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Draft country programme document

Eswatini

Summary

The draft country programme document (CPD) for Eswatini is presented to the Executive Board for discussion and comment. The draft CPD includes a proposed aggregate indicative budget of \$4,860,000 from regular resources, subject to the availability of funds, and \$12,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2021 to 2025.

* E/ICEF/2021/1.

** In accordance with Executive Board decision 2014/1, country programme documents (CPDs) are considered and approved in one session, on a no-objection basis. This draft CPD, and a costed evaluation plan, will be presented to the Executive Board for review from 17 November to 7 December 2020. The final CPD will be posted to the Executive Board web page in English six weeks in advance of the 2021 first regular session and in the other designated languages four weeks in advance.

Programme rationale

1. The Kingdom of Eswatini has a population of 1.1 million, of which approximately 42 per cent is under 17 years of age.¹ The country ranks 138th of 188 countries in human development.² While Eswatini successfully achieved, or was on track for, five out of eight Millennium Development Goals, it faces considerable challenges in achieving targets of the Sustainable Development Goals.

2. The country is classified as a low middle-income country with a per capita gross domestic product (GDP) of \$3,500. The current economic situation is characterized by declining economic growth, high unemployment rates, increasingly large fiscal deficits, stagnant private sector activity, slow infrastructure development and poor public sector performance and service delivery. The impact of the coronavirus disease 2019 (COVID-19) and lockdown measures to contain the spread of the virus are expected to further deteriorate the country's economic growth outlook.

3. While poverty levels have decreased over the past decade, the proportion of people living below the poverty line is 58.9 per cent. This is more pronounced in rural areas, where 70 per cent of the country's population resides, depending mostly on subsistence agriculture. Twenty per cent of the country's population lives in extreme poverty, with children and adolescents constituting 59 per cent of people living in extremely poor households. Multidimensional child deprivation is alarmingly high, with 56.5 per cent of children deprived in four or more dimensions of well-being.³ At under 1 per cent of GDP, the budget allocation for social protection programmes remains well below levels required to effectively reduce poverty.

4. Eswatini continues to be characterized by high levels of inequality. There is a much higher proportion of multidimensionally poor children in the rural areas (65.3 per cent) compared to the urban areas (22.8 per cent). By region, Shiselweni has the largest proportion of multidimensionally poor children (70.9 per cent) followed by Lubombo (67.5 per cent) and Hhohho (55.2 per cent).⁴ Gender inequality is evident in various dimensions, including in the higher unemployment levels of young women (50 per cent) compared to that of young men (44 per cent) and in the starkly higher prevalence of HIV in female youths 20 to 24 years of age (20.9 per cent) compared to males of the same age group (4.2 per cent).⁵ During the coronavirus disease 2019 (COVID-19) pandemic, 44 per cent of rural households are using crisis-based coping strategies, such as reducing spending on health and education to meet their food needs,⁶ resulting in increased child poverty.

5. Eswatini has demonstrated a slight decline in the under-five mortality rate, which remains high, at 67 deaths per 1,000 live births.⁷ About 75 per cent of all under-five deaths occur within the first year of the child's life. Neonatal mortality has stagnated and is currently at 20 deaths per 1,000 live births. Up to 2.5 per cent of all births in 2018 led to perinatal death. The COVID-19 lockdown measures and health systems over-burdened by the pandemic can limit the access of mothers and children to health care, increasing mortality.

¹ 2017 Population and Housing Census: preliminary results, 2017.

² United Nations Development Programme, *Human Development Report 2019: Beyond Income, beyond averages, beyond today – Inequalities in human development in the 21st century* (2019).

³ Swaziland Household Income and Expenditure Survey 2016/2017.

⁴ Eswatini and UNICEF, "Multidimensional child poverty in the Kingdom of Eswatini" (2018), p. 16.

⁵ Swaziland HIV incidence measurement survey (SHIMS) 2, 2016–2017.

⁶ Eswatini Annual Vulnerability Assessment and Analysis Report, 2020, p. 35.

⁷ Swaziland multiple indicator cluster survey (MICS), 2014, p. 22.

6. Low birth registration (54 per cent of children under 5 are registered) has affected evidence-informed planning for services, thereby restricting children's access to basic services. For example, birth registration is a requirement for children to participate in national school exams.

