United Nations E/ICEF/2026/P/L.16

Economic and Social Council

Distr.: Limited
1 July 2026

Original: English
English, French and Spanish only

United Nations Children's Fund
Executive Board
Second regular session 2026
1–4 September 2026
Item 4 (a) of the provisional agenda*

Country programme document

Eswatini

Summary

The country programme document (CPD) for Eswatini is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $3,760,000 from regular resources, subject to the availability of funds, and $9,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2027 to 2030.

* E/ICEF/2026/25.
Note: The present document was processed in its entirety by UNICEF.

Programme rationale

1. Eswatini is a small, landlocked country in southern Africa with a predominantly young population; 56 per cent of its 1.2 million inhabitants are under the age of 25years.

2. Eswatini is classified as a lower-middle-income country, with a gross domestic product (GDP) of $4.86 billion in 2024.[1] The country is closely integrated with South Africa through the Southern African Customs Union and shared regional markets, with strong linkages to South Africa for trade, revenue flows, transport corridors and employment opportunities. Eswatini continues to face socioeconomic challenges typical of small economies, including limited economic diversification and high exposure to external shocks, limiting its resilience.

3. The country has made important investments in the social sectors. It allocates 16 per cent of its public spending to education and 9 per cent to healthcare. However, challenges in public finance management, including gaps in efficient and equitable use of resources, continue to undermine the Government's ability to translate social sector investments into tangible and equitable gains for children.

4. This is reflected in the high rates of multidimensional poverty, which affects 46.6 per cent of children,[2] rising to 51.8 per cent among those living in rural areas. Additionally, 65.3 per cent of children live below the international poverty line, with 40.6 per cent living in extreme income poverty.[3] While social protection programmes exist, with the old-age grant and the programme for orphans and other children made vulnerable by AIDS being the primary instruments, their coverage, adequacy and linkages to essential services remain limited, reducing their effectiveness in addressing poverty. Eswatini is yet to adopt a universal child benefit or a robust conditional cash transfer programme. Social protection expenditures as a share of GDP remain below regional benchmarks.

5. While the Gender Development Index for Eswatini at 0.964[4] indicates relatively high parity in human development outcomes between women and men, persistent structural disparities exist, particularly affecting adolescent girls and resulting in unequal access to services, opportunities and protection. Children with disabilities also face significant barriers, especially in rural areas. It is estimated that 12 per cent of the population lives with a disability, and around 14 per cent of children aged 2 to 4 years experience at least one functional difficulty, underscoring the need to strengthen inclusive systems and services.

6. The country operates under a dual governance system in which formal state institutions coexist with traditional structures under the Tinkhundla system. This system divides the country into chiefdoms, similar to constituencies, which are managed by chiefs appointed by the monarchy to attend primarily to land assignment and community affairs, while the Government is responsible for service delivery in coordination with chiefs. This provides a strong foundation for community engagement and locally anchored, equitable service delivery, while requiring effective coordination across the national and subnational levels.

[1] World Bank Group, Databank – GDP current Eswatini, < https://data.worldbank.org/indicator/NY.GDP.MKTP.CD?locations=SZ>, accessed on 3 April 2026.

[2] Ministry of Economic Planning and Development, *Multidimensional Child Poverty Analysis in the Kingdom of Eswatini*, Mbabane, 2025.

[3] Salmeron-Gomez, D. et al., 'Global Trends in Monetary Child Poverty According to International Poverty Lines', *Policy Research Working Paper No. 10525*, World Bank Group and UNICEF, Washington D.C. and New York, 2023.

[4] United Nations Development Programme (UNDP), 'Gender Development Index', <https://hdr.undp.org/gender-development-index#/indicies/GDI>, accessed on 3 April 2026.

7. Eswatini is exposed to droughts, floods and shocks that affect food security, water availability, livelihoods and service continuity. These impacts disproportionately affect vulnerable children and households amid growing urban migration and informal settlements in hazard-prone areas with poor living conditions. Climate and environmental interventions do not yet consistently focus on children nor engage adolescents and youth as agents of change.

