF programmes to leverage information and communication technologies for the delivery of national services and monitoring of programmes, while strengthening the ability of citizens to give feedback on service quality. UNICEF Eswatini was able to demonstrate the unique value-added of this innovation through technical support and leadership for RapidPro and U-Report. However, UNICEF has not yet fully embraced RapidPro and its innovation platform potential within programming, due to human resource issues. This will require ensuring sufficient support to meet the demand created, as well as to support scale-up and sustainability within government programmes. A key lesson learned on what worked in this pilot initiative was that anchoring it within existing programmes (such as the CMIS) enhances scalability and sustainability.

In addition, work in 2018 demonstrated that Government investment in the design, implementation, monitoring and assessment of programmes is important to ensuring their integration in national programmes, priorities and systems, helping to ensure sustainable ownership. This, in turn, translates into embedding initiatives and programmes into national policies, development plans and budgets, and ensuring that sufficient technical capacity exists within the country to manage all facets of the programme.

The use of social and behaviour change communication approaches appears to be having an impact on both HIV knowledge and related behaviours, such as condom use and HIV testing. For example, combined peer-to-peer communication on HIV prevention at school clubs and risk-perception sessions targeting adolescent girls led to increased demand for and uptake of HIV testing services. It also became clear that strengthening communication must be based on available facilities that can enhance access to services. For example, a toll-free helpline renovated and equipped with UNICEF financial and technical support, to enhance reporting of cases of violence against children in school, remained underutilized, possibly due to inadequate awareness of its existence and functioning.

Gender-responsive programming is instrumental in contributing to the results of the country programme. For example, peer-facilitated adolescent girls-only school-based clubs for HIV prevention provided a forum where girls discuss their specific challenges and needs, without interference and disruption by male counterparts. In addition, a programme intervention focusing on addressing masculinity as it relates to elevated levels of sexual violence, gender-based violence and HIV in Eswatini – through a curriculum for boys and out-of-school young men – helped to shape new gender norms, improve male attitudes toward sex and sexuality and increase uptake of condom use, medical male circumcision and HIV testing among the 430 participating boys and young men.

Another key lesson learned was the importance of strengthening the humanitarian/development nexus within the country programme. Given recurring climate-induced emergencies, it is apparent that key strategies such as: resilience building, strengthening local and national systems, promoting risk-informed programming through multi-hazard risk analysis, systematically creating space for affected people to voice their distinct needs and using feedback to inform design and provision of services and take corrective measures, strengthening social protection systems to scale-up cash transfers in emergencies, ensuring that minimum preparedness standards are in place and leveraging of inter-agency system-wide strategies will require greater focus to mitigate the impact of humanitarian emergencies in the coming years.

Cross-cutting strategies

Cross-cutting strategies were utilized by UNICEF Eswatini to achieve results for children. Achieving results at scale is at the core of Eswatini's programming, bringing together efforts for better integration of programmes, increased cooperation and strong partnerships, capacity building at all levels (policy, management, service delivery) and improved service quality and demand creation at the community level. Combined, these elements determine the success of programmes and their potential for scale-up. As systems and services are being built and strengthened simultaneously in Eswatini, programme scale-up is considered throughout the design, delivery and monitoring and evaluation of UNICEF programmes.

Achieving realization of the rights of all children in Eswatini lies at the core of UNICEF's work. UNICEF Eswatini promotes the rights of children, adolescents and women by harnessing expertise, good practices, results-based management, knowledge and experience to influence decision-makers and stakeholders through public and 'silent' advocacy. Closely linked to advocacy and partnerships is the use of evidence to drive change. In 2018, UNICEF generated and triangulated new data on the status of children, adolescents and women. The combination of evidence, good practices and innovation to identify and solutions and approaches all contribute towards quality programming.

To support programme success and scale-up, advocacy, partnerships and participation serve to galvanize support for the cause of children and to mobilize people, resources and commitment to achieving results for children. UNICEF Eswatini continued strengthening its engagement with existing partners and explored opportunities to engage with the private sector to achieve results for children and adolescents. UNICEF's strategic engagement and advocacy with the small (but influential) private sector resulted in the establishment of a private sector platform to support advocacy and results for children and adolescents through complementary funding. Concept notes on pre-primary education and newborn care were developed to guide private sector commitments through pledges for support (financial, technical and in-kind) by businesses and local municipalities.