7. The country's HIV prevalence rate is the highest in the world. HIV is an epidemic with stark gender disparities. In 2018, more than 90 per cent of new HIV infections among adolescents 10 to 19 years of age were among adolescent girls. Of all new HIV infections that year, nearly one third (31 per cent) occurred among young girls and young women 15 to 24 years of age. Adolescents also have lower testing, treatment and viral-suppression rates than older age groups. The COVID-19 emergency has limited access to health-care services, which will most likely reduce testing and access to treatment. Adolescents continue to engage in risky sexual behaviour, as evidenced by the decline in both condom use (from 69.6 per cent to 61.8 per cent in girls, and 94.8 per cent to 74.7 per cent in boys between 2014 and 2017) and in comprehensive knowledge on prevention of HIV infection. HIV testing rates among children 10 to 14 years of age are also low (42 per cent girls, 30 per cent boys). Although maternal antiretroviral coverage is good, the rate of new infections among children remains unacceptably high.⁸

8. The stunting rate among children under 5 years of age is high, at 23 per cent (2017),⁹ despite a decline from nearly 31 per cent (2010).¹⁰ Exclusive breastfeeding for six months is also low, at 58 per cent,¹¹ and complementary feeding remains a challenge for most poor families. This is indicative of poor infant and young child feeding practices and the persistent inadequacy of nutritious foods in many poor households. More than half of households (56.5 per cent)¹² cannot afford the minimum meal frequency and dietary diversity recommended under the World Health Organization guidelines. The country's nutrition situation was significantly affected by a severe 2015–2016 El Niño drought, which impacted food security; this has been exacerbated by the COVID-19 emergency, which has affected household incomes. Another contributor to stunting is the frequent infections among children attributed to, among other factors, declining access to immunization against vaccine-preventable diseases such as diarrhoea from rotavirus and pneumonia. Wasting prevalence remained at 2.5 per cent in 2017.¹³ The COVID-19 emergency has negatively affected health-seeking behaviour among parents and caregivers, as evidenced by the reduced numbers of visits to health-care facilities. Programme data shows that the number of unimmunized children has increased from 2,174 in June 2019 to 3,318 in June 2020. Overnutrition coexists alongside undernutrition, with almost 10 per cent of children under 5 years of age overweight.¹⁴

9. Serious gaps exist in early childhood development. Almost two thirds (62 per cent) of children 36 to 59 months of age¹⁵ do not receive adequate developmental support or early stimulation activities from caregivers. Prior to the COVID-19 crisis and the closure of early childhood development centres, less than one third (29.5 per cent) of children 36 to 59 months of age attended organized early

⁸ SHIMS 2, 2016–2017, p. 103.

⁹ Comprehensive nutrition and health survey for drought-affected population in Swaziland, 2017, p. 26.

¹⁰ Swaziland MICS, 2014, p. 30.

¹¹ Eswatini National Child Health Annual Programme Report, 2018, p. 18.

¹² Swaziland MICS, 2014, p. 39.

¹³ See footnote 8.

¹⁴ Swaziland MICS 2014, p. 29.

¹⁵ *Ibid.*, p. 131.

childhood development and education programmes,¹⁶ with significant disparities between rural and urban areas. Delays in accessing preschool education have an impact on the cost of education, the levels of repetition and ultimately the quality of education. Prioritizing such programmes would provide a stimulating environment for the all-around development of the child, which lays the foundation for formal schooling and gives the best returns on investment in human development.

10. In 2012, Eswatini achieved universal primary education, but with a survival rate of 76.4 per cent.¹⁷ The problems associated with primary education extend beyond enrolment figures. Children in Eswatini start primary school relatively late, and only 60 per cent of children attending first grade have had some form of early learning experience in the previous year. Grade repetition is a common phenomenon, with less than 10 per cent of children completing primary school without repetition. It takes an average of 11 years to complete the entire primary education cycle,¹⁸ far longer than the intended seven years. These factors, in turn, contribute to primary school dropout. In addition, on 20 March 2020, the COVID-19 emergency forced the full closure of 909 schools across the country, affecting 350,000 learners; repetition and school dropout are likely to increase as a result. Since 6 July 2020, education has resumed for students at some levels, but no start date has been set for others. School closure has restricted opportunities for the socialization required for healthy development and reduced the access of children to programmes, such as school feeding.¹⁹

11. A very high proportion of adolescents are currently excluded from secondary education, with 11.6 per cent of female adolescents of secondary-school age out of school, compared with 7.4 per cent of male adolescents in the same age group. Net enrolment in lower-secondary school is 32.3 per cent (males 26 per cent and females 38.7 per cent in 2017). A key driver of school dropout among female adolescents is teenage pregnancy, accounting for 52 per cent of girls' dropout in senior-secondary school. Premarital sex and risky sexual practices are common among adolescents and youth. The teenage pregnancy rate is 16 per cent. The youth unemployment rate (47 per cent) is more than twice the national average (23 per cent).²⁰ The economic impact of the pandemic, such as the shrinking job market, could further exacerbate the situation.