8. Children in their first decade of life face interconnected challenges affecting their survival and development, including risks related to health, nutrition and care that constrain early childhood development (ECD). Some progress has been made in reducing the neonatal mortality rate from 27 to 25 deaths per 1,000 live births between 2020 and 2023,[5] as well as reducing the maternal mortality ratio from 361 to 118 deaths per 100,000 live births between 2000 and 2023,[6] although both remain high and above the levels targeted by the Sustainable Development Goals. Important gaps persist in the quality and continuity of care, also driven by low demand for services. Antenatal care coverage is relatively high, but early initiation and completion of the number of contacts recommended by the World Health Organization remain low, while only 5 per cent of mothers receive postnatal care. These gaps are more pronounced among adolescent mothers, poorer households and rural communities. On the other hand, Eswatini has made significant strides in addressing paediatric HIV, providing support to children living with HIV through early infant diagnosis, early initiation of antiretroviral treatment and psychosocial support for children and their families, helping to improve the lives of children living with HIV and reducing the number of new infections.

9. Nutrition outcomes reflect the triple burden of malnutrition. Among children under the age of 5 years, stunting affects 20 per cent[7] and anaemia affects 43 per cent of children aged 6–59 months.[8] Only 14 per cent of children aged 6–23 months have the minimum dietary diversity and meal frequency required for healthy growth and development. Exclusive breastfeeding in the first six months of life has declined from 64 to 54 per cent between 2014 and 2022,[9] undermined in part by aggressive marketing of breastmilk substitutes. At the same time, overweight is increasing among children and adolescents, reflecting an increasingly unhealthy food environment. Eswatini has the second-highest overweight prevalence among school-age children and adolescents in Eastern and Southern Africa at 19 per cent, nearly double the regional average. Furthermore, only 46 per cent of children (aged 24–59 months) are developmentally on track,[10] highlighting limited access to good nutrition, early stimulation and learning readiness.

[5] United Nations Inter-agency Group for Child Mortality Estimation, Neonatal mortality rate: Eswatini', <https://childmortality.org/all-cause-mortality/data/estimates?indicator=MRM0&refArea=SWZ>, accessed on 11 April 2026.

[6] World Health Organization, United Nations Children's Fund, United Nations Population Fund, World Bank Group and United Nations Department of Economic and United Nations Department of Economic and Social Affairs Population Division, *Trends in Maternal Mortality Estimates 2000 to 2023*, WHO, Geneva, 2025.

[7] Central Statistical Office, *Eswatini Multiple Indicator Cluster Survey 2021–2022: Survey Findings Report*, Mbabane, 2023.

[8] World Bank Group, 'Prevalence of anemia among children aged 6–59 months – Eswatini', World Bank Databank, https://data.worldbank.org/indicator/SH.ANM.CHLD.ZS?locations=SZ, accessed on 11 April 2026.

[9] Central Statistical Office, *Swaziland Multiple Indicator Cluster Survey 2014, Final Report*, Mbabane, 2016; and Central Statistical Office, *Eswatini Multiple Indicator Cluster Survey 2021–2022: Survey Findings Report.*

[10] Central Statistical Office, *Eswatini Multiple Indicator Cluster Survey 2021–2022: Survey Findings Report*.

10. Water, sanitation and hygiene (WASH) remain important determinants of child health and development, with unsafe WASH being a significant factor contributing to child mortality. Access to adequate services remains limited: only 78 per cent of the population uses safe water at source, 59 per cent has access to basic sanitation and 55 per cent practices basic hygiene.[11] Water quality is a major concern, with 64 per cent of the population using E. coli-contaminated water at source, rising to 78 per cent at point of use. These challenges are more pronounced in rural and low-income communities, where inadequate WASH conditions contribute to diarrhoeal disease, undernutrition and poor child health outcomes.

11. Eswatini spends approximately 6.3 per cent of its GDP on health but the budget is largely absorbed in personnel costs, leaving insufficient investment for primary healthcare services, including for the community health worker cadre, outreach and health infrastructure. The limited nutrition budget is fragmented across multiple ministries; and WASH investment is insufficient to address rapidly deteriorating infrastructure, particularly in rural areas. Integrated service delivery through the primary healthcare platform, pivotal to reducing newborn and child mortality, is not implemented consistently. Centralized governance and the untapped potential role of the traditional chiefdoms and the Tinkhundla system limit opportunities for more effective and equitable last-mile service delivery. Social protection mechanisms are not yet linked to improving antenatal care and skilled birth attendance, postnatal care and infant and young child feeding practices among the poorest households, while data systems remain fragmented.