For optimal leveraging of results across sectors, the programme focused on an integrated programming approach and developed an investment case for adolescents focusing on HIV prevention, secondary school education and violence prevention and response. The key goal was to promote secondary school completion and skills acquisition for employability. This will also be the platform for resource mobilization and leveraging for adolescents and young people, feeding into the Generation Unlimited agenda.

Looking forward

Drawing on lessons learned and emerging opportunities, UNICEF Eswatini will look forward by focusing on five critical and interconnected strategies that will drive implementation of the country programme for the next two years and improve results for children: (1) improving the quality of national systems and services through institutional systems strengthening; (2) expanding and strengthening public and private partnerships; (3) working with Government and partners on scale and sustainability of programmes; (4) linking evidence and advocacy; (5) broadening participation, with a focus on human rights-based approaches.

Partnerships will continue to drive UNICEF Eswatini's programming. Strong partnerships with national and local government will ensure alignment with government priorities and contribute to sustained results for children. UNICEF will also continue its strategic engagement with other key institutions and donors to explore possible areas of collaboration, to build on the various initiatives being supported by UNICEF in the country.

UNICEF Eswatini and the Government will also collaborate closely to improved integrated programming and collaboration across sectoral areas, such as child health, birth registration, adolescents and social protection. Special attention will be paid to strengthening coordination around civil registration and vital statistics, integrated ECD, adolescents and youth and social protection. Due to its focus on interventions that improve the situation for children, adolescents and the most vulnerable populations, during the next two years UNICEF Eswatini will drill down on the implementation of programmes to address extreme poverty.

Other key focus areas will be closing the implementation gap and processes to achieve more effective and accountable spending. Partnerships will continue to be nurtured and expanded. The private sector will be engaged as a vital partner supporting interventions linked to issues facing adolescents and youth. Partnerships with the media (television, radio and print) will continue to be developed, seeking new and innovative ways to advocate for and engage the public in children's issues.

Sustainability and scale-up of programmes and service for children and families will be essential as the current programme nears completion. Generating compelling evidence on what works and what does not will guide programme adaptation and implementation, to ensure that what is taken to scale is appropriate and sustainable. The costing of programmes— in particular the newly developed child health programme and national health accounts— will provide information to Government and partners regarding the investments required to scale-up and sustain results for children. Advocacy for increased financial commitments from the Government will be needed to create the fiscal space for improving access to and quality of services, especially for vulnerable groups and those living in rural and remote communities. UNICEF Eswatini will continue to expand its public finance for children interventions and work with Government to support more transparent, equitable and effective spending for children and improved coordination with implementing line ministries, to ensure that child and equity-related priorities are incorporated in budget planning.

Given that Eswatini has the highest HIV prevalence globally and limited programmes for adolescents and young people, UNICEF Eswatini will increase its support for the development of national strategies and programmes for adolescents and young people. Generation Unlimited is an emerging investment priority for the creation of scalable, innovative, integrated and costed solutions for multiple-service delivery platforms for adolescents and young people. The focus on these areas presents an opportunity to strengthen integrated and multi-sectoral approaches to programming.

As access to services continues to increase through Government and partner investments, the equity and quality of these services and the results achieved will be prioritized. UNICEF will continue to focus many of its interventions on the hardest-to-reach populations and expand its programming for vulnerable groups, such as extremely poor children with multiple deprivations, children with disabilities and children affected by violence, abuse and neglect. Services will be improved through capacity building and systems strengthening, taking into account lessons learned and the local context. Continual quality improvement approaches will focus on improving the performance of health services at facilities, integrating the RapidPro platform with the existing CMIS.

UNICEF Eswatini will work with Government and partners to holistically monitor progress toward child indicators, measuring achievement of results to better identify subject areas and populations requiring additional support. Across programmes, improved programme monitoring and information-sharing will allow for regular review and adjustment of interventions, to ensure that service quality improvement efforts are successful and replicable.

END/