unicef for every child

# Eswatini

## Update on the context and situation of children

Of Eswatini's 1.1 million population, children below 17 years represent 42 per cent, adolescents (10–19 years) represent one quarter and those under 5 years represent 12 per cent. Geographically, 82 per cent of children reside in rural areas. Eswatini's development landscape is skewed, with higher inequality, unemployment and poverty among the rural population. Approximately 59 per cent of people live below the national poverty line and 20.1 per cent live in extreme poverty.[1] This heavy burden disproportionately impacts children: 56.5 per cent are classified as multidimensionally poor. Eswatini's under-five mortality rate remains high, at 67 per every 1,000 live births, and one in four children under five are stunted. Eswatini has the world's highest HIV prevalence: 27 per cent of people over 15 years (females 32.5 per cent; males 20.4 per cent). Adolescent and young women bear the highest burden, accounting for 9.85 per cent. Violence is the most prominent child protection issue, with an estimated one in three girls having experienced some form of sexual violence in childhood. About one in eight children 1–14 years have experienced at least one form of psychological or physical punishment by parents or caregivers. Eswatini has a primary-level net enrolment rate (NER) of 94 per cent (females 93.5 per cent, male 94.5 per cent); however, with a lower secondary NER of 32.3 per cent (female 38.7 per cent, male 26 per cent) and upper secondary NER of 11.8 per cent (female 13.6 per cent, male 9.9 per cent), an inordinate proportion of adolescents are excluded from education.[2] In addition to these socio-economic challenges, Eswatini experienced the negative impacts of the COVID-19 pandemic and civil unrest in 2021.

Since the identification of the first COVID-19 case in March 2020, Eswatini has experienced four waves of the disease outbreak, each with higher infection levels. As of 31 December 2021, 66,109 people had tested positive for COVID-19, including a 2 per cent average fatality rate, 1 per cent of confirmed cases among children under 5 and 15 per cent among children 5–19 years.

Between the March 2021 arrival of the first batch COVAX Facility COVID-19 vaccines and the end of 2021, Eswatini received 461,420 vaccine doses and fully vaccinated 301,243 people; vaccination interruptions were driven by numerous reasons, including global vaccine supply constraints, human resource gaps for vaccination campaigns, coordination challenges, and stock-out of essential medical commodities.

The pandemic also strained the health sector beyond immunization. With out-of-pocket expenditure accounting for 11 per cent of current health expenditure compared to an average of 37 per cent in Eastern and Southern Africa, and the relative proximity of health facilities to communities (80 per cent of the population live within 8 kilometres of a health service), access has improved in recent years. However, availability of timely and quality health care was negatively impacted by COVID-19, which constrained 2021 spending on other health services, evidenced by a 1.9 per cent decline in allocations to preventive medicine, a 10.1 per cent decline in medical support services and a 10.7 per cent decline in curative medicine compared to the previous budget year.

School closures due to COVID-19 affected over 350,000 learners and 15,945 teachers in Eswatini, deepening gaps in education access and quality. On average, children lost an estimated 20 months of schooling from 2020–2021. The prolonged school closures considerably increased the drop-out risk, especially among adolescent girls, and had other impacts, such as increased exposure to violence, increased teenage pregnancy, and reduced access to some social protection mechanisms, such as school food programmes and education grants for orphaned and vulnerable children.

COVID-19 is estimated to have increased poverty by 2.3–5.6 per cent; resulted in job losses, especially in the informal sector and more among women; and caused an 8 per cent increase in the number of people facing above Integrated Classification Phase 3-level (Crisis) food insecurity. Although three in five children were classified as vulnerable, only one in five households with children who were orphaned received the orphaned and vulnerable children grant. Over 33,000 such children were dependent on neighbourhood care points (NCPs) for two meals daily and other early childhood

