

UNICEF Eswatini TP2 2018

HIV and AIDS Thematic Report



January to December 2018

Prepared by UNICEF Eswatini
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for every child

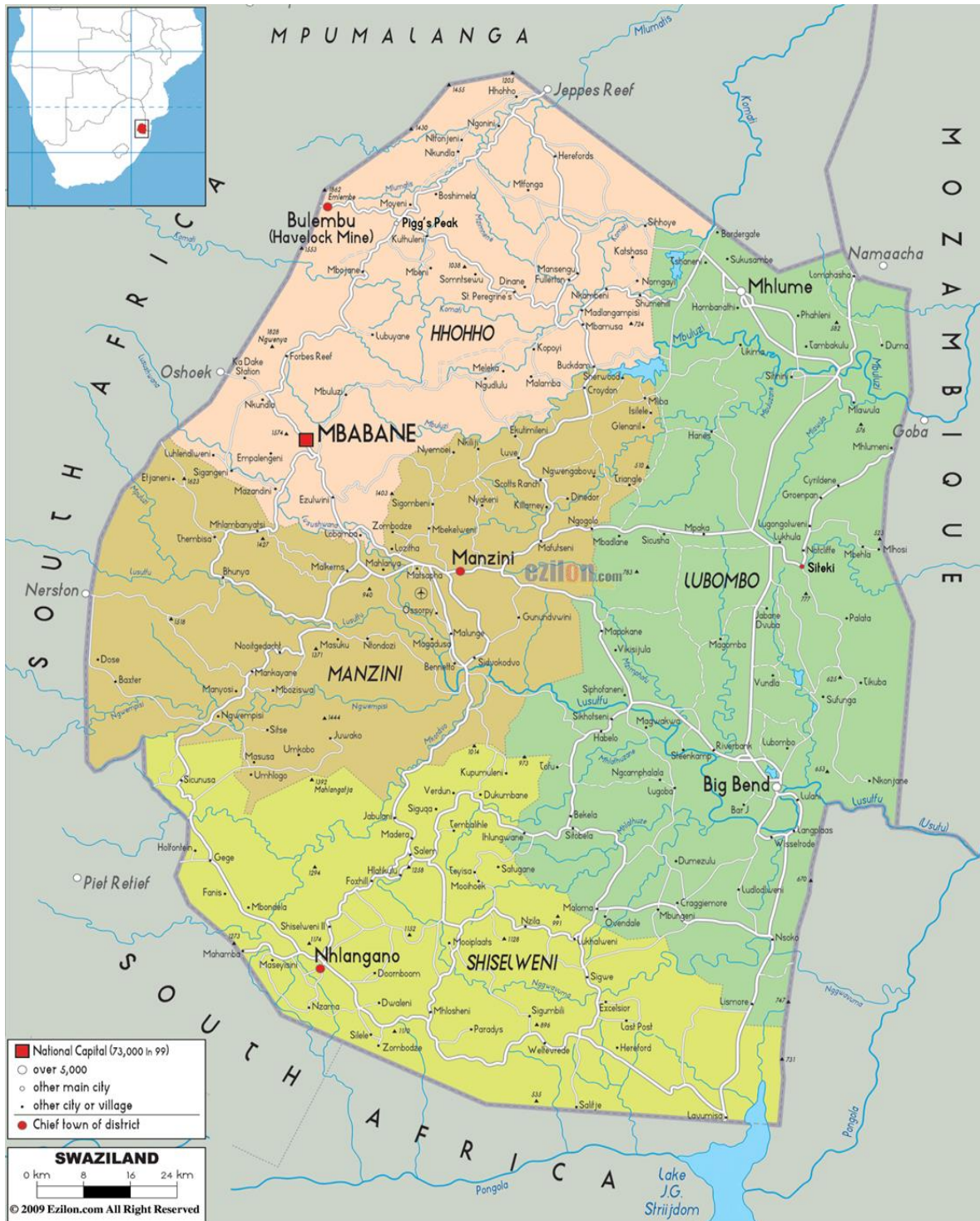


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Map of Eswatini



Abbreviations and Acronyms

AIDS	Acquired Immune-Deficiency Syndrome
ART	Antiretroviral Therapy
BFHI	Baby Friendly Hospital Initiative
CRVS	Civil Registration and Vital Statistics
DPMO	Deputy Prime Minister's Office
ECD	Early Childhood Development
NSF	National Strategic Framework for HIV and AIDS
EPI	Expanded Programme on Immunization
GBV	Gender-Based Violence
GFTAM	Global Fund for TB, HIV and AIDS and Malaria
GNI	Gross National Income
HMIS	Health management and Information systems
HIV	Human Immuno deficiency Virus
IYCF	Infant and young child feeding
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MNCH	Maternal Neonatal Child Health
MoET	Ministry of Education and Training
MoH	Ministry of Health
MoU	Memorandum of Understanding
NERCHA	National Emergency Response Council on HIV/AIDS
NGO	Non-Governmental Organization
PEPFAR	Presidential Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother to Child Transmission of HIV
RSP	Royal Eswatini Police
SGBV	Sexual and gender-based violence
TB	Tuberculosis
UNICEF	United Nations Children's Fund
WHO	World Health Organization

1. Executive Summary

Eswatini population is young with 45 per cent of them aged below 18 years¹ while 23 per cent (247,605) are adolescents aged 10 to 19 years². Significant progress has been made in reducing new HIV infections and AIDS-related mortality by more than 25 per cent and 35 per cent respectively over the last decade. The 2018 National HIV estimates, and projections report indicated HIV prevalence of 27 per cent among the productive population, with approximately 205,403 people living with HIV of which 12,632 are children ages 0-14 years and 33 per cent are women compared to 20 per cent men. The rate of new HIV infections is high, with 1.4 per cent HIV incidence rate in the population aged 18 to 49 years, and higher incidence rates among female youth aged 15 to 24 years (1.81 per cent). It is estimated that about 6,033 people got infected with HIV in 2018 with 680 being children under 14 years, and 2,055 (34 per cent) being young people (15 to 24 years).

