

Eswatini

Update on the context and situation of children

Eswatini has a population of 1.2 million of which 43 per cent are children below 17 years and adolescents represent one quarter of the population. Eswatini is predominantly rural, with 25 per cent living in urban areas. Approximately 59 per cent of the population live below the national poverty line and 20.1 per cent are in extreme poverty. The poverty gap in rural and urban areas is estimated at 30.3 and 5.9 percent, respectively[1]. This heavy burden disproportionately impacts children as 56.5 per cent are classified as multidimensionally poor[2]. The recent Vulnerability Assessment revealed that 35 per cent of households in rural areas have poor food consumption patterns while 11 per cent reported to have faced severe hunger in past 30 days[3]. The current unemployment rate is 33 per cent and the rural population have higher rates (63.3 per cent) than urban population (36.7 per cent). Youth unemployment increased from 47.4 per cent in 2019 to 58.2 per cent in 2021[4].

Children are disproportionately vulnerable to and impacted by climate change. Drought and other extreme weather phenomena have affected livelihoods contributing to increased poverty and inequalities which are already high in the country. Multiple deprivations related to health, education, social protection, and standards of living are aggravated by the impact of climate change[5].

The political situation in Eswatini since June 2021 civil unrest remains volatile, characterized by unprecedented violence, looting, destruction of public and private properties and increasing fears of insecurity particularly among children and women. This has worsened inequalities and other social challenges including rising inflation and inadequate social protection systems. The related loss of income has led to negative impacts on livelihoods, access to basic social services, increased violence against children (VAC), and poor mental health.

Eswatini's under-five mortality rate has declined to 46.6 per 1,000 live births from 67 per 1,000 live births in 2014. Neonatal mortality is at 20 per 1,000 live births[6] which is higher than the Sustainable Development Goals (SDG) target of 12 deaths per 1,000 live births. Inadequate capacity at national and subnational levels for the delivery of quality newborn services is one of the contributory factors to high levels of deaths among children within the first 28 days. About 23 per cent of under-five children are stunted with exclusive breastfeeding for children less than 6 months estimated at 64 per cent. Only 38 per cent of children 6-23 months receive the minimum acceptable diet while 11 per cent of children under five are overweight[7]. Poor sanitation conditions prevail as 22 per cent of the population use limited sanitation services[8].

Eswatini's HIV prevalence among the population over 15 years is 24.8 per cent[9]. HIV incidence is higher among adolescents and young girls 15-24 years of age. About 10 per cent of new cases among girls aged 15-19 occurred in the past 12 months compared to 1 per cent of new cases among those 50 years and older[10]. Recent HIV infections among boys aged 15-19 years is lower than girls at 2 per cent[11]. The country has surpassed the UNAIDS target and is currently at 94-97-96 for treatment and viral suppression in advance of the 2025 target date.

COVID-19 new cases have drastically declined in Eswatini; by end of December 2022, there were 13 new cases and a cumulative caseload of 74,034. At least 42 per cent of the population is fully vaccinated and of these, 30 per cent are young people aged 12-19 years[12].

Violence remains the most prominent child protection issue: 26 per cent of girls and 32 per cent of boys aged 13-24 reported to have experienced some form of violence in their lives. Girls are more likely to experience sexual violence than boys (8.1 per cent vs 3.8 per cent) while boys are highly likely to experience physical violence than girls (23.2 per cent vs 10.5 per cent). About 1 in 5 receive

professional services for any sexual violence encountered[13].

Only 31 per cent of children participate in early childhood development services[14]. Primary education net enrolment rate (NER) is 94 per cent, however, lower-secondary-level NER is 32.3 per cent (female 38.7 per cent, male 26 per cent) and upper-secondary-level NER is 11.8 per cent (female 13.6 per cent, male 9.9 per cent)[15]. The significant disparity between primary and secondary levels negatively impacts building human capital and transforming the economic and social landscape. The education system experienced negative impacts of the COVID-19 pandemic and civil unrest in 2021 due to school closure which affected over 350,000 learners and 15,945 teachers, 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 social protection mechanisms such as school food programmes and education grants for orphaned and vulnerable children.

