

Eswatini

Update on the context and situation of children

In Eswatini, 42% of the 1.1 million population are children below the age of 17. Children under five years account for 12% and adolescents (10-19 years) are a quarter of the total population. 82% of children reside in rural areas. The development landscape of Eswatini is skewed, with inequalities, unemployment and poverty levels higher among the rural population. Approximately 59% [Swaziland Household Income and Expenditure Survey, 2017] of the population live below the national poverty line and 20.1% in extreme poverty. Poverty gap in rural and urban areas is estimated at 30.3% and 5.9%, respectively, indicating the depth and severity of poverty affecting the rural population. According to the 2017 Household Income and Expenditure survey, 19.2% of the population are multidimensionally poor.

An estimated 20.9% are vulnerable to multidimensional poverty. This heavy burden of poverty impacts children more—with 56.5% multidimensionally poor—and children in rural areas are affected more than those in urban areas, 65% and 23%, respectively. COVID-19 has exacerbated the situation, as it is estimated that approximately 65,800 people are potentially added to the existing number of the poor [A Rapid Socioeconomic Assessment of COVID-19 in Eswatini, 2020]. With the COVID-19 crisis, 44% of rural households are using crisis-based coping strategies such as reducing spending on health and education to meet their food needs, resulting in increased child poverty.

Eswatini is a low middle-income country. According to the 2020 Human Development Report, Eswatini's Human Development Index (HDI) is 0.611, placing the country in the medium human development category, ranking 138 among 189 countries. The country's economic growth in recent years has been slow, expanding at an average growth rate of 1.7% during 2014-2019. In 2019, economic growth depreciated to 1.4% from 2.4% in 2018. Economic growth was projected to increase in 2020. In his February 2020 State of the Nation Address, His Majesty King Mswati III, announced that the economy of Eswatini was projecting a growth rate of 2.8% in 2020 [Government of Eswatini (February 2020) Speech from the Throne available at: www.gov.sz/images/CabinetMinisters/SPEECH-FROM-THE-THRONE-2020.pdf]. However, shortly after the pronouncement, emergency was declared in the country due to the COVID-19 pandemic, propelling a downward economic growth due to disrupted economic activity.

The UN, in line with government estimates, projected that the economy will contract because of COVID-19, with growth between -1.9 and -6.2% in 2021, far below the 5% growth needed to sustain progress on socio-economic development.

The onset of COVID-19 pandemic resulted in the disruption of education, health and protection services impacting negatively on children. The closure of schools in March 2020, affected about 377,935 learners in Eswatini, deepening the gap in access and quality already existing in education. Eswatini achieved near-universal net enrolment primary education but a very high proportion of adolescents are currently excluded from the secondary education system. Net enrolment at lower secondary school level is 32.3% and 13% at upper secondary education [Annual Education Census (AEC), 2019]. The effects are more in children from vulnerable backgrounds, especially girls, who may not be able to return to the education system and their non-return could deprive them of opportunities for growth and development, channeling them to the poverty cycle. During the lockdown period the Ministry of Education and Training (MOET) reported increasing number of children falling pregnant and missing end of year external examination. The MOET introduced distance education, using the radio, television and print media to convey lessons. Despite these efforts, vulnerable children with no access to these learning platforms were at the risk of being left behind.

The Rapid Socioeconomic Assessment of COVID-19 conducted jointly by Government and the United Nations revealed that during the lockdown period, only between March and April, 299 sexual and gender-based violence (GBV) cases were reported of which 53 were rape and 213 domestic violence cases. Adolescents aged 12-17 years have been more vulnerable to sexual violence. The escalating violence against children (VAC) cases puts more strain on an already struggling child protection system in Eswatini where violence has been a pervasive part of a child's existence.