development (ECD) needs; however, closure of 650 NCPs directly affected about one third of these children and indirectly affected their families.[3]
On 20 June 2021, Eswatini witnessed the first signs of civil unrest among a group of youth calling for constitutional reforms. In subsequent days, peaceful protests turned into unprecedented clashes lasting for nearly two weeks. The country experienced more protests and violent clashes in October. During the June protests, two children and seven young people lost their lives, 17 children and 36 young people were injured, and 13 children and 31 young people were incarcerated, according to the Eswatini Commission on Human Rights and Public Administration Integrity (ECHRPAI).[4] There were also reports that 137 schools were vandalized, with furniture and equipment burned. On 16 October 2021, schools were closed indefinitely. Health facilities continued operating with temporary disruptions of access to specialized services, particularly for children and pregnant women. The suspension of telecommunication services negatively impacted UNICEF operations and programme delivery; for instance, COVID-19 vaccinations and Multiple Indicator Cluster Survey (MICS) implementation were suspended because of safety concerns and community access restrictions.
In 2021, UNICEF began implementing a new country programme developed in consultation with different stakeholders based on prior cycles' lessons learned and in line with the United Nations Sustainable Development Cooperation Framework (UNSDCF).

[1] *Swaziland Household Income and Expenditure Survey*, 2017.
[2] For a more detailed elaboration, please refer to *Situation Analysis of Children and Women in the Kingdom of Eswatini*, 2019.
[3] *Eswatini COVID-19 Recovery Needs Assessment*, p. 15.
[4] *Preliminary Assessment Report on Civil Unrest in the Kingdom of Eswatini*, ECHRPAI, June 2021, pp. 2–4.

## Major contributions and drivers of results

In 2021, the UNICEF programme was implemented in the context of the pandemic and civil unrest. In addition to addressing long-term socio-economic challenges, UNICEF used its capacity to contribute to the national COVID-19 response programme, as well as working to reduce the civil unrest's impact on children by ensuring service continuity and sustaining development gains made in previous years.
Regarding maternal, child and adolescent health, UNICEF Eswatini aimed at ensuring that the most vulnerable parents and children had access to equitable, integrated and high-quality essential health, nutrition, and HIV services at all times and particularly during emergencies.
To support initiatives to promote maternal, child and adolescent health, UNICEF operated in the most vulnerable regions of the country (Lubombo and Shiselweni), including during the COVID-19 pandemic and civil unrest, working closely with the Ministry of Health (MoH), Ministry of Natural Resources and Energy (MoNRE), National Disaster Management Agency, Microprojects Programme, World Vision, the Clinton Health Access Initiative (CHAI), the Red Cross and United Nations agencies, as well as non-governmental organizations (NGOs) such as Siphilile Maternal and Child Health and Baylor Foundation Eswatini, among others.
UNICEF provided technical support to MoH to routinely monitor service uptake and inform programmes through the strengthening of nutrition surveillance and analysis of sexual and reproductive health (SRH), HIV and gender-based violence (GBV) data for adolescents and young people, as well as the monitoring of perinatal death audits. However, there is a need to harmonize and integrate the existing data collection system and promote the use of cost-effective electronic tools.
To enhance elimination of mother-to-child transmission (EMTCT) service delivery, UNICEF supported the Government in the prevention of MTCT (PMTCT) impact assessment in partnership with the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), while also assisting MoH on EMTCT activity implementation.
The 2021 Spectrum AIDS impact model estimates confirmed that less than 5 per cent of children born

to mothers living with HIV had acquired the virus through vertical transmission at 18 months of age, and that the coverage of antiretroviral therapy (ART) among all children aged 0–19 was still high at 96 per cent, suggesting Eswatini is on track for validation of the EMTCT of HIV and syphilis.

Banking on the technical advisory role of UNICEF ESARO vis-à-vis Global Fund interventions for adolescent girls and young women, UNICEF managed to influence programming in HIV at national level. As a result, the coverage of the programme for reducing new HIV infections among adolescent girls and young women and providing them with the necessary skills to be active and healthy citizens will be expanded covering all the districts.