12. Adolescence represents a critical transition period from childhood to adulthood, when investments in education, protection, health and skills development have lasting effects on lifelong well-being, productivity and resilience. Yet, adolescents continue to face multidimensional vulnerabilities during their transition to adulthood. This period is marked by heightened exposure to health risks, particularly HIV infection and poor sexual and reproductive health outcomes, alongside persistent gaps in education retention, learning and transition. Adolescent pregnancy contributes to adolescent girls' school dropout, limits their autonomy in decision-making about their own lives and increases their exposure to gender-based violence and HIV. The adolescent birth rate remains high, at 78 births per 1,000 females aged 15 to 19 years.[12] The need for adolescent-responsive services, specifically access to and uptake of integrated sexual and reproductive health services among adolescents and youth, is highlighted in the first strategy of the Eswatini National Development Plan 2023/24–2027/28. Comprehensive knowledge of HIV transmission remains limited among adolescents, increasing their vulnerability to HIV infection and unintended pregnancy.

13. While access to education has expanded since the introduction of the Free Primary Education Programme in 2010, reaching near universal coverage in primary education, important challenges remain in retention, learning and transition, particularly during adolescence. The net enrolment rate in lower secondary is only 35 per cent.[13] Learning outcomes are highly unequal from the early grades, with only 40 per cent of children aged 7 to 14 years from the poorest households demonstrating foundational reading skills, compared with 67 per cent among children from the richest households.[14] This limits readiness for progression into and within secondary education. These challenges reflect systemic bottlenecks, including inefficiencies in

[11] Ibid.
[12] Ibid.
[13] Ministry of Education and Training, *Annual Education Census Reports*, Mbabane, 2018.
[14] Central Statistical Office, *Eswatini Multiple Indicator Cluster Survey 2021–2022: Survey Findings Report*.

financing and resource allocation, weak teacher support systems, limited assessment and quality assurance mechanisms, and insufficient retention and re-entry systems. At secondary level, education costs further limit participation, contributing to low transition and retention, especially among adolescents from poorer households. Only 22 per cent of adolescents aged 16 to 17 years attend upper secondary education.[15] Adolescent pregnancy accounts for 35 per cent of female secondary school dropouts.[16] Adolescents who drop out of school often enter adulthood without essential skills, constraining their employability and increasing their vulnerability. An estimated 39 per cent of women and 34 per cent of men aged 15 to 24 years are not in education, employment or training.[17]

14. Adolescents are exposed to multiple forms of violence and protection risks across home, school and community settings, rooted in harmful social norms and inequalities between girls and boys. Violence is widespread from early childhood, with 78 per cent of girls and 81 per cent of boys (aged 1–14 years) experiencing violent discipline.[18] During adolescence, 22 per cent of girls aged 15 to 19 years experience physical or sexual violence. Exposure to violence is higher among adolescents from poorer households and those with disabilities, who face greater barriers to reporting and accessing support. These patterns reflect persistent bottlenecks in prevention and response, including the normalization of violent discipline, limited access to safe reporting and support services, weak coordination between the social welfare, education and justice systems, and gaps in child-sensitive procedures and case management, particularly at the community level.

15. The evaluation of the country programme (2021–2025; not including the one-year extension to 2026) highlighted two key lessons. First, despite strong alignment with national priorities and contributions at the output level, limitations in coherence, integration and the articulation of pathways to outcome-level change undermined the achievement of sustained results. This has informed a sharper prioritization and a more coherent, integrated approach in the current programme, including the adoption of a life-cycle programming model. Second, reliance on earmarked funding and short project cycles limited efficiency and sustainability, highlighting the need for more flexible financing and early integration of sustainability considerations.

Programme priorities and partnerships

16. The Eswatini country programme adopts a life cycle, decade-by-decade approach prioritizing survival and early development in the first decade of life and education, protection and a healthy transition to adulthood in the second decade. The programme contributes to the impact results of the UNICEF Strategic Plan, 2026–2029, sharpening its programme offer in the lower-middle-income country, focusing on equity-oriented policies and strategies; advocating for equitable and efficient financing and a stronger workforce; leveraging the strength of indigenous governance institutions to reach the most vulnerable children with equitable services; and addressing underlying poverty through social protection, across the programme outcomes for children over two decades.