Real GDP growth in Eswatini is estimated at 7.9 per cent, a rebound from 1.6 per cent in 2020. The fiscal situation has been fragile due to overreliance on volatile Southern African Customs Union. This has led to substantial fluctuations in public spending and continues to challenge management of fiscal resources and potential for growth. Also, the ongoing war in Ukraine has contributed to rising oil and food prices, affecting the poor the most.

- [1] Swaziland Household Income and Expenditure Survey, 2017
- [2] Multidimensional Child Poverty in the Kingdom of Eswatini, 2018
- [3] Eswatini Annual Vulnerability Assessment and Analysis Report, 2022
- [4] Eswatini Integrated Labour Force Survey, 2021
- [5] Climate Landscape Analysis for Children, 2022
- [6] Multiple Indicator Cluster Survey (MICS), 2014
- [7] MICS, 2010
- [8] <https://data.unicef.org/country/swz>
- [9] Eswatini Population-Based HIV Impact Assessment 3 (SHIMS 3), 2021
- [10] Routine HIV Recency Surveillance Report, 2022
- [11] Ibid
- [12] Eswatini COVID-19 Weekly SITREP, 2022
- [13] Violence Against Children and Adolescents Survey, 2022
- [14] MICS, 2014
- [15] Annual Education Census Report, 2018

Major contributions and drivers of results

In line with the United Nations Sustainable Development Cooperation Framework (UNSDCF), and in the context of the socio-economic impacts of COVID-19 pandemic, the civil unrest, and the war in Ukraine, UNICEF Programme in 2022 continued to deliver support to Eswatini in three different but interlinked programme areas of i) maternal, child and adolescent health; ii) lifelong learning, protection, and development; and iii) Social policy.

UNICEF contributed to increasing new-borns receiving post-natal care within two to seven days of childbirth from 65 per cent in 2021, to 89 per cent in 2022. The interventions that led to this success at facility level included in-service training for health care workers in 24 facilities providing delivery to close the skills gap on obstetric emergencies, early new-born care and neonatal resuscitation, and procurement of essential medicines and commodities prevent stock out. At community level, to strengthen service delivery capacity, UNICEF in partnership with World Vision and Ministry of Health (MOH) supported 682 Rural Health Motivators who continued community sensitizations on obstetric and neonatal emergencies and danger signs in 27 constituencies.

Continued focus on COVID-19 response, gaps in operation funds, vaccines stock-out and limited skilled health workers posed challenges in reaching the target of 90 per cent fully immunized children. To address the problem, UNICEF took advantage of opportunities created by COVID-19 response and leveraged the available resources to improve the immunization system. This included integrating COVID-19 vaccination in essential health, immunization, and HIV routine services, reviving outreach programmes, strengthening supply and cold chain systems, increasing oxygen availability and creating demand for immunization in communities. In addition, a community feedback and accountability mechanism were put in place, Expanded Programme on Immunization guidelines were revised, Periodic Intensification of Routine Immunization and school campaigns were conducted in all the four regions of the country. UNICEF also supported strengthening of Measles Rubella surveillance, training of health workers, and procurement of vaccines through UNICEF Supply Division. All these efforts resulted in increased Government commitment to immunization including timely allocation of funds for vaccine procurement and maintaining the percentage of children aged 12 to 23 months fully immunized at 81.5 per cent and reached a COVID-19 vaccination coverage of 42 per cent in 2022 compared to 24 per cent in 2021.

Insufficient public financing for nutrition has affected sustainability of malnutrition prevention and treatment services, with lack of skilled staff and stock-out of therapeutical feeding supplies. To help find a solution, UNICEF conducted an assessment on planning, forecasting, budgeting, procurement, and management processes of nutrition supplies and developed recommendations to inform the revision of the programme in 2023. UNICEF with Nutrition Council and World Vision continued to promote breastfeeding and healthy eating practices with a special focus on working mothers. Our programme also intensified the screening for malnutrition and early referral of children under 5 years old. UNICEF supply division supported procurement of the World Bank-funded nutrition supplies including vitamin A and therapeutic feeds. Administrative data shows an increase in children reached with vitamin A supplementation from 71,159 in 2021 to 72,905 in 2022 (2 per cent increase), in addition there was an increase in the number of children receiving treatment for Moderate Acute Malnutrition and Severe Acute Malnutrition from 215 in 2021 and 347 in 2022.