Eswatini has made considerable progress in key health outcomes. The under-five mortality rate declined from 104 per 1,000 live births in 2010 to 67 per 1,000 in 2014. Skilled birth attendance improved from 82% in 2010 to 88.3% in 2014 contributing to reduced neonatal mortality (20/1,000) [Multiple Indicator Cluster Survey (MICS 5), 2014] and maternal mortality (452/100,000) [Population and Housing Census (PHC), 2017] rates. Adolescent birth rate fell from 111/1,000 in 2007 to 87/1,000 in 2014. HIV incidence among young people aged 15-24 years, however, remains high (1.07%) and the rate is higher among females (1.67%) than males (0.52%) [Swaziland Incidence Measurement survey 2 (SHIMS 2), 2016-2017]. This undermines the efforts made in attaining global target of 95% people living with HIV knowing their HIV status, 95% sustained antiretroviral treatment (ART) rate and 95% rate of viral suppression. COVID-19 lockdown measures and health system over-burdened by pandemic can limit access of mothers and children to healthcare, increasing mortality.

Health facilities are generally accessible in Eswatini, 80% of the population live within an eight-kilometer radius from health facilities, indicating heightened government efforts to improve healthcare in the country over the past years. COVID-19 lockdown measures and health system over-burdened by pandemic in its early days limited access of mothers and children to healthcare, increasing mortality.

Nutrition remains a challenge, 1 in 4 children under five is stunted with highest rates being among children aged 18 to 23 months (35%). Stunting rates are higher in rural areas than urban areas. The projected increase in poverty due to COVID-19 further exacerbated the situation in this area.

The National Emergency Response and Management Action Plan estimates that 200,000 people need WASH services as they are exposed to an increased risk of contracting communicable diseases. The use of improved water sources decreased from 72% in 2016 to overall average of 60.7% in 2018. The prevention of COVID-19 requires availability of clean, running water for hand washing which may not be possible especially in areas affected by water shortage.

Major contributions and drivers of results

The year under review was marred by COVID-19 pandemic which affected implementation of planned programmes and caused disruption of services to children. Most of UNICEF support was therefore channeled towards contributing to the National COVID-19 response and ensuring continuity of service and sustaining the development gains made in previous years.

With regard to early years of life, UNICEF Eswatini aimed at ensuring that children are fully immunized, healthy, and registered at birth through building enabling policy and financing environment, developing capacity of institutions for improved service delivery and enhanced evidence-based quality improvement systems.

UNICEF provided technical support to the Ministry of Health (MOH) to routinely monitor service uptake. In addition, UNICEF provided technical and financial support to MOH for continuity of healthcare services in all four regions of the country by procuring Personal Protective Equipment (PPE), and training of more than 200 healthcare workers and 2,500 community health volunteers on infection prevention and control (IPE). UNICEF also supported development of COVID-19 messages

and production of IEC materials to ensure safety of communities and continuity of uptake of services. UNICEF in collaboration with the World Health Organization (WHO), the World Bank and other partners is supporting MOH in the preparation for the introduction of COVID-19 Vaccine in the first quarter of 2021.

As a response to the challenges posed by the COVID-19 pandemic, UNICEF provided technical support to the development of a guideline on provision of immunisation services in the context of COVID-19. UNICEF with MOH conducted the Periodic Intensification of Routine Immunization (PIRI) and reached over 13,000 children who were screened for child health issues including nutrition. Children found eligible were vaccinated, provided with Vitamin A supplementation, dewormed. The Programme also had a referral mechanism that directed children with other health issues to the nearest health facilities.

To improve health sector performance and resource efficiency, UNICEF provided technical support for the development of a costed Health Sector Strategy which drives integrated child health programming. As a result of UNICEF advocacy, government has committed to develop a nutrition program starting from 2021. This effort will be supported through the upcoming UNICEF Country Programme 2021-2025.

In the reporting period, UNICEF partnered with Non-Governmental Organisations (NGO) in emergency WASH interventions including procurement of handwashing devices and placement at strategic handwashing points in 220 sites including clinics and ports of entry and additional WASH facilities at the two COVID -19 Quarantine centers. UNICEF further supported technically and financially, dissemination of information on basic hygiene practices through a door-to-door campaign conducted by Red Cross volunteers to the most vulnerable communities. UNICEF provided technical and financial support to the Ministry of Natural Resources to trigger 56 communities on Community Led Total Sanitation. As a result, 36 communities were certified as open defecation free.