17. The programme was developed through consultations with the Government, other United Nations entities, development partners, civil society and adolescents and

[15] Ibid.

[16] Ministry of Education and Training, *Education Management Information System (EMIS) Report*, 2025.

[17] International Labour Organization, 'Share of youth not in education, employment or training, male (% of male youth population) (modelled ILO estimate) – Eswatini', 2025.

[18] Central Statistical Office, *Eswatini Multiple Indicator Cluster Survey 2021–2022: Survey Findings Report*.

young people. The programme is aligned with the Africa Agenda for Children 2040, the Agenda 2063: The Africa We Want and the national development priorities as articulated in the Eswatini National Development Plan 2023/24–2027/28, including improving the quality and equity of social services, expanding social protection and supporting youth employment as part of inclusive growth. It further supports the Government in addressing the recommendations made by the Committee on the Rights of the Child, particularly in strengthening coordination, data systems, financing for children and integrated protection systems. The country programme derives from and is aligned with the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2026–2030, particularly its focus on strengthening resilient social service systems, advancing human capital and promoting climate resilience and inclusive development.

18. To drive systemic change and focus on achieving impact in selected areas, UNICEF will prioritize the following strategies and accelerators, adapted to the Eswatini context:

(a) Advocating and strengthening partnerships for children's rights to influence policies, systems, service delivery and institutional capacities, including with emerging partners and donors and through opportunities at the subregional level offered by the multi-country office context[19];

(b) Fostering South-South cooperation to facilitate the exchange of knowledge, experiences, innovations and scalable solutions to advance child rights;

(c) Leveraging financing for scale, including strengthening public financing for children, improving equity and efficiency in resource allocation and supporting sustainable and innovative financing;

(d) Harnessing innovation and digital transformation for improved service delivery, decision-making and scalability of interventions, including by tapping into the broader market and private sector opportunities of the subregion offered by the multi-country office context;

(e) Generating and harnessing evidence, including strengthening national data, monitoring and evaluation systems to inform decision-making, improve accountability and guide prioritization;

(f) Engaging families, communities and adolescents, including through social and behaviour change approaches, to promote positive practices, strengthen prevention and increase demand for services, while advancing youth participation and social accountability;

(g) Leveraging community and front-line systems, including the Tinkhundla system and chiefdom structures, to extend reach, strengthen service delivery and support locally driven solutions.

First decade

19. This programme component will concentrate on children in the first decade of life, strengthening the key systems and capacities that underpin service delivery, including financing, human resources, accountability and community systems, to expand equitable access to key services for the most vulnerable children, particularly those in rural and underserved areas, children with disabilities and those at risk of being left behind. It will support UNSDCF outcome 1 on inclusive social well-being

[19] The UNICEF multi-country office in southern Africa consists of Botswana, Eswatini, Lesotho and Namibia.

and contribute to national priorities under the National Development Plan related to strengthening human capital, improving access to quality social services and expanding social protection.

20. UNICEF will support the Ministry of Health to strengthen system capacities to deliver quality, integrated and multisectoral primary healthcare services for children and their mothers from the first antenatal contact through postnatal care, with defined coverage targets. To improve neonatal health quality, UNICEF will provide upstream support to strengthen clinical guidelines and accountability mechanisms for maternal and newborn care, including through the institutionalization of the national Maternal, Perinatal, and Neonatal Death Surveillance and Response system to act on every maternal and neonatal death at the facility level. UNICEF will strengthen immunization equity strategies to reach zero-dose and underimmunized children, integrating the immunization registry into the District Health Information Software 2 and the civil registration and vital statistics system for improved tracking. UNICEF will strengthen the integration of the prevention of mother-to-child transmission of HIV, nutrition counselling, breastfeeding support, sanitation and hygiene promotion, HIV management and ECD stimulation among antenatal and postnatal care contacts. To address malnutrition in all its forms among children and adolescents, UNICEF will support policies and programmes that reduce stunting, micronutrient deficiencies, overweight and obesity, by supporting the transformation of food systems for children, including restrictions on the marketing of unhealthy foods to children.