Since 2020, the COVID-19 pandemic and some instabilities in the socio-economic and political situation in Eswatini, have shifted funding and focus away from critical and routine life-saving interventions for children and mothers, including outreach programmes. To sustain and mobilize resources for Primary Health Care (PHC), UNICEF with Clinton Health Access Initiative, World Health Organization and MOH conducted an assessment and costed the PHC Programme and developed an investment case identifying key areas of focus. The investment case will from 2023 guide advocacy efforts of UNICEF and partners for better resource allocation in health sector.

Eswatini is at high risk of climate-related events with impact on children's wellbeing. In line with the UNICEF Eastern and Southern Africa (ESA) regional flagship programme on 'climate resilience, adaptation and children', the Country Office in close consultation with adolescents and youth, including those living with disability, developed the Climate Change Landscape Analysis for Children to inform the development of an advocacy strategy for increased investment in climate change adaptation. At community level, UNICEF with non-governmental partners provided information and skills to leaders and members of most vulnerable communities on climate resilient water supply. The programme was combined with interventions that contributed to improving hand hygiene and access to clean water in schools and communities. To improve hygiene and prevent water-borne diseases, UNICEF supported the Open Defecation Free certification for the last four supported communities in Lubombo and Shiselweni regions.

In line with Eswatini's efforts in ending AIDS, to fill data gap necessary for the validation of elimination of mother-to-child transmission of HIV, UNICEF supported MOH to conduct an HIV-exposed infants case audit and the Prevention of Mother-to-Child Transmission impact assessment.

The assessment showed that only 0.14 per cent (<1 per cent global target) children born to mothers living with HIV acquired the virus through vertical transmission at 18 months of age. Despite having the highest rate of HIV prevalence in the world, Eswatini is the only country in Africa that successfully reached and surpassed the global target with 94-97-96. However, adolescent girls and young women continue to be hard hit by HIV, as they account for nearly half of the total new HIV infections. The main challenges for Children and Adolescents Living with HIV (CALHIV) are adherence to antiretroviral treatment (ART) and disclosure of their serostatus. Accelerated progress in ending AIDS among adolescents, particularly girls, continues to require multiple sectoral interventions. UNICEF is working to reduce adolescent and young people's vulnerability to HIV and increase access to quality HIV and SRHR education and services. Through partnerships with Family Life Association of Eswatini, Red Cross, South Africa HIV and AIDS Information Dissemination Service (SAFAIDS) and MOH, and Ministry of Education and Training (MOET), 13,350 adolescent and young people were reached with information on SRHR, menstrual management, mental health and HIV prevention. 180 young champions have been trained with SRHR skills building, basic concepts on SRHR and HIV. SAFAIDS application for feedback mechanism is now available in 15 facilities with a reach of 6,456 young people. UNICEF and UNAIDS are supporting an initiative aimed at ensuring that schools are used as a platform for integrated HIV prevention initiative. The programme integrates HIV into adolescent sexual and reproductive health education and services, including prevention of unplanned pregnancy in schools. Additionally, UNICEF supported MOH and Baylor College of Medicine Children's Foundation Eswatini to ensure the wellbeing of CALHIV through a comprehensive package of interventions (e.g., teen clubs, viral load and genotype testing, use of SMS platform for psychosocial support and follow up, mentorship visits, mother-baby pairs club, among others). UNICEF and MOH conducted regional dialogues with adolescents to hear their views and define solutions on adolescents' HIV, Sexual Reproductive Health (SRH) and Gender-Based Violence issues. Despite progress made, the national target for the ART coverage among all children stands at 78 per cent that is still lower than the global target of 95 per cent, showing the need of scaling up initiatives for caregivers on disclosure, closer support to CALHIV for adherence and addressing mental health issues.

Contributing to the UNICEF ESA regional flagship programme on 'learning and skills for children and adolescents', UNICEF Eswatini supported MOET and other partners in education sector with key initiatives to invest better, more efficiently, and equitably in ensuring learning and skills for all.