12. Violence is the most prominent child protection issue. It is estimated that 88 per cent of children 1 to 14 years of age have experienced at least one form of psychological or physical punishment by household members during the previous month. Physical punishment is seen by 66 per cent of parents and caregivers as a necessary part of child-rearing.²¹ There are elevated levels of sexual violence during childhood, with an estimated one in three girls experiencing some form of sexual violence before age 18.²² The lack of a coordinated and formalized systems approach to child protection prevents responses from being implemented at scale. Children are also at risk for violence at school, and according to anecdotal information, those living close to the border areas are at risk for human trafficking and sexual exploitation. The pandemic has increased children's vulnerability to exploitation, abuse, neglect and violence by directly affecting their caregivers or causing the loss of their families' and communities' livelihoods. For example, the long-term household-level economic

¹⁶ Ibid., p. 129.

¹⁷ Swaziland Annual Education Census (AEC), Mbabane, 2012, p. 73.

¹⁸ Swaziland AEC, 2015, p. 19.

¹⁹ Eswatini Annual Vulnerability Assessment and Analysis Report 2020, p. 56.

²⁰ Swaziland AEC, 2017, pp. 90 and 161.

²¹ Swaziland MICS 2014, p. 6.

²² UNICEF, "A national study on violence against children and young women in Swaziland", (2007), p. 6.

stressors caused by the pandemic are likely to result in an increase in child labour. In addition, children's mental health is affected by exposure to anxiety and stress.

13. The limited information on budget expenditure for child-focused investments and on child-related budget execution continues to pose challenges. The 2018 National Budget Brief produced by UNICEF highlights macroeconomic challenges that limit spending in social sectors. It also shows imbalanced resource allocation that directs most investments into recurrent costs in these sectors. There are, nevertheless, laudable public investments for children. For example, the Government of Eswatini provides children with free primary education. The Government also fully funds the procurement of child vaccines. However, other aspects of child health-service delivery do not receive adequate spending.

14. Child poverty exists at an alarming rate. The country's rate of monetary child poverty is 70 per cent — the highest in the Eastern and Southern Africa Region.²³ Compounding the situation is the lack of a national social-protection strategy or plan, or child-sensitive social-assistance programme. Eswatini has very low social-protection coverage: only 2 per cent of the population is supported by the old-age grant or the orphan and vulnerable child grant. The existing system suffers from large-scale exclusion and fails to bridge the poverty gap. Additionally, Eswatini lacks a centrally coordinated management information system to aid the coordination and administration of existing programmes.

15. Eswatini is facing severe impacts from the climate crisis, including erratic precipitation patterns, recurrent droughts, desertification, increased numbers of storms, and soil degradation. These events adversely impact the country's key economic sectors and food security. At risk are water resources and biodiversity. An increase of vector-borne diseases resulting from higher temperatures and levels of precipitation have produced health emergencies, including the risk of pandemics such as COVID-19. These pose grave challenges to the country's health system, strain the country's emergency response capacity and undermine the overall realization of children's rights.

16. The following lessons learned from the evaluation of the previous country programme contributed to the design of the programme for the period 2021–2025:

(a) To reduce deprivations experienced by young children, caregivers need support to improve their care and parenting skills, with an emphasis on protection, health, nutrition, early stimulation and HIV prevention. UNICEF needs to strengthen its programming around social protection to better address root causes of child deprivation;

(b) In the previous country programme, UNICEF Eswatini supported the development of several child-related policies and strategies, yet their implementation remains weak, with many of the past policy objectives not met. Developing the capacity for the implementation of policies will be a priority to ensure that the policies result in the improvement of the situation of children;

(c) UNICEF Eswatini has generated a substantial body of evidence since 2016 to inform the policies and decisions of the Government. The budget briefs for the health, education and other social sectors have made budget allocation and expenditure trends transparent and effective. Developing management information systems and generating knowledge and evidence to inform policies, strategies and programmes will be further enhanced.

²³ Eswatini and UNICEF, "Multidimensional child poverty in the Kingdom of Eswatini" (2018), p. 6.

Programme priorities and partnerships

17. The country programme goal is aligned with the National Development Plan 2019–2022, outcome 3, “enhanced social and human capital development” focusing on access to health and education, the reduction of poverty, and youth participation. It is directly linked with the UNICEF Strategic Plan, 2018–2021. Under the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2021–2025, the overall goal of the country programme is to contribute to national efforts to enable children, adolescents and women to realize their rights through a progressive reduction in disparities and inequities. To achieve this goal, the country programme will have the following substantive programme components: (a) maternal, child and adolescent health; (b) lifelong learning, protection and development; and (c) social policy.