21. The second UNICEF priority under this programme component will be to support the Ministry of Health and the Ministry of Finance to strengthen institutional capacities to mobilize, allocate and efficiently manage financial resources for multisectoral primary healthcare, nutrition, ECD, WASH and HIV services. This will involve providing technical assistance to strengthen policy and financing frameworks for the integrated management of neonatal and childhood illnesses. It will include costing and implementing a strengthened national strategy for the management of childhood illnesses and establishing dedicated budget lines for essential child health interventions, including newborn care and postnatal care services. UNICEF will also support the generation and use of evidence to inform more equitable and efficient resource allocation, including through analyses of primary healthcare coverage, facility distribution and workforce deployment to guide investments towards underserved rural populations and those in the poorest quintiles. In addition, UNICEF will contribute to strengthened public financial management and expenditure tracking, including through national health account exercises and monitoring of spending on maternal, newborn and child health services, to improve efficiency, accountability and targeting of resources.

22. The third priority will be to support the Ministry of Tinkhundla Administration, local authorities and community structures to strengthen systems and capacities for community engagement and sustained demand for health, nutrition, WASH, HIV and ECD services. This will require strengthening community health worker systems to expand last-mile postnatal service delivery at scale, including through the formalization of a cadre of community health workers within the national human resource health strategy, standardized training and strengthening linkages with facility-level supervision and supply systems. UNICEF will support the use of social and behaviour change approaches to address the demand-side barriers, including the development of national strategies to generate demand for immunization, the engagement of community leaders and influencers, and the integration of counselling across key service delivery platforms. It will also help to strengthen community-based planning and outreach systems, including the use of data to inform immunization microplanning and ensure regular outreach to underserved and remote populations. Across these efforts, UNICEF will support the engagement of local governance

structures, including the Tinkhundla system and chiefdom structures, to strengthen community mobilization and accountability mechanisms.

23. The final priority will be UNICEF provision of support to the Deputy Prime Minister's Office to strengthen capacities and systems to deliver child-sensitive social protection interventions that facilitate equitable access to health, nutrition, HIV and WASH services. This will involve providing technical assistance to strengthen shock-responsive social protection mechanisms that address the intersection of poverty, environmental vulnerability and maternal and child mortality risk. It will include the design of scalable responses to climate and economic shocks and the integration of nutrition-sensitive interventions to protect the most vulnerable households, particularly pregnant women, adolescent mothers and young children. UNICEF will also support the strengthening of social protection data and referral systems, and interministerial coordination for integrated service delivery, including improved linkages with health, nutrition, HIV and WASH platforms. In addition, UNICEF will contribute to the formalization of chiefdom structures and community platforms as delivery mechanisms for child-sensitive social protection, leveraging the legitimacy and convening authority of chiefdoms to strengthen last-mile delivery of cash transfers, nutrition safety nets and the promotion of health-seeking behaviour.

Second decade

24. This programme component will focus on children in the second decade of life, using a multisectoral approach to strengthen accountability, efficiency, financial management and national and community systems that expand their access to quality and inclusive learning, health, nutrition, child protection and social protection services, and economic opportunities. The component will support UNSDCF outcome 1 on inclusive social well-being and outcome 2 on shared and sustainable prosperity. It will also contribute to the National Development Plan priorities on strengthening human capital, improving the quality and relevance of education and expanding opportunities for youth employment and economic participation.

25. First, to strengthen the capacity of the education system to deliver inclusive, equitable and quality learning opportunities for adolescents at scale, UNICEF will prioritize supporting the strengthening of the education workforce, including leveraging resources to invest in institutionalized in-service training frameworks, continuous professional development and mentoring systems, and improving formative assessment approaches. To support the scale-up of inclusive education from early childhood to secondary education, UNICEF will advocate for effective and efficient budget allocation and financial management, quality standards, workforce development and the use of innovative digital teaching and learning approaches, including for learners with disabilities and those at risk of exclusion. In addition, UNICEF will contribute to strengthening governance, coordination and quality assurance systems, including ministerial coordination platforms, mutual accountability mechanisms, monitoring frameworks and modernized and digitalized school inspection systems.

26. Second, UNICEF will support efforts to strengthen education systems to integrate education-sensitive social protection measures into national service delivery frameworks for improved school attendance, retention and learning for vulnerable children and adolescents. UNICEF will work on policies and systems that reduce dropout risks and enable re-entry, as well as on strengthening early warning and referral mechanisms and building the capacity of schools to prevent and respond to violence and dropout risks. UNICEF will also contribute to strengthening safe and inclusive learning environments through positive discipline approaches, safeguarding standards and integrated support services.