With UNICEF advocacy and programme support for birth registration in health facilities, six out of the 11 health facilities now provide birth registration services for the newborn.

In 2020, 23 health facilities implemented Early Childhood Development (ECD) packages including essential newborn care at scale with UNICEF support. This helped strengthen maternal and newborn child health services. The first neonatal intensive care unit was established at the Mbabane hospital with UNICEF technical assistance and procurement services and funds made available by the Foreign, Commonwealth and Development Office (FCDO) of the United Kingdom. In the reporting period, a community-based Maternal and Newborn Child Health training manual was developed, and rural health motivators were trained and subsequently reached 22,800 children with services. UNICEF promoted use of evidence in designing and implementing interventions in health sector. Specifically, technical and financial support was provided for conducting perinatal and neonatal death audits in five of the 11 public maternity facilities [The national assessment on maternal and newborn health services and child health annual report].

A strong programmatic focus was placed on demand for services. Through UNICEF technical and financial support, MOH rolled out the Client Satisfaction Feedback Mechanism (CSFM) in 144 health facilities (50% of all health facilities in the country). A core set of service uptake indicators were developed and linked to the real-time Client Management Information System (CMIS). The monitoring tool provided real-time evidence that was used for development of critical messages on encouraging service uptake and risk communication. As a result of active monitoring, UNICEF and MOH were able to better plan for community outreach services to support the uptake of critical services like immunisation.

UNICEF continued to support Government with improved budget efficiency in health sector.

Procurement of vaccines through UNICEF Supply Division (SD) resulted in considerable cost saving which encouraged MOH to request support for procurement of more medical supplies through UNICEF SD.

UNICEF Eswatini also implemented programmes focusing on the second decade of a child's life in Eswatini. UNICEF aimed at ensuring that adolescent girls and boys aged 10-19 years have increased protection from violence and HIV, and access to quality health services and secondary education. To ensure adequate capacity is available for continuity of child protection services during COVID-19, UNICEF provided financial and technical support to the Deputy Prime Minister's Office (DPMO) and two local NGOs to train 68 social workers on COVID-19 and child protection in emergencies; 17 nurse trainers on psychological first aid; and 361 rural health motivators on psychological first aid and self-care. UNICEF also supported the training of 40 members of the social protection humanitarian cluster and 60 community-mentor mothers on the Prevention of Sexual Exploitation and Abuse (PSEA). UNICEF continues to work closely with all implementing partners to comply to the UN Zero-Tolerance Policy on Sexual Exploitation and Abuse.

In support of reducing VAC and GBV, UNICEF Eswatini contributed to the finalization of the Children's Protection and Welfare Regulations 2019, with convening national consultations and conducting sector quality reviews. Also, to promote a child-friendly justice system, a total of 188 justice professionals were trained on dealing with child victims, witnesses and offenders, and a Children Protection Guide for Criminal Justice Practitioners was developed. Three One-Stop Center (OSC) response services, operating in healthcare facilities, were established and officially launched and 237 survivors of violence (158 children) were reached with OSC response services. UNICEF partnership with a local NGO, Swaziland Action Group Against Abuse (SWAGAA), reached 2,946 survivors (736 children) of violence with response services.

In the reporting period, UNICEF technical support resulted in development of national and sub-national coordination structures and mechanisms for prevention of GBV and VAC. This contributes to Government efforts to systematically address and prevent GBV and VAC. The coordination mechanisms and structures are expected to be validated and fully functional in 2021. In addition, to address the issue of limited routine data on VAC and GBV, UNICEF Eswatini supported the development of a draft Project Document and Data Management Protocol to guide the upgrade of the system from a static paper-based one to a real-time information management system. Strategic support will continue in coming years for progressive migration into an electronic and real-time GBV and VAC information management system. Pairing of an adequate information management system with effective coordination mechanisms will improve the efficiency and effectiveness of the prevention and response system. The DPMO also conducted a rapid assessment of the capacity of data collectors across sectors, to identify capacity gaps. Capacity development efforts in the next reporting period will complement the system reform efforts and increase institutional capacity in this area.