18. UNICEF will employ a mix of strategies, including:

(a) *Advocacy for public finance and resource-leveraging:* UNICEF will provide technical and financial support to national efforts towards public financing for children and adolescents, in all relevant sectors;

(b) *Technical assistance, capacity development and systems-strengthening:* UNICEF will support the Government to improve the implementation of national policies, strategies, frameworks, action plans and evidence-based solutions for the improved realization of the rights of children and adolescents;

(c) *Partnerships and leveraging resources:* UNICEF will forge stronger partnerships with civil society organizations (CSOs), international financial institutions and other development partners. Partnership will also be sought with the private sector through the leveraging of financial and non-financial resources as well as by harnessing the power of business and markets to ensure the achievement of results for children;

(d) *Research and evidence generation:* UNICEF will support robust research and evidence generation to strengthen evidence-based policies and programmes and enhance accountability. Special focus will be on identifying vulnerabilities and inequalities to improve access to services and on social and behavioural drivers that determine the uptake of services;

(e) *Social-norms change through community engagement:* UNICEF will play a strategic role, focusing on schools and communities, with the aim of improving school and community systems for education, health, nutrition, child protection and HIV prevention;

(f) *South-South cooperation:* UNICEF will facilitate knowledge-sharing between Eswatini and other developing countries to increase programme effectiveness and promote innovative programmes proven successful in similar contexts;

(g) *Innovative solutions for continuity of services:* In the context of the COVID-19 pandemic, UNICEF will support partners to continue service delivery to children and adolescents, using innovative alternative methods when necessary, to ensure the sustainability of development gains.

19. Disaster risk reduction will be mainstreamed across programme components as a strategy to build the resilience of systems, services and communities. At the systems level, the programme will aim to ensure that capacities are in place to identify vulnerabilities and provide timely and adequate response. Considering the impact of climate change on the country and the socioeconomic impact of health pandemics, capacity-development efforts will primarily focus on these two areas.

Maternal, child and adolescent health

20. This programme component is aimed at achieving the following: “By 2025, parents and children, with a focus on the most vulnerable, have access to equitable, integrated, quality essential health, nutrition and HIV services, including during emergencies”. The country programme will focus on three priority areas, described as follows.

21. **Priority 1.** The country programme will focus on delivering quality maternal, newborn, child and adolescent health-care services, including birth registration. Working with the Ministry of Health as the lead partner, especially in the implementation and coordination of the newborn and child care agenda, UNICEF will adopt a two-pronged approach: (a) health-systems strengthening at all levels, including community systems, emphasizing evidence-based programming; and (b) awareness creation and community empowerment to demand services, including during emergencies.

22. UNICEF will build the capacity of health workers to deliver an essential maternal and newborn care package of interventions, neonatal intensive care services and the prevention of mother-to-child transmission (PMTCT) of HIV, including for pregnant adolescent girls. Emphasis will be placed on mentoring and supportive supervision for quality of care, the provision of essential equipment and strengthening postnatal care and follow-up. UNICEF will support the strengthening of leadership and accountability in maternal, newborn, child and adolescent health services as well as the planning and use of domestic resources for them. To ensure that birth registration is provided routinely in all facilities, UNICEF will advocate for the revision of related policies and support the interoperability of systems between the Ministry of Health and the Ministry of Home Affairs. UNICEF will support capacity-building for the roll-out of birth registration in all health facilities and empower communities with information on birth registration.

23. To effectively link the provision of services to demand, UNICEF will support community empowerment and involvement in the planning and implementation of services such as positive maternal, newborn, child and adolescent care practices. This will link systems of health facilities and the communities for, among other services, enhanced postnatal follow up, especially of women who are HIV positive and HIV-exposed children.

24. **Priority 2.** The nutrition programme will address supply- and demand-side barriers to achieving equitable and quality coverage of nutrition services. A systems-strengthening approach will be adopted to ensure that women and children access adequate diets; adequate health, nutrition and water, sanitation and hygiene services; and adopt appropriate practices. Focus areas will include (a) the prevention and management of wasting; (b) the prevention of micronutrient deficiencies; (c) improving the quality of young children’s diets; and (d) effective sectoral coordination, nutrition information management and procurement and supply-chain management for nutrition supplies.