To ensure preservation of first-line treatment and maintain a rate of loss to follow-up of less than 1 per cent in children and adolescents on ART, UNICEF nurtured partnerships with local NGOs and provided technical and financial support to teenagers. Approximately 9,000 pregnant women were reached by mentor mothers with a service package including adolescent-friendly interventions and nutrition, health, HIV and ECD services.

UNICEF, in collaboration with the World Health Organization (WHO), the World Bank and other partners, supported MoH in COVID-19 vaccine preparation and introduction. Through UNICEF resource mobilization efforts, over US$1 million was raised from various sources to support COVID-19 vaccine roll-out. The COVID-19 response and vaccination programme, as well as its funding operation, had other positive impacts: strengthening the overall cold chain and supply system; promoting an integrated information package for community awareness; and enhancing technology use to reach children and adolescents with services and support health workers, who were able to offer infection prevention and control, as well as provide psychosocial support. UNICEF also supported COVID-19 vaccine message development and conducted community-level awareness campaigns.

In 2021, UNICEF communication efforts focused on providing COVID-19 risk communication and community engagement (RCCE) technical and financial capacity to MoH and partners. UNICEF co-led the RCCE Working Group with MoH to ensure alignment between COVID-19 vaccine supply and community demand, develop a communication strategy and key messages, assist with RCCE capacity building and technically support evidence generation to improve related programming. UNICEF supported evidence generation through three surveys via U-Report on individual risk perception of COVID-19, including regarding vaccine safety and vaccine hesitancy. Focus group discussions to understand knowledge of and attitudes towards COVID-19, trusted sources of information and preferred channels of communication were conducted in collaboration with partners. To raise awareness on COVID-19 prevention measures and increase COVID-19 vaccine demand, a multichannel approach was used.

UNICEF worked closely with other United Nations agencies and donors to support the Government technically and financially in different interventions, such as providing psychosocial support for 300 health workers from facilities treating COVID-19 patients. In addition, UNICEF provided water, sanitation and hygiene (WASH) facilities at two COVID-19 quarantine centres. UNICEF technically supported the forecasting of COVID-19-related medicines and supplies, improving hygiene in schools and strengthening oxygen capacity in the country.

UNICEF also provided technical and financial assistance as a COVAX Facility partner in the procurement and delivery of vaccines and in all stages of the COVID-19 vaccine roll-out, from the development of the National Deployment and Vaccination Plan for COVID-19, to active participation in technical working groups, supporting outreach programmes and assisting with cold chain equipment procurement and training.

UNICEF contributed to achieving full immunization coverage for 79.3 per cent of children aged 12–23 months, up from a baseline of 75 per cent. Through this campaign, 97 per cent coverage for measles rubella, 62 per cent for vitamin A and 67 per cent for deworming were reached in collaboration with MoH, WHO and CHAI. The continued successful vaccine procurement partnership with MoH and UNICEF, carried out through the UNICEF Supply Division, resulted in a Government commitment to increased allocations for vaccine procurement and other medical supplies.

To improve health sector performance and resource efficiency, UNICEF developed the ‘Recovery from COVID-19: Building resilient health financing in Eswatini: Health Budget Brief, 2021/22’ with UNICEF Eastern and Southern Africa Regional Office (ESARO) support and provided technical

support for the development of a costed primary health care package that drives integrated child health programming.

In 2021, UNICEF partnered with NGOs and the Microprojects Programme on emergency WASH interventions to target climate change. Interventions included new water system construction and current system rehabilitation; water committee capacitation; the enhancement of positive behaviour change efforts in schools; and sanitation and hygiene modelling. Communities were empowered with information on basic hygiene practices, including for COVID-19, in both schools and communities in Lubombo and Shiselweni.

UNICEF, in partnership with World Vision, provided MoNRE with technical and financial support to assist an additional eight communities on community-led total sanitation. As a result, four additional communities were certified as open defecation free.