In line with continuity of services for children and to prevent disruption of education amid COVID-19, UNICEF supported the Ministry of Education and Training (MOET) with the development and implementation of the Education Sector Contingency Plan, Schools Reopening Framework, Guidelines and Standard Operating Procedures and Checklists for School Reopening. In preparation for school reopening, UNICEF supported the training of 1,679 MOET personnel on COVID-19 and school reopening standards. Additionally, alternative forms of education service delivery were introduced. Through UNICEF support 2,166 lessons were broadcasted on TV and radio targeting 354,936 learners (Females 172 498, Males 182 438) across all grades. Considering the key role of coordination and information sharing in emergency response programmes, UNICEF co-led weekly education cluster meetings for COVID-19 Response.

To improve evidence-based programming and decision making in education sector, UNICEF in partnership with the University of Oslo supported MOET to upgrade the current Education

Management Information System (EMIS) to a real-time monitoring system to capture all indicators on a routine basis. 16 EMIS staff were trained as trainers in preparation for system pilot in 2021 and subsequent rollout.

In 2020, UNICEF Education Programme also contributed to Government efforts in increasing employment of youth. To inform the development of an overarching national skills framework for adolescents and youth, UNICEF made technical support available to MOET to conduct a skills audit, which will guide the implementation of skills development initiatives that will be more aligned to labour market demand, support decent livelihoods and work, reduce high youth unemployment and promote economic development of the Kingdom of Eswatini.

To ensure continuity of access to HIV prevention and treatment services for adolescents and young people during the COVID-19 pandemic, UNICEF convened and supported the HIV and COVID-19 Taskforce with wide participation of MOH, National Emergency Response Council on HIV and AIDS (NERCHA), The Joint United Nations Programme on HIV/AIDS (UNAIDS), the US President's Emergency Plan for AIDS Relief (PEPFAR), Network of People Living with HIV and civil society. Weekly coordination meetings were held to assess the impact of COVID 19 on HIV and TB and take adequate response measures. UNICEF supported the Eswatini Network of Young Positive (ENYP) to ensure adolescent and young people accessed the right information and continued to access services. The UNICEF support enabled ENYP to reach and provide services to a total of 3,036 adolescents.

Through UNICEF technical advice and catalytic funding, the number of adolescents living with HIV who initiated ART increased from 10,127 in 2019 to 11,396 in September 2020 (against a national target of 13,000). Adolescent targeted in UNICEF-supported psychosocial interventions through Baylor College of Medicine show a viral load suppression of 91,3% for both males and females. Baylor support to adolescents living with HIV included home visits, SMS-based counselling services, teen clubs, viral load testing and genotyping for adolescents failing second line treatment. UNICEF partnered with two local NGOs, Lusweti Institute for Health Development Communication and Super Buddies to enhance prevention of HIV and violence among adolescent and young people. Through this initiative, adolescent benefiting from peer-led HIV prevention, GBV and life skills education increased from 88,624 in 2019 to 97,930 in 2020. 1,672 parents participated in dialogues on adolescent sexual and reproductive health and HIV to better communicate and support their teenagers.

To further strengthen the HIV response, UNICEF in collaboration with MOH, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and WHO provided technical and financial support for the prevention of mother to child transmission (PMTCT) of HIV, making Eswatini one of the countries eligible for validation of elimination of mother to child transmission of HIV and syphilis.

UN Collaboration and Other Partnerships

UNICEF Eswatini was an instrumental member of the UN Country Team (UNCT) in many areas, most prominently in the UN Response Programme to the COVID-19 emergency and in development of the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2021-2025.