UNICEF supported the development of the Education Sector Strategic Plan (ESSP) 2022-2034 and its costed implementation plan 2023-2025. The ESSP, not only outlines the strategic direction of the education sector, but also is a frame of reference for development partners to guide their investment in the sector. In collaboration with the United Nations Resident Coordinator Office (UNRCO) and United Nations Educational, Scientific and Cultural Organization, UNICEF supported the development of the Country Commitments for Transforming Education Summit (TES) to help recovery of the sector from the impact of the COVID-19 pandemic. During the TES consultations more than 600 stakeholders were engaged resulting in recommendation such as promotion of digital learning, establishment of catch-up programmes, and increased engagement with private sector, to name a few.

To increase enrolment in pre-primary education and prepare children for improved learning at later stages, UNICEF developed financing solutions to extend the scope of Free Primary Education Act to pre-primary level. These solutions are used in the development of the 2023 national budget. Free pre-primary education will ensure access of all learners to at least 1 year of early learning. This, together with improvement of quality education will reduce repetition and improve transition rate, increasing mean years of schooling in the long term. Considering that pre-primary education is not well funded, with focused priorities that the finalized Education Sector Strategic Plan brings to the Government programmes, and evidence provided in the UNICEF-supported Education Budget review, a more efficient and effective budget planning and execution is expected in 2023. UNICEF also supported strengthening the capacity of 80 pre-primary teachers, reaching 2,400 learners.

On adolescent skills and employability, UNICEF supported the development of the National Skills Coordination Framework, to guide the development of skills programmes aligned to the labour market demands. In addition, UNICEF partnered with Junior Achievement, a local non-governmental organization, and enrolled 3,725 students (2,026 females; 1,699 males) in entrepreneurship and vocational skills training, providing them with basic business skills including business plan writing, marketing, and customer service. With European Union support, 46 vulnerable adolescents, mainly teenage mothers, were reintegrated into school and supported with a comprehensive package of health services, including mental health, the latter to address the increased levels of anxiety and depression among students.

Considering the high prevalence of VAC, UNICEF is supporting the Government of Eswatini and partners to strengthen protection system to further prevent and better respond to violence. UNICEF supported the institutionalization and rollout of the Primero Child Protection Management Information System throughout the country to strengthen timely use of data on VAC. The Department of Children's Services was supported to launch Eswatini's Child Helpline (116), in November 2022. To ensure sustainability of both Primero and Child Helpline, UNICEF successfully advocated for the inclusion of the two programmes in the Government budget and will continue its efforts to ensure allocations are made. More than 23,405 children (11,931 girls; 11,474 boys) and 1,653 teachers participated in school and community outreach activities to engage them in effectively addressing violence against children and women and harmful social and gender norms and behavioural drivers of violence. It is too early to observe the impact of this activity, however, anecdotal information from schools shows increased queries and reporting on violence from students. A partnership with the Eswatini Commission on Human Rights and Public Administration, and MOET further engaged 3,714 learners (1,826 girls; 1,888 boys) on their rights and responsibilities.

Civil unrest in Eswatini, has negatively impacted children and women. In 2022, UNICEF supported its partners to better prepare for the impact of the resurgence of violence in the country and the risk of interruption of services in education and protection sectors. To strengthen education sector capacity to provide quality virtual learning, and respond to emergencies, UNICEF supported development of the Learning Passport, including the training of 100 teachers on development of online learning content. Content for Grades 11 and 12 core subjects were finalized and uploaded, targeting 45,000 learners. Additionally, UNICEF supported training of 40 key personnel from education and child protection sectors on child protection in emergencies.

2022 marked the beginning of focused engagement of UNICEF Eswatini Country Office in child-focused social policy and social protection. To strengthen the enabling environment for progressive realization of children's rights and their development, UNICEF focused on advocacy for increased investments in children, and supported Government capacity development in budget transparency. Increased transparency and public engagement improve allocations and efficiency in budget execution. The UNICEF-supported Open Budget Survey results indicated that the government has taken incremental steps to promote budget transparency compared to previous years. The findings also demonstrated to the Ministry of Finance the need for further efforts to include public participation in the different stages of the budget cycle. In close collaboration with United Nations Development Programme and UNRCO, UNICEF supported the government to participate in the Africa Regional Integrated National Financing Framework workshop that resulted in the development of a draft national action plan to strengthen the national planning process and overcome obstacles to financing country's development towards achieving the SDGs.