25. UNICEF will raise awareness on the importance of nutrition, nurturing care and stimulation in the first 1,000 days of life, access to immunization and the elimination of open defecation. UNICEF will support the Ministry of Health to conduct an analysis of barriers to health-seeking behaviours and positive health, hygiene and nutrition practices, and will assist the Ministry to target one or two behaviours in its behaviour-change strategies that will have high impact on reducing stunting.

26. **Priority 3.** In the area of the provision of services to children and adolescents living with HIV, the programme aims to address high child and adolescent AIDS-related morbidity and mortality. This requires early identification, early

antiretroviral therapy initiation and adherence to treatment to achieve viral suppression.

27. UNICEF will advocate for enhanced resource allocations for antiretroviral medicine, especially for children, to ensure non-interrupted supply. To improve the supportive environment that will enhance uptake and adherence to antiretroviral therapy, especially among adolescents, UNICEF will support the capacity-building of health workers, parents and caregivers, focusing on strengthening adolescent-targeted interventions, including youth-friendly services as part of the sexual reproductive health programme of the Ministry of Health, and the mentoring of adolescent-responsive services. Further support will be provided towards building the capacity of adolescents as peer educators and counsellors to provide peer support at health facilities, community centres and schools. Special attention will be given to helping pregnant and lactating adolescent girls to access PMTCT services. UNICEF will further support demand-creation for prevention and treatment using innovative ways relevant to adolescents, especially in communities.

28. Across the programme, UNICEF will support developing the capacity of the Government on emergency preparedness and response to health and nutrition emergencies, including pandemics, while ensuring that food and health systems are resilient to pandemics, chronic food insecurity and climate-related events.

29. The main partners of the programme are government ministries, CSOs, bilateral and multilateral organizations, such as United Nations agencies, the World Bank, the Foreign, Commonwealth and Development Office of the United Kingdom of Great Britain and Northern Ireland, the Taiwan International Cooperation and Development Fund and the United States President's Emergency Plan for AIDS Relief as well as academic and research organizations, media and the private sector.

Lifelong learning, protection and development

30. This programme component is aimed at achieving the following: "By 2025, all children and adolescents in Eswatini are protected from violence and HIV, are learning and are equipped with the skills to become active citizens". UNICEF will focus on the following three priority areas.

31. **Priority 1.** UNICEF will support a risk-informed education system, strengthening it for improved learning outcomes and skills development, and building a stronger system, resilient to future shocks. Support will also be provided to explore innovative models of education delivery. The programme component will focus on four main areas: (a) the roll-out of quality early learning interventions to improve school readiness, thus enhancing learner achievement in later years; (b) quality teaching and learning to address repetition and dropout, which will include teacher education, training and professional development, curriculum development and the design of teaching and learning materials as well as learning assessment; (c) a safe, protective, inclusive and participative school/learning environment, in particular with the engagement of caregivers of children with disabilities to promote adherence to set standards and retention; and (d) standardized accountability frameworks across all education levels to guide and regulate education interventions.

32. The skills and employability programme will focus on the development of relevant, efficient and effective skills for adolescents and young people to improve their employability, productivity and competitiveness in the labour market. It further seeks to develop their creativity and strengthen their business and financial skills.

33. **Priority 2.** UNICEF will support the strengthening of the child protection system and promote positive social norms to systematically prevent violence against children and respond to violence, abuse and the exploitation of children and gender-

based violence. Emphasis will be placed on three areas: (a) strengthening national, regional and subregional capacities for coordinated response to violence against children, including social service workforce-strengthening; (b) enhancing positive gender-transformative social norms for the prevention of violence against children and gender-based violence; and (c) empowering children and adolescents to exercise their rights to live free of violence, to seek help when abuse and violence occur and to build gender-equitable and non-violent relationships.

34. **Priority 3.** UNICEF will advocate for HIV prevention among adolescents to take the forefront of the national HIV response through multisectoral partnerships and advocacy for multisectoral interventions required to achieve HIV prevention. UNICEF will also promote the meaningful participation of adolescents and youth by empowering them to voice their views. To this end, UNICEF will partner with service providers and local and national authorities to create the physical and virtual platforms required for such participation.

35. To strengthen the national system with the aim to reduce adolescents' and young people's vulnerability to HIV, UNICEF will focus on: (a) high-level strategic, evidence-based advocacy, resource mobilization and leveraging; (b) strengthening the education system as a platform for HIV prevention, including supporting the guidance and counselling life-skills education programme (inclusive of comprehensive sexuality education, health promotion, gender and HIV and AIDS) of the Ministry of Education and Training; (c) integrating HIV into adolescent health and education and other services, including the prevention of early and unwanted pregnancy; and (d) ensuring the meaningful participation of adolescents and youths.