UNICEF contributed to the UN response with inputs in the areas of Health, Education, WASH, Nutrition, Child Protection, Social Protection and Risk Communication. UNICEF contributed to the response programme under the UN Resident Coordinator's Office (RCO) and collaborated in programme implementation with WHO and UNFPA in Health, with UNESCO in Education, with UNFPA in Protection and with UNDP in Social Protection, and with all UN agencies, especially WHO in Risk Communication. UNICEF Eswatini also contributed, financially and technically to the implementation of the 2020 Vulnerability Assessment led by Government and WFP. Additionally, UNICEF provided technical support to the Rapid Assessment of the Socio-Economic Impact of COVID-19 Pandemic in Eswatini led by UNDP and development for the Socio-Economic Response Plan.

UNICEF Eswatini was also actively engaged in resource mobilization for the UN COVID-19 Response Programme. UNICEF, together with UNDP, WFP and FAO, WHO, UNFPA and UNESCO participated in three successful fund-raising exercise for social protection, health and disability from the Secretary General's Multi-Partner Trust Fund. These efforts resulted in mobilizing USD 1.8 million in MPTF.

UNICEF Eswatini led the Risk Communication Group of the COVID-19 Response Programme. While WHO was leading the health component of the Response Programme, UNICEF together with Government, UN, Development Partners, and civil society ensured that social and behavioral component of control and prevention of COVID-19 is implemented in tandem with the health aspect.

The year 2020 in Eswatini was also marked by the cooperation of Government and the UN system in developing the UNSDCF. UNICEF made financial and extensive technical contribution to the development of the UNSDCF. The UNICEF Situation Analysis of Children and Women was one of the major references used during the development of the Common Country Assessment (CCA). UNICEF experts participating in forums such as Programme, Policy and Strategy Group (PPSG), M&E Working Group and different technical task forces established by UNCT, contributed to the development of the UNSDCF. As the result of this active engagement, children's issues were prominently highlighted in UNSDCF. UNICEF Country Programme 2021-2025 stems from and contributes directly to all the four priority areas of the UNSDCF. UNICEF was also actively engaged in developing UN Joint Work Plans and UNSDCF Funding and financing Framework.

In 2020, UNICEF participated in regular coordination forums of UNCT, PPSG, M&E Working Group, UN Communication Group and UN Gender Task Force. UNICEF also chaired the Operations Management Team (OMT), to ensure increasing efficiency and optimizing support resources for the operation of the UN system in support of "delivering as one".

UNICEF Eswatini participated in a joint resource mobilization exercise with Lesotho and Madagascar, coordinated by UNICEF ESARO, from the Foreign and Commonwealth Development Office of the United Kingdom which brought to Eswatini approximately USD 1.5 million in support of WASH, Nutrition and Child Protection.

Lessons Learned and Innovations

The main challenges faced this year were related to the complexities presented by COVID-19

pandemic. The crisis could have exposed UNICEF staff to major risks, thus affecting continuity of operation. The pandemic further highlighted the importance of the corporate preparedness measures, such as Emergency Preparedness Plan (EPP) and the Business Contiguity Plan (BCP). In the beginning of the year 2020, UNICEF Eswatini had successfully updated and tested its BCP. This helped the office to promptly adapt its operation to the rapidly changing context and continue providing support to partners and communities without interruption. In the year 2021 UNICEF Eswatini, will, therefore, invest more in ensuring systems such as Enterprise Governance Risk and Compliance (eGRC), EPP and BCP. The Office had also recently responded to an emergency caused by climate change. Staff members experienced in emergency response were used as an effective asset to help develop a strong response plan and implement it. In the upcoming Country Programme (2021-2025) UNICEF Eswatini will focus on strengthening its emergency response by investing in capacity development for staff.