In the reporting period, UNICEF invested in budget and financing analyses for WASH, climate change, and early childhood education sectors. UNICEF also conducted analyses that resulted in policy recommendations for increasing efficiency in the primary education sub-sector. The ongoing analyses will assess the consistency of government budgetary allocations, commitments to children in national

and sectoral development plans, and will identify gaps in prioritization of children's issues in service delivery. To improve nutrition outcomes, together with efforts in health sector for improved programming, the social policy programme strengthened capacity of the Government in public finance for nutrition by supporting participation of Eswatini in relevant regional programmes and developing improvement plans.

In reducing child poverty, focus was placed on enhancing the knowledge of child-sensitive social protection among stakeholders. UNICEF organized the first-ever child-sensitive social protection workshop in Eswatini to raise awareness on the importance of social protection systems to address children's rights, and to bring together government, development partners, and civil society organizations to share their experiences on social protection interventions in Eswatini. The consultative workshop was used as a platform to synergize efforts of the multiple stakeholders to develop a comprehensive national social protection system. Additionally, the government's capacity to develop shock-responsive social protection was bolstered. The workshop created the opportunity to increase exposure to best practices from other countries (South Africa and Lesotho) in the ESA region.

As for evidence generation, in 2022, UNICEF continued to support the Central Statistics Office with the implementation of the Multiple Indicator Cluster Survey (MICS) despite challenges in access to communities due to the COVID-19 and civil unrest restrictions. At the time of reporting, the data collection and validation stages of MICS are completed, and analysis of data is ongoing. The final report to be released in the first quarter of 2023 will provide updated estimates for 40 per cent of SDG indicators for the country as well as the required data for evidence-based programming for children in different sectors by all stakeholders including government, civil society and non-governmental organizations and development partners.

During the reporting year, the Country Office also increased engagement with the right holders to ensure UNICEF programming is informed by their inputs. In 2022, a total of 10,200 children, adolescents, and youth participated in different UNICEF activities and consultative fora and shared their opinions on programme design and implementation.

UN Collaboration and Other Partnerships

In 2022, UNICEF continued working with other UN agencies in the framework of delivering as one and in line with the UNSDCF. UNICEF functioned as the UN Chair of the UNSDCF Result Group 3 on Human Rights and Governance and was an active member of the other three results groups. All UNICEF Programmes were included in the Joint Work Plans of the UN Country Team, directly contributing to UNSDCF outcomes. UNICEF also supported as the Chair, the UN Disaster and Emergency Management Team leading to the development of the Civil Unrest Contingency Plan and implementation of some its preparedness activities.

UNICEF worked closely with WHO and the World Bank on the COVID-19 response programme and capacity development for preparedness for health emergencies. In preparing for TES, UNICEF collaborated with UNESCO and UNRCO in conducting national consultations to ensure all voices are included in the final outcome. WHO continued to be a partner of UNICEF in elimination of mother to child transmission of HIV, while UNICEF worked closely with UNFPA in HIV prevention among adolescent girls and young women (AGYW). UNICEF, UNFPA, WHO and UNESCO collaborate in a joint programme on disability, working towards strengthening policy frameworks for implementation of and awareness raising on Convention on the Rights of Persons with Disability. UNICEF is also a member of the Youth Task Force of the UN Country Team which focuses on delivering a common programme, UN Eswatini's 'youth offer' to the country.

UNICEF is an active member of the UN Programme, Policy and Strategy Committee, the UN Monitoring and Evaluation Working Group, the UN Communication Group, the UN Gender Thematic

Group, and the Operations Management Team. UNICEF also functions as the Chair of the UN Task Force on Prevention of Sexual Exploitation and Abuse ensuring that UN support is delivered without bias or discrimination and in an equitable manner, eliminating any risk of exploitation or abuse.

UNICEF works closely with different ministries such as Ministry of Economic Planning and Development, MOH, MOET, Ministry of Justice, Ministry of Natural Resources and Environment, Ministry of Finance, His Majesty's Correctional Services, and the Royal Eswatini Police Service. UNICEF also collaborates NGOS such as the World Vision, Coordinating Assembly of Non-Governmental Organizations (CANGO), SAFAID, Family Life Association of Eswatini, Swaziland Action Group Against Abuse, Baylor College of Medicine Children's Foundation and the Luke Commission to name a few.