The number of pregnant women living with HIV has been declining and projected to further decline from 9,932 in 2018 to 8,148 in 2023. Mother to child transmission (MTCT) rates at six weeks is low at 1.93% projected to decline to 1.66% by 2023. However, mother to child transmission rates at the end of breast feeding remain high at 6.9%. There is therefore need for extra focus on breastfeeding period if the country is to achieve the global target of less than 5 per cent MTCT rate at the end of breast feeding.

UNICEF Eswatini support was guided by the National Strategic Framework for HIV and AIDS (2018-2023); Eswatini Strategic Framework for ending AIDS and Syphilis in children (2018 – 2022); the National Health Sector Strategic Plan II (2014-2018), Education Sector Policy, Child Protection and Welfare Act (2012); Eswatini National Disability Policy, UNDAF 2016-2020. Within UNICEF Eswatini country programme, HIV interventions are mainstreamed into programme components of Young Child Survival and Development, focusing on the first decade of life (0-9 years) and Adolescent Protection, Learning and Development focusing on the second decade (10-19 years). UNICEF Eswatini focussed on catalysing strategic HIV programming through policy, guidelines, strategy development and capacity building while leveraging resources for HIV programming. The support directly contributed towards achievement of UNICEF strategic plan goal area number one every child survives and thrives and indirectly contributed to achievement of goals two on every child learns and goal three on three on every child is protected from violence and exploitation.

For the first decade of life, UNICEF Eswatini supported the development and launch of the eMTCT strategic Framework. This was given high prominence in the country through the launch by one of the Queens to His Majesty the King with the Minister of Health. The strategy facilitated provision of quality PMTCT services in 83 per cent of health facilities with service provision support from PEPFAR partners. This contributed to an increase in service access, with 96 per cent of pregnant women knowing their HIV status and 90 per cent women living with HIV receiving antiretroviral treatment (ART) by end 2018. To inform country status against global validation for elimination of mother to child transmission (eMTCT) of HIV and syphilis standards, UNICEF Eswatini in collaboration with WHO and with technical support from UNICEF Regional Office supported the generation of critical data through the eMTCT baseline assessment. The assessment identified Programme and service delivery gaps in relation to global eMTCT validation standards and the findings and recommendations will guide the development of evidence-informed action plans towards elimination of MTCT in 2019 and beyond.