36. UNICEF will support increasing the emergency preparedness of schools, including during pandemics, including strengthening distance-learning programmes and improving protection systems and water, sanitation and hygiene facilities in schools. This will be accomplished in collaboration with government and civil society partners to enable communities and systems to be more resilient to shocks, while ensuring that services for adolescents and youths living with HIV are not interrupted during emergencies.

37. The main partners of this programme are government ministries, CSOs, bilateral and multilateral organizations, such as the United Nations agencies, the World Bank, the United States Agency for International Development, the European Union, Taiwan International Cooperation and Development Fund and the United States President's Emergency Plan for AIDS Relief as well as academic and research organizations, the media and the private sector.

Social policy

38. This component is aimed at achieving the following: "By 2025, vulnerable children benefit from shock-responsive social protection and equity-sensitive efficient budget allocations". UNICEF will focus on the following three priorities.

39. **Priority 1.** To strengthen the evidence base for improving policies and programmes to address the rights of the marginalized, UNICEF will support periodic child poverty measurements to track and monitor progress on the reduction of child poverty. The evidence will improve the regular monitoring of the situation of children and help UNICEF and its partners to identify gaps in service delivery and in assessing vulnerabilities. The evidence will also be used for guiding decisions on resource allocation and for focusing development programmes on reducing disparities and vulnerabilities.

40. **Priority 2.** UNICEF will support evidence generation, capacity-building and the creation of platforms for social dialogue for improved spending on child-related

sectors and programmes in an open and accountable manner. UNICEF will utilize evidence generated through studies and budget analyses to influence financing and expenditure decisions by the Parliament, the Ministry of Finance, social sector ministries, local authorities and development partners.

41. **Priority 3.** UNICEF will support the design, development, adoption and implementation of a comprehensive social-protection policy, and build the capacity of the Government to coordinate and manage its implementation. UNICEF will support the strengthening of the social-protection system and its national scale-up. The programme will establish processes for identification, registration, enrolment, payment, monitoring and case management. UNICEF will work with the Government to ensure that the design and administration of social-protection programmes are shock-responsive and enable a stronger government response to future crises and shocks.

42. The main partners of the social policy programme are the Ministry of Economic Planning and Development, the Ministry of Finance, the Deputy Prime Minister's Office and all child-related ministries, as well as bilateral and multilateral organizations, such as the United Nations agencies, the European Union and the World Bank.

Programme effectiveness

43. This programme component supports effective programme delivery and managing for results. It will involve strategic communication, advocacy, resource mobilization and partnerships, including with the private and philanthropic sectors for development and innovation in specific programme areas.

Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Maternal, child and adolescent health	1 930	6 200	8 130
Adolescent lifelong learning, protection, and development	2 350	4 100	6 450
Social policy	286	600	886
Programme effectiveness	294	1 100	1 394
Total	4 860	12 000	16 860

Programme and risk management

44. This country programme document (CPD) outlines the UNICEF contributions to national priorities and serves as the primary unit of accountability to the Executive Board. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

45. The country programme will be coordinated as part of the UNSDCF and will be implemented in cooperation with the Government of Eswatini, under the leadership of the Ministry of Economic Planning and Development and in collaboration with other partners, research institutions and universities.

46. The country programme has been prepared against the backdrop of the COVID-19 pandemic. At the time of the CPD submission, partial lockdown measures

and the closure of schools had taken effect, while essential services had started to be disrupted and domestic and gender-based violence were increasing. Along with the anticipated economic downturn, these changes are likely to have a significant impact on the realization of the rights of children, adolescents and women. Of particular concern are children in the extreme poverty category experiencing multidimensional poverty and children, adolescents and women living with HIV who might not access services due to movement restrictions as well as the overload of the health-care system with COVID-19 response. UNICEF will continue to monitor the situation, reassess the planning assumptions and adjust its programming to remain fit for purpose.

47. UNICEF will steer the implementation of the country programme through annual management plans and programmatic workplans and hold internal reviews with implementing partners to assess key strategic, programmatic, operational and financial risks. UNICEF will define appropriate risk control and mitigation measures and will continue to monitor the effectiveness of governance and management systems, the stewardship of financial resources and the management of human resources. Management of the comprehensive harmonized approach to cash transfers will be strengthened to mitigate risks in programme implementation.

48. Within the “Delivering as one” model, the Business Operations Strategy will be implemented to harmonize and reduce business operating costs. United Nations agencies will continue to share common premises and some common services, with security oversight provided by the United Nations Department of Safety and Security.