27. Third, to equip national health systems and community structures to deliver integrated services for adolescent-responsive government-led sexual and reproductive health, HIV prevention and mental health across community and facility platforms, UNICEF will undertake interventions to strengthen research, evidence generation and data analysis to inform efforts to prevent HIV and pregnancy among adolescents. This will involve developing risk and vulnerability profiles and promoting the use of evidence to improve the quality, equity and responsiveness of youth-friendly services. UNICEF will support the development of financing solutions for the scale-up of peer-support mechanisms and feedback platforms for adolescents most at risk of HIV, young mothers and adolescents living with HIV. This mechanism was successfully piloted in 2024–2025 and the Government has committed to its scale-up. UNICEF will support the Ministry of Education and Training through strengthening life skills-based education to enhance positive behaviours for the prevention of HIV and adolescent pregnancy. UNICEF will further advocate for increased and more efficient public financing for adolescent HIV prevention and sexual and reproductive health, including through public expenditure analysis, budget tracking and strengthened integration within broader health and social sector financing frameworks.

28. UNICEF will support developing national institutional capacity for scale up of community, school and family-based violence prevention approaches. In this regard, partnerships will be enhanced with faith-based organizations, community leaders and parents to promote positive parenting and social norms change; strengthen student support teams and local referral systems; and support the roll-out and monitoring of positive discipline across households, communities and schools. UNICEF will support strengthening child protection governance systems by developing government capacity for improved planning, budgeting, expenditure tracking and results-based monitoring of child protection programmes. Additionally, UNICEF will enhance the capacity of the Government and civil society to use online case management systems, improve data collection and interoperability, and strengthen data governance and dissemination to inform violence-prevention policies and services. UNICEF will promote the adoption of child-sensitive procedures in the judiciary and among justice actors to address cases of children in remand and support timely, rights-based case resolution. UNICEF will advocate for the expansion of safe platforms for child and youth participation, strengthen peer-support and referral pathways and promote public–private partnerships and community-led interventions to prevent violence and improve survivor-centred responses.

29. Finally, UNICEF will support national and community-level systems to enable adolescents to access diverse and equitable pathways for skills development, employment and future livelihoods, with a focus on scaling up structured pathways that can be integrated into national systems. This will involve supporting the design, piloting and scale up of structured career pathways that link education, skills development, mentorship and work-based learning opportunities, which will generate evidence to inform national policies and system integration. UNICEF will also build partnerships with the private sector, development partners and training institutions to expand economic empowerment and livelihood opportunities for young people, including safe and inclusive pathways to entrepreneurship and employment. UNICEF will further support the expansion of safe and inclusive participation platforms, enabling adolescents and young people to inform policies and programmes, while strengthening youth-led engagement, accountability mechanisms and civic participation across sectors.

Programme effectiveness

30. Measures to enhance the effective implementation of the country programme will focus on programme coordination and management to achieve measurable

programme results at scale and maximize programme impact, while strengthening the monitoring of child rights and communication and advocacy efforts for their realization. Cross-cutting priorities include:

(a) Rights- and results-based planning, monitoring, learning and reporting, supported by strengthened data systems and use of evidence for decision-making;

(b) Programming with gender equality that ensures that all girls and boys, including adolescents, enjoy equitable outcomes;

(c) Inclusion and participation of children and adolescents with disabilities in services and decision-making processes;

(d) Risk-informed and resilience programming that strengthens systems and services in the face of climate change and other shocks;

(e) Social and behaviour change approaches to promote positive practices, strengthen demand for services and shift harmful social norms, while enhancing accountability and participation mechanisms;

(f) Communication, advocacy and partnerships to influence policies, mobilize resources and leverage public and private sector engagement;

(g) Generation and use of evaluations and evidence to strengthen programme effectiveness and support continuous learning.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
First decade	1 725	5 000	6 725
Second decade	1 800	3 200	5 000
Programme effectiveness	235	800	1 035
Total	**3 760**	**9 000**	**12 760**

Programme and risk management

31. This CPD summarizes UNICEF contributions to national results. It is the principal mechanism for accountability to the Executive Board for the alignment of results and resources assigned to the programme at the country level. The responsibilities and accountabilities of managers at the country, regional and headquarters levels are defined in the policies and procedures regarding the organization's programmes and operations.