The first neonatal intensive care unit was established at the Mbabane Government Hospital with UNICEF's technical assistance and procurement services, as well as Foreign, Commonwealth and Development Office of the United Kingdom funds. In 2021, the community-based maternal, newborn and child health programme supported rural health motivators (RHM) to reach children and mothers with information and services.

To improve the prevention and treatment of malnutrition, UNICEF supported the Government in strengthening data collection, promoting breastfeeding advocacy, and coordinating and improving the capacity of health facilities, communities, and caregivers to provide quality services. Specifically, UNICEF worked closely with the Nutrition Council to scale up malnutrition and diarrheal surveillance system implementation from four to all 11 in-patient facilities through trainings, mentoring and supervision of 136 health workers. All 11 facilities were reporting malnutrition and diarrheal data on a weekly basis as of the reporting time. UNICEF continued to support the Food and Nutrition Multi-Sector Coordination Forum, which it co-chaired, to enhance intervention coordination; improve programming efficiency and effectiveness and reporting to national, regional and international structures; and to increase country-level food and nutrition intervention visibility. UNICEF worked with community partners and RHMs to provide infant and young child feeding counselling to 48,596 primary caregivers of children aged 0–23 months (2020 baseline: 9,605). UNICEF procured 350 bathroom scales and mid-upper arm circumference tapes and distributed them to partners to monitor the weight of 23,467 children for quick identification and referral of the malnourished for treatment. UNICEF also procured supplementary therapeutic feeds and vitamin A, which were out of stock and not included in the essential list of medicines.

The UNICEF Lifelong Learning, Protection and Development Programme contributed financially and technically towards ensuring that children are protected from HIV and violence, are learning, and are equipped with skills to become active citizens, working primarily with Government and NGO partners.

Prolonged school closures in 2021 reduced children's opportunities to develop cognitively, emotionally and socially and were a major challenge. Despite UNICEF advocacy to keep schools open and safe, including engagement with stakeholders such as Ministry of Education and Training (MoET) officials, teachers' and principals' associations and parents, schools functioned sub-optimally and were closed for most of the year due to the pandemic and civil unrest. To support continuity of learning, UNICEF supported MoET on adapting Learning Passport—a distance learning platform born from a UNICEF–Microsoft partnership—to the Eswatini context. UNICEF also supported an impact assessment of civil unrest and storms on schools; total damages were estimated at 32 million Emalangeni and the Government initiated rehabilitation of some schools. As a result of UNICEF advocacy, private sector resources were leveraged to support early learning play equipment in four schools offering grade zero in one of the most disadvantaged regions in the country.

Additionally, UNICEF Eswatini supported MoET to develop the 2022–2034 Eswatini Education Sector Strategic Plan (ESSP), the country's key education policy document, based on strong education sector analysis and additional UNICEF-supported studies: the skills audit and early childhood care development and education (ECCDE) centre mapping.

UNICEF provided MoET with technical and financial support to upgrade and pilot a fully digitized real-time education management information system, including a plethora of valuable indicators;