In the initial stages of the pandemic restrictions in access to partners and communities negatively impacted implementation. Gaps in some partners' preparedness prevented Eswatini from taking the necessary measures to respond to and mitigate the impact of COVID-19. Learning from this, UNICEF Eswatini which was in the process of developing its next Country Programme introduced stronger elements of capacity development for emergency preparedness and response into the 2021-2025 Programme. The global pandemic, COVID-19, exposed vulnerabilities of systems across programme areas, hence the urgent need for strengthening emergency preparedness and response as an integral component of all programs to build resilient systems and to build back better in the recovery phase of the current humanitarian situation including investing in innovative approaches, mental health and psychosocial programmes for all sectors.

The Pandemic also highlighted the absence of an effective, inclusive and risk-informed social protection system. This also motivated UNICEF Eswatini to place stronger focus on this programme area and ensure that social protection is introduced into its cooperation programme with government as a prominent component focusing on Child-sensitive budgeting, Child-sensitive policies and establishing a shock-responsive, child-focused social protection system.

To respond to COVID-19 crisis, the Government activated a national emergency coordination mechanism which at the initial stages was not able to speedily reach all partners with information regarding needs and progress of work. This resulted in a generally slow response, especially in early stages. UNICEF actively participated in the coordination forums to advocate for issues affecting children and focus on continuity of services. To contribute in the coordination, UNICEF supported an internal synergistic information sharing mechanism in areas of Education, Nutrition, WASH and Child Protection with other UN Agencies

Another example of the instrumental role of strengthening coordination mechanisms in emergencies was in the area of health and more specifically on HIV and TB. To leverage domestic resources for child health, improve coordination, accountability and integration of services including COVID-19, UNICEF continued to facilitate monthly meetings with the Ministry of Health senior management team where implementation progress was reviewed, and prompt action taken where required. The establishment of a weekly coordination meeting to address the impact of COVID19 on HIV and TB was key to avoid disruption of services and ensure continuity of access to services for people living with HIV and TB.

Targeted and effective responses to the needs of children affected by COVID-19, particularly children whose parents were hospitalized, remained a challenge throughout the response. The lack of coordination led to a delay in an inclusive response for children, including the poor provision of mental health and psychosocial support to affected children. UNICEF together with its partners will invest in better coordination in the year 2021 to ensure a comprehensive response is given, with attention to the most vulnerable children.

Limited accurate and routine data on vulnerable children, including insufficient data on VAC and GBV, education, and health indicators was a major obstacle to providing the necessary support to children and women in need. UNICEF is currently supporting partners such as DPMO and MOET to set up a routine, real-time information management systems that will support the country to better respond to issues of child protection, social protection, education and health, including in emergencies. In 2021, UNICEF will further prioritize these programmes.

The COVID-19 crisis demonstrated the importance of introduction of alternative forms of service delivery. For instance, the traditional face-to-face learning alone could not be adequate to withstand complex humanitarian situations such as pandemics. UNICEF and its partners soon started investing in alternative forms of education such as blended learning. In 2021 investment in online learning and strengthening its monitoring through innovative ways will increase. The importance of leveraging community structures for child health outcomes was critical for building resilient communities, as demonstrated by the response to COVID-19 pandemic. Uptake of Maternal and Newborn Child Health services declined due to travel restrictions and lockdowns which prevented mothers and general populace from seeking healthcare. UNICEF in collaboration with community volunteers assisted in bringing information and vital health services at people's doorsteps through door-to-door campaigns and outreach initiatives.

Another lesson learnt during the pandemic is adopting new ways of working and engaging with adolescents and young people such as through social media, with a real interest from young people to participate and actively engage in the response. This momentum will be further strengthened for strong engagement of young people as change agents. UNICEF will continue its support to innovative ways for adolescent and youth engagement in 2021 and the years after.

In general, as elaborated above, the Country Office invested a great deal in Technology for Development (T4D) in the reporting period. This calls for developing a T4D strategy for the Country programme in 2021 which not only captures opportunities, but also gives direction to the efforts of UNICEF in this area and ensures adequate attention is placed on issues such as data safety, privacy and confidentiality.