32. The programme will be implemented and monitored in collaboration with the Government of Eswatini under the coordination of the Ministry of Economic Planning and Development. UNICEF will report its UNSDCF contributions using the UN INFO platform, while co-leading the inclusive social well-being cluster and leading the education, skills and employability thematic area of the United Nations system's efforts in Eswatini.

33. To ensure the quality and effectiveness of programme results, UNICEF will regularly monitor and assess programmatic, operational and financial risks and

implement appropriate mitigation measures. Key risks include macroeconomic shifts relating to the global geopolitical context, shifts in the global aid landscape, disruption of supply chains resulting in increased food and basic commodities prices, shortages of vaccines, and increased out-of-pocket expenditure on basic services. These could, in turn, result in the loss of development gains and reduce the capacity of UNICEF to reach the most vulnerable. UNICEF will mitigate these risks by closely monitoring the situation and conducting frequent programme reviews to modify the course of actions and programme strategies when necessary. In case of crisis, UNICEF will support the Government with data analysis and evidence-generation efforts to ensure that reprioritization efforts are informed by evidence.

34. Climate-related shocks and other external risks may disrupt services and increase vulnerabilities, particularly for the most disadvantaged. UNICEF will integrate risk-informed and resilience approaches across the programme, strengthen emergency preparedness and response capacities with the Government and partners, and apply established financial management approaches, including the harmonized approach to cash transfers, to ensure accountability and effective use of resources.

Monitoring, evaluation and learning

35. Programme monitoring will be based on the results and resources framework, using indicators disaggregated by sex, age, disability and location, when possible. Progress will be tracked through national administrative and sector data systems, with a focus on strengthening the quality, timeliness and use of data at the national and subnational levels. Monitoring will also be strengthened at the constituency level, including through local governance and community structures, to improve accountability and last-mile service delivery and to assess progress towards achieving results at scale and sustained system-level impact.

36. UNICEF will support the Ministry of Economic Planning and Development in strengthening data and evidence systems to address fragmentation and limited use of data for decision-making. This will include strengthening data governance, analytical capacity and dissemination and promoting the use of real-time and disaggregated data to inform planning, budgeting and service delivery. Efforts will also focus on strengthening feedback and social accountability mechanisms to ensure that community-level insights inform programme adaptation and system performance.

37. The programme will promote continuous learning through evaluations, operational research and knowledge management, with a focus on identifying and scaling up effective approaches. UNICEF will support national evaluation capacity and child rights reporting and contribute to United Nations monitoring mechanisms, including tracking progress towards UNSDCF outcomes.

Annex

Results and resources framework

Eswatini – UNICEF country programme of cooperation, 2027–2030

Convention on the Rights of the Child: Articles 1–42

National priorities: Eswatini National Development Plan 2023/24–2027/28

Sustainable Development Goals: 1–6, 10, 13 and 16–17

United Nations Sustainable Development Cooperation Framework (UNSDCF) outcomes involving UNICEF:
1. By 2030, people in Eswatini are benefiting from efficient and resilient systems that deliver quality services, particularly for the vulnerable populations.
2. By 2030, Eswatini has strengthened national systems that promote inclusive and sustainable economic growth and expanded livelihoods, especially for youth and vulnerable populations.

Related Impact Results of the UNICEF Strategic Plan, 2026–2029: Direct**:** 1–4; indirect: 5

UNSDCF outcomes	*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*
1	1. By 2030, the most vulnerable girls and boys aged 0–9 years benefit from strengthened accountability, sustainable financing, efficient human resource management and community systems that expand their access to quality, inclusive and resilient health, nutrition, water and sanitation and social protection services.	Postnatal care (first week after birth) B: 34% (2021–2022) T: 60% (2030) (Disaggregated by age of mother)	Multiple Indicator Cluster Survey (MICS)	1.1. By 2030, the Ministry of Health has improved capacity to provide quality multisectoral primary healthcare, nutrition, water and sanitation and HIV services to children and their mothers. 1.2. By 2030, the Ministry of Health and the Ministry of Finance have strengthened institutional capacity to mobilize and allocate adequate domestic and alternative financial resources for multisectoral primary	Ministry of Health; Ministry of Finance; Ministry of Tinkhundla Administration; Deputy Prime Minister's Office	1 725	5 000	6 725
		Immunization coverage B: 77% (2021–2022) T: 90% (2030)	MICS					