National Emergency Response Council on HIV/AIDS, CANGO, MOH, and UNICEF work together in the framework of the Global Fund to ensure coordination and technical support in HIV prevention among AGYW.

Among development partners, UNICEF has been working closely with the European Union Delegation (EUD). The EUD has not only been one of the major donors of UNICEF in Eswatini, but its programme has also had synergies with that of UNICEF. The skills programme of UNICEF is well complemented by the competency-based curriculum supported by EUD. UNICEF and EUD collaborated on a back-to-school programme for most vulnerable children that has now resulted in a programme for children with disability.

Lessons Learned and Innovations

Programme implementation in 2022 at community level, as well as findings of some studies conducted by UNICEF or other partners demonstrated high prevalence of multiple deprivations among the most vulnerable children in Eswatini. For instance, an out-of-school child, with high probability comes from a poor family, facing issues with access to clean water and nutritious food, too. Addressing any one of these deprivations without attending to others does not yield the intended outcome. With this understanding, in some areas of intervention, UNICEF adopted a multi-stakeholder and multi-sectoral approach to deliver its results. This was, for example evident in bringing teenage pregnant girls back to school through provision of home visit programmes for mental health, and SRH and family planning. On the other hand, integration of immunization, new-born health, nutrition, and WASH services in one outreach programme not only made services accessible, but also increased efficiency of their delivery to a considerable extent. Therefore, in the next programming period, UNICEF will focus on a more integrated approach to programme delivery. Moreover, considering that UNICEF and partners will conduct the mid-term review of the current Country Programme, while engaging at the national level for policy advocacy, the Country Office will advocate for adoption of these integrated/convergent approaches on child-focused services and increase effectiveness, efficiency, and impact.

The continued economic impact of COVID-19 pandemic and the emerging economic challenges caused by the Ukraine war, negatively affected the ability of the Country Office to mobilize resources in some of the important areas of child deprivation in Eswatini. On the other hand, raising funds in some areas such as preparedness and response programmes for health emergencies have been successful. The Country Office used these opportunities to direct the available resources to system and capacity strengthening programmes with a larger scope. For example, COVID-19 response resources were successfully utilized to improve the cold chain system and the system for supply and distribution of oxygen in the country. These interventions not only improved COVID-19 response, but also increased capacity of the health sector for improved service delivery.

Despite having the highest HIV prevalence in the world, Eswatini is the only country in Africa that has reached and surpassed the 95-95-95 target. This is to a considerable extent due to the high-level of

importance placed on HIV by the state, declaring it as a national emergency. With regards to violence against children and youth, the country is facing a major challenge: efforts made by Government, UN agencies and, other development partners and civil societies in improving policies and legislation, communications campaigns and community engagement do not show a significant reduction in occurrence of violence. Households, schools and communities are not safe for children, and communities are not adopting protective behaviour. Building on lessons learned in the HIV response, whereby high-level political will was paired with allocation of human and financial resources, partners including UNICEF started advocacy with the Parliament and the Deputy Prime Minister's Office to adopt a similar approach in addressing violence. These efforts will continue in 2023 until intended result is achieved.

Meaningful adolescent and youth engagement and participation is still a challenge in Eswatini, and UNICEF is not an exception. Engagement opportunities have usually been limited to the annual commemorations of the Day of the African Child and International Day of the Girl Child, and other events of the kind. Occasionally there have been focus group discussions organized with young people on different thematic areas. Whilst these events are still good practice, there is need for more meaningful engagement and participation with adolescents to form and express their views and influence matters that concern them directly and indirectly. In the reporting period, UNICEF considerably increased the number of opportunities for engagement and at the same time initiated the process of establishing its Young Person's Advisory Board that will inform programming and create platforms for increased child participation. The board is composed of 14 young people, between 15 to 23 years of age, ensuring gender balance, rural and urban representation, and as much ethnic diversity as possible. While moving on with engaging its Young Person's Advisory Board, UNICEF has been approached by the UNRCO to make the Board a UN-wide forum. This is an opportunity to work better together but also to provide young people with a wider range of opportunities to be engaged.