Monitoring and evaluation

49. Progress towards planned results will be monitored with indicators contained in the results and resources framework of this CPD, which are linked to the UNSDCF 2021–2025 and the UNICEF Strategic Plan, 2018–2021. UNICEF will work with the Central Statistical Office and other relevant national institutions to effectively monitor the progress towards national and international goals and to track inequities using timely and relevant data. Of particular importance will be the monitoring of the socioeconomic impact of COVID-19 on children, adolescents and women.

50. UNICEF will also work with partners to strengthen national monitoring and evaluation systems capacity to use data to monitor results by institutionalizing the concept of results-based management. Emphasis will be placed on tracking progress towards the Sustainable Development Goals, improving programme performance monitoring and creating feedback mechanisms that strengthen accountability to the affected populations.

51. In coordination with the Government, UNICEF will conduct reviews of the country programme at mid- and end-term to determine programme impact. Periodic surveys, studies and research on key issues will be prioritized. Additional research will be undertaken as needed to provide more in-depth analysis on key issues.

Annex

Results and resources framework

Eswatini – UNICEF country programme of cooperation, 2021–2025

Convention on the Rights of the Child: All articles

National priorities: National Development Plan (2019/2020, 2021/2022), National Development Strategy Vision (2022), The Kingdom of Eswatini Strategic Road Map, 2019–2022, Health Sector Strategic Plan 2019–2023, National Strategic Framework for HIV and AIDS (2018–2022), National Education Sector Policy (2018–2022), National Education and Training Improvement Plan, 2018/2019, 2020/2021, National TVET Policy, Early Childhood and Development Care Framework (2019–2023), National Education Sector Plan, 2010–2022, Swaziland Early Learning Standards (2010), National Strategy to End Violence, 2017–2022

United Nations Sustainable Development Cooperation Framework outcomes involving UNICEF:

- By 2025, women, men and youth, including marginalized persons, contribute to and benefit from economic progress, through greater access to decent employment, equitable social economic opportunities, sustainable enterprise opportunities as well as resilient, financially sustainable social protection systems.
- By 2025, boys, girls, women and men, especially the most vulnerable, benefit from equitable access to inclusive, gender transformative, effective and efficient quality social services, life-long learning and market-relevant skills.
- By 2025, oversight bodies and government institutions at national and regional levels operate in an independent, participatory and accountable manner, ensuring equal access to justice and services, with a systematic, participatory implementation and reporting mechanism for human rights obligations and SDGs, with a focus on leaving no one behind.
- By 2025, Eswatini is on an inclusive low-carbon development pathway that is resilient to climate change and in which natural resources are managed sustainably, and community adaptation to climate change is enhanced, for improved livelihoods, health and food security, especially for vulnerable and marginalized communities.

UNICEF Strategic Plan, 2018–2021: All Goal Areas

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
By 2025, parents and children, with a focus on the most vulnerable, have access to equitable,	Newborns receiving postnatal care within two to seven days of childbirth	Multiple indicator cluster survey (MICS) and sector report	Output 1 Health systems have improved capacity for the delivery and utilization of quality newborn and infant	Government Ministry of Health, Ministry of Agriculture, Ministry of Natural	1 930	6 200	8 130

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
integrated, quality essential health, nutrition and HIV services including during emergencies.	<p>B: 2 days: 7.6 %; 7 days: 57.3% (in 2014) T: 100 %</p> <p>Coverage antiretroviral therapy among all children aged 0 to 4, 5 to 9 and 15 to 19 years B: 53% for 0 to 4 years; 65% for 5 to 9 years; 73% for 15 to 19 years T: 95% for all</p> <p>Percentage of children born to mothers living with HIV who have acquired the virus through vertical transmission, at 18 months of age B: 5% T: 3%</p> <p>Percentage of children aged 12 to 23 months fully immunized B: (2014) 75% T: 90%</p> <p>Percentage of children aged 0 to 6 months exclusively breastfed B: (2018) 57% T: 75%</p> <p>Percentage of children aged 6 to 23 months receiving a minimum acceptable diet of complementary foods B: (2014) 62% T: 80%</p>		<p>health services at the facility and community levels.</p> <p>Output 2 Health facilities, communities and caregivers have improved capacities to provide quality services for and utilize the prevention and treatment of malnutrition.</p> <p>Output 3 Health facilities, communities and caregivers have improved capacity to provide and utilize gender-responsive services for children and adolescents living with HIV and pregnant and breastfeeding women.</p>	<p>Resources and Energy, Ministry of Home Affairs, Ministry of Finance, Ministry of Education and Training, Ministry of Economic Planning and Development</p> <p>United Nations agencies Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Population Fund (UNFPA), World Health Organization (WHO)</p> <p>Other World Bank, United States President's Emergency Plan for Aids Relief (PEPFAR), civil society organizations (CSOs)</p>			