UNSDCF outcomes	*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*
		Minimum acceptable diet B: 14% (2021–2022) T: 50% (2030)	MICS	healthcare, nutrition, water and sanitation and HIV services and efficiently execute child health-related budgets. 1.3. By 2030, the Ministry of Tinkhundla Administration, local authorities and community structures have enhanced systems and capacities to engage communities and generate sustained demand for health, nutrition, water and sanitation, HIV and ECD services. 1.4. By 2030, the Deputy Prime Minister's Office has strengthened capacities and mechanisms to deliver child-sensitive social protection interventions that facilitate equitable access to health, nutrition, HIV and safe water and sanitation services.				
		Percentage of households with basic handwashing facilities B: 54.5% (2021–2022) T: 65% (2030)	MICS					
		Percentage of household members using improved sanitation facilities that are not shared B: 59% (2021–2022) T: 75% (2030)	MICS					
		Proportion of children aged 0–4 years living with HIV on antiretroviral therapy B: 72% (2021) T: 85% (2030)	Swaziland HIV Incidence Measurement Survey					

UNSDCF outcomes	*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*
		Percentage of children living in multidimensional poverty B: 46.6% (2024) T: 23.3% (2030)	Multi-dimensional Child Poverty Analysis in the Kingdom of Eswatini					
		Extent of UNICEF support for public finance for children to strengthen social sector budgets at national and subnational levels B: 1 (2025) T: 4 (2030)	Ministry of Finance annual budget estimates					
1–2	2. By 2030, the most vulnerable adolescent girls and boys aged 10 to 19 years benefit from strengthened accountability, efficiency, financial management and community systems that expand their access to quality and inclusive learning, health, child protection and social protection services and economic opportunities.	School completion rate B: Primary: 80% (2021–2022) Secondary: 57% High: 37% T: Primary: 85% (2030) Secondary: 62% High: 42%	MICS	2.1. By 2030, the education system has increased its capacity to deliver inclusive, quality, equal learning opportunities for girls and boys. 2.2. By 2030, education systems are strengthened to integrate education-sensitive social protection measures into national service delivery frameworks for improved school attendance, retention and learning for vulnerable children and adolescents.	Ministry of Education and Training; Ministry of Health; Deputy Prime Minister's Office; Ministry of Tinkhundla Administration; Ministry of Finance	1 800	3 200	5 000
		Percentage of women (aged 15–29 years) who have ever experienced physical or sexual violence B: 21.6% (2021–2022) T: 10% (2030)	MICS					

UNSDCF outcomes	*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*
		Adolescent birth rate (per 1,000 females aged 15–19 years) B: 78 (2021–2022) T: 50 (2030)	MICS	2.3. By 2030, the national health systems and community structures are better equipped to provide integrated, adolescent-responsive sexual and reproductive health, HIV prevention and mental health services. 2.4. By 2030, the national child protection systems and community structures have enhanced capacity to prevent, detect and respond to violence and sexual violence against children and adolescents, including violent discipline. 2.5. By 2030, national and community-level systems increasingly enable adolescents to access diverse and equitable pathways for skills development, employment and future livelihoods.				
		New HIV infections among young people aged 15–24 years, by sex B: 4,000 (2025) T: 2,000 (2030)	HIV estimates report					
		Social protection system maturity scale B: Nascent (2025) T: Established (2030)	Government reports					

UNSDCF outcomes	*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*
1–2	3. The country programme is effectively coordinated and managed to achieve expected programme results.	Other resources (in United States dollars) mobilized during the reporting period B: 37% (2025) T: 100% (2030)	UNICEF reports	Strategic communication and advocacy, resource mobilization and partnerships	Ministry of Economic Planning and Development	235	800	1 035
		Proportion of CPD results achieved B: 45% (2025) T: 80% (2030)	UNICEF reports	Programme planning and monitoring				
		Number of programmes informed by evaluation findings B: 3 (2025) T: 5 (2030)	UNICEF reports	Evaluation				
Total resources						**3 760**	**9 000**	**12 760**