operationalization is planned for when schools open in 2022.
To address high unemployment among young people, UNICEF partnered with a local NGO, Junior Achievement Eswatini, on skills development to empower young people both in and out of school on financial literacy and entrepreneurship. UNICE also supported the establishment of a job search web portal.
To contribute to reducing violence against children (VAC) and GBV, UNICEF supported the development of key national policies and plans, including the Eswatini Alternative Care Guidelines, the National Plan of Action for Children, and the endorsement of the Child Protection and Welfare Act Regulations on Adoption and Children in Alternative Care. A total of 26,673 women, men and children were reached with UNICEF-supported GBV and VAC prevention and response interventions, including 5,780 child victims of violence (2,682 boys; 3,098 girls) and 60 child victims of civil unrest (49 boys, 11 girls).
To contribute to the prevention of HIV infections among adolescents and young people, UNICEF collaborated with local NGOs (Eswatini Network of Young People, the Red Cross and SAfAIDS) to apply innovative approaches for the implementation of high-impact HIV prevention interventions and to increase access to quality HIV and SRH and rights education and services. UNICEF supported the development of the HIV communication strategy and toolkit, which was disseminated to 557 young people in the Manzini region. Furthermore, 45 young people living with HIV were trained on advocacy and social media for HIV prevention. UNICEF provided technical and financial support to 13 health facilities to provide comprehensive quality SRH and HIV prevention services and 88 health staff were trained on the new adolescent and youth SRH guidelines across the country's four regions.
To improve evidence generation to inform programming, UNICEF provided financial and technical support for several surveys, assessments and information management systems, as well as one evaluation in 2021, including an ESARO-coordinated study of COVID-19's impact on children's and women's diets that will inform regional strategic nutrition intervention planning; ECCDE centre mapping that MoET will use to strengthen nationwide services; and an evaluation of UNICEF's contribution to strengthening the RHM programme in Eswatini. In collaboration with the Central Statistical Office, UNICEF Eswatini provided financial and technical support for MICS implementation; the data collection phase is expected to conclude in January 2022. Despite notable evidence generation progress, efficient implementation was affected by the circumstances faced by Eswatini in 2021.
More than ever before, COVID-19's socio-economic impacts and the 2021 civil unrest's economic drivers highlighted the necessity of establishing a child-focused social protection system. With ESARO support, advocacy commenced for the introduction of a child grant scheme to ensure equal opportunities for growth and development, including engagement with Parliament and its relevant committees, as well as the Ministries of Economic Planning and Development and Finance. A UNICEF-developed concept note on the scheme was under Government review as of reporting; advocacy for the implementation of a pilot programme will continue in 2022.
To improve children's access to basic social services and increase equity, with ESARO support, UNICEF Eswatini undertook education, health and ECD sector budget reviews, completing the first two in 2021 and nearly finalizing the latter. The budget briefs developed based on the findings will help the Government improve related budget allocations and efficiencies. In collaboration with the International Budget Partnership, UNICEF supported Eswatini's participation in the Open Budget Survey. The forthcoming survey report will contribute to increased budget implementation accountability and encourage need-based allocations.
Finally, UNICEF Eswatini achieved results through fully utilizing its management resources and structures to ensure well-resourced programmes and quality oversight and monitoring. As of reporting, the Office had fully utilized its Regular Resources for programme implementation and mobilized, in the first year of the programme cycle, 38 per cent of the Other Resources required until the cycle end (2025).

## UN Collaboration and Other Partnerships

UNICEF has been actively engaged in all four UNSDCF results groups (RGs), including co-chairing RG 3 on governance and human rights with the Ministry of Justice. Through active engagement with other RG participants, UNICEF has ensured the inclusion of children's issues and synergy creation in programmes. For instance, with UNICEF RG 3 co-leadership, the United Nations system supported the ECHRPAI in assessing rights violations during the 2021 civil unrest.

In addition to 'delivering as one' in the framework of the United Nations Country Team, UNICEF worked closely with sister agencies on some specific issues in 2021. For instance, UNICEF and WHO collaborated on COVID-19 pandemic response programming. To increase efficiency and effectiveness in support of the Government, the two agencies have established an internal coordination mechanism consisting of management and technical teams to ensure seamless programme delivery.

To increase engagement in programming for persons with disabilities (PWD), UNICEF, the United Nations Population Fund and the United Nations Educational, Scientific and Cultural Organization collaborated to develop a joint programme on the promotion and operationalization of the United Nations Convention on the Rights of Persons with Disabilities in Eswatini, thus far leveraging approximately US$700,000 from the Secretary-General's Multi-Partner Trust Fund. To date, a situation analysis of PWDs has been completed and a joint action plan for 2022 has been developed.

In collaboration with UNAIDS and EGPAF, UNICEF contributed to the PMTCT impact evaluation.