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
	<p>Birth registration rate B: (2014) 54% T: 80%</p> <p>Proportion of people practising open defecation B: 7% T: 5%</p>						
<p>By 2025, children and adolescents are protected from violence and HIV, learning and equipped with the skills to become active citizens.</p>	<p>Enrolment rate in grade 0 B: N/A Target: M – 95% F – 95%</p> <p>Transition rate from primary to secondary B: 90.7 % (Annual education census (AEC), 2017) M – 90.5% F – 91% T: 96% M – 96% F – 96%</p> <p>Percentage of grade 6 learners achieving minimum basic levels in reading and mathematics B: N/A T: N/A</p> <p>Percentage of adolescents not in employment, education or training B: 9.79% (Out-of-school children report, 2018) T: 7%</p>	MICS AEC	<p>Output 1 Strengthened education system improves learning outcomes and skills development.</p> <p>Output 2 Strengthened child protection systems promote positive social norms for the prevention of and response to violence against children and adolescents.</p> <p>Output 3 Effective, integrated gender- and adolescent-responsive systems are established for HIV prevention among adolescents and young people.</p>	<p>Government Ministry of Education and Training, Ministry of Health</p> <p>United Nations agencies Global Fund to Fight AIDS, Tuberculosis and Malaria, International Labour Organization (ILO), Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict, Office of the United Nations High Commissioner for Refugees (UNHCR), UNAIDS, UNFPA, United Nations Educational, Scientific and Cultural Organization, (UNESCO), United Nations Entity for Gender Equality and the Empowerment of</p>	2 350	4 100	6 450
	Number of girls and boys who have experienced	Sector annual report					

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	<p>violence reached by health, social work or justice/law enforcement services B: 6,594 (2019) T: 15,000</p> <p>Comprehensive knowledge on HIV among adolescents and youth B: 50% T: 65%</p>	MICS		<p>Women (UN-Women), WHO</p> <p>Other World Bank, Education Cannot Wait, European Union, CSOs</p>			
<p>By 2025, vulnerable children benefit from shock-responsive social protection and equity-sensitive efficient budget allocations.</p>	<p>Number of children (in pilot project) covered by social protection systems B: 0 T: N/A</p> <p>Percentage change in per capita allocations to key child-focused sectors (education, health, social protection and water, sanitation and hygiene) B: N/A T: N/A</p>		<p>Output 1 National capacity is strengthened to generate and use robust evidence focusing on reducing socioeconomic disparities and promoting social inclusion.</p> <p>Output 2 National capacity is strengthened for efficient and relevant social-sector budgeting and public financial management.</p> <p>Output 3 National capacity is strengthened for the delivery of shock-responsive child-sensitive social protection.</p>	<p>Government Office of the Prime Minister; Ministry of Health, Ministry of Agriculture, Ministry of Natural Resources and Energy, Ministry of Home Affairs, Ministry of Finance, Ministry of Education and Training, Ministry of Economic Planning and Development, Ministry of Social Affairs</p> <p>United Nations agencies ILO, UNAIDS UNESCO, UNFPA UNHCR, UN-Women, WHO</p> <p>Other World Bank, European Union, CSOs</p>	286	600	886

<i>UNICEF outcomes</i>	<i>Key progress indicators, baselines (B) and targets (T)</i>	<i>Means of verification</i>	<i>Indicative country programme outputs</i>	<i>Major partners, partnership frameworks</i>	<i>Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)</i>		
					<i>RR</i>	<i>OR</i>	<i>Total</i>
By the end of 2025, the country programme is delivered effectively, managing for results.	<p>Percentage of evaluation recommendations implemented B: N/A T: 100%</p> <p>Annual funds utilization rate B: N/A T: 100%</p> <p>Percentage of achievement of priority results in the Annual Management Plan B: N/A T: 100%</p> <p>Percentage of other resources (OR) mobilization B: N/A T (as percentage of OR ceiling): Year 1 – 20% Year 2 – 40% (cumulative) Year 3 – 60% (cumulative) Year 4 – 80% (cumulative) Year 5 – 100%</p>	Internal reports	Programme effectiveness support is provided through: strategic communication and advocacy; resource mobilization partnerships; and planning, monitoring and evaluation innovations.	United Nations country team and its statutory bodies (such as UNSDCF results groups, Operations Management Team, Monitoring and Evaluation Task Force)	294	1 100	1 394
Total resources					4 860	12 000	16 860