Together with UNAIDS, UNICEF co-led the United Nations network on preventing sexual exploitation and abuse (PSEA) in Eswatini with the objectives of training all network members on PSEA; ensuring all United Nations staff are trained and aware of PSEA zero tolerance policies; and drafting standard operating procedures for an inter-agency community-based complaints and feedback mechanism, which the network plans to operationalize in 2022.

UNICEF also actively participated and contributed to the United Nations Country Team; the United Nations Programme, Policy and Strategy Group; the United Nations Monitoring and Evaluation Working Group; the United Nations Communication Group; and the Operations Management Team.

During the reporting period, UNICEF engaged with civil society, faith-based organizations, development partners, and foreign missions to strengthen advocacy for children's rights. Engagement with the Swaziland National Association of Teachers (SNAT) to join forces in advocating for school reopening is a good example of this collaboration. Also, joint advocacy with the British High Commission in Mbabane on newborn health and Sustainable Development Goals (SDGs) for children are among noteworthy 2021 partnerships.

Considering national capacity gaps affecting programme implementation, particularly regarding COVID-19 vaccination, UNICEF forged partnerships with new actors to ensure effective and efficient results. The Luke Commission and Business Eswatini are but two examples of such partnerships.

Finally, following revived private sector engagement after pandemic-related challenges, UNICEF Eswatini secured MTN Foundation support for a capped zero-rating use of the MTN network for U-Report.

## Lessons Learned and Innovations

As previously mentioned, Eswatini experienced instances of civil unrest in 2021 that resulted in temporary disruptions of some services, as well as the death of, injury to, and detention of several children. The unrest triggered a need for more conflict sensitivity analysis and programming by the United Nations overall, which UNICEF spearheaded in terms of advocacy and adjustments of its programming. Also, with ESARO support, UNICEF Eswatini initiated staff training programmes to ensure required emergency response capacity was in place. The Office will also continue to monitor the situation beyond the framework of child rights to prepare itself further and to be able to respond to any possible sudden changes in the context that might affect children and women going forward. In general, the Office will continue to increase its capacity both in terms of knowledge and skills, as well as tools and systems for improved response.

Moreover, the pandemic and civil unrest further highlighted the importance of ensuring the availability of reliable and routine data. UNICEF will therefore increase its efforts to improve data management and reporting systems and ensure that the ongoing programmes in these areas are completed. In addition to internal capacity development, the Office will engage with partners around developing emergency preparedness capacity in terms of improved coordination; ensuring routine data collection in some critical fields, such as child protection; and strengthening service delivery in areas that could benefit from greater focus, such as psychosocial support and mental health.

The COVID-19 pandemic's impact on disruption of some services that have been traditionally provided in person and the need for continuity of those services highlighted the criticality of innovations in conducting business, such as digital solutions to enable virtual service provision and online data collection. In the reporting period, the Office considerably increased investment in areas such as distance education; different means of delivery (e.g., radio programmes, digital content); online systems of data collection and information management (e.g., e-Register and the Health Alert app); and online delivery of critical and life-saving information (e.g., health, psychosocial support, mental health, monitoring). Using a technology-based approach to service provision can pose challenges, such as for those with low access to technology and the related equity issues, as well as related to weak infrastructure and the high cost of initial capital investment. In the coming year, UNICEF will focus on developing solutions for these challenges, such as leveraging private sector resources.

As mentioned previously, human resource gaps and coordination challenges caused vaccination roll-out delays. To support the Government in this area, UNICEF engaged civil society organizations and the private sector, offering capacity development support to strengthen service delivery. The engagement of Business Eswatini in vaccination campaigns and involving a local bank in communication campaigns are good examples of such partnerships in 2021. Learning from these successful experiences, the Office will invest more in taking a structured and sustainable approach to forging partnerships with the private sector in Eswatini.

In 2021, UNICEF Eswatini sought partnerships with some non-traditional partners, such as faith-based organizations and unions (e.g., SNAT) to amplify advocacy. Considering the good outcome of these partnerships, the Office will invest more time and resources in building trust and partnerships with influential groups in the country to ensure advocacy for child rights is maximized.