¹ The 2017 Population and Housing Census Preliminary Results 2017

²<http://data.worldbank.org/country/Eswatini>

In building health systems for delivery of essential newborn care services as an entry point for eMTCT, UNICEF Eswatini focused on strengthening enabling environment and quality improvement for delivery of essential Newborn care. The Ministry of Health (MoH) with technical support from UNICEF and WHO, developed first neonatal care clinical guidelines that incorporated HIV care for newborns. UNICEF further supported capacity building of 30 doctors and nurses from 100% public health facilities providing maternity and newborn care services in line with the guidelines.

In addition, 121 health workers from 19 health facilities were trained on maternal newborn and child health quality improvement by Eswatini Nazarene Health Institutes (ENHI) with UNICEF financial support. The 19 health facilities are implementing quality improvement projects which reached 6,679 newborn babies with quality neonatal care including ARV prophylaxis for HIV exposed babies. It is expected that the trained health workers will facilitate implementation of newborn care at scale and contribute towards reduction in MTCT of HIV and neonatal mortality.

For the second decade (10-19 years), UNICEF Eswatini focussed on strengthening enabling environment for delivery of HIV prevention, care and treatment with special focus on adolescents. UNICEF Eswatini, UNFPA and UNAIDS provided joint technical support to the: i) finalisation of the National Strategic Framework for HIV and AIDS (2018-2023); ii) development of HIV prevention Policy (2018) iii) national assessment on the implementation of standards for delivery of Adolescents and Youth Friendly Sexual Reproductive Health services; and iv) HIV prevention, HIV treatment and care and Adolescent Sexual Reproductive Health technical working groups.

UNICEF Eswatini further supported institutional capacity strengthening to provide adolescent HIV prevention, treatment and care information and services at scale. The number of adolescents benefiting from the national HIV prevention/Life Skills curriculum interventions through schools and at community level increased from 79,560 in 2017 to 83,730 by 2018 and comprehensive HIV knowledge among girls in school clubs increased from 44.5 per cent to 88 per cent. Access to HIV testing among children and adolescents was enhanced and 41,054 children aged below 9 years and 35,835 adolescents (10 to 19 years) were tested for HIV, contributing to 34 per cent of all HIV tests conducted in the country in 2018 compared to 32 per cent in 2017. Contributing to these results, with UNICEF technical support to the National Eswatini National AIDS Programme (ENAP), a 2- year plan for scale-up of HIV testing services for adolescents was developed to address the low testing coverage.

Access to more efficacious ART for adolescents living with HIV (ALHIV) improved through support towards capacity building of health workers on second and third line ART management for children and ALHIV. With UNICEF financial support to Baylor College of Medicine-, 81 doctors and nurses were trained on second and third line HIV treatment and genotype testing for 26 children failing on second line treatment (47 per cent of national genotypes) was supported. This led to 13 children and adolescents initiated on third line treatment contributing reduction in AIDS related mortality.

In addition, psychosocial support systems for ALHIV were enhanced through UNICEF support to three teen clubs for ALHIV and psychosocial counselling through the U-Report platform, which benefitted 350 ALHIV. Furthermore, home visits by counsellors to 115 defaulting adolescents were supported reducing loss- to- follow-up rate from 2.7 per cent in 2017 to less than 1 per cent in 2018. This resulted in high viral load suppression of 90 per cent among female and 89 per cent among male adolescents engaged

in the ALHIV teen clubs in 2018 compared the national viral suppression of 81 per cent in females and 79 per cent in males in 2017.

However, the percentage of health facilities providing adolescent friendly HIV testing services and ART remained stagnant at 74 per cent and 66.4 per cent respectively since 2013. To address this challenge, UNICEF focused on generating evidence to inform adolescents and youth friendly health services (AYFHS) and strengthened capacity of health facilities to deliver the AYFHS. A national baseline assessment on implementation of national standards for AYFHS was conducted by Ministry of Health, with technical and financial support of UNICEF Eswatini. The baseline assessment informed interventions intended to improve AYFHS service provision. In addition, 28 nurses (24 females and 4 males) from Eswatini Nazarene Health Institutions were trained in provision of quality AYFHS through UNICEF support. This led to establishment of teen clubs in health facilities which reached 1,073 teens (79 per cent females and 79 per cent aged between 10-14years) and improved coordination and operationalisation of teen clubs in health facilities.

In 2018, sustained collaborative support by UNICEF Eswatini, UN agencies and other development partners resulted in the enactment of two legislations, the Sexual Offences & Domestic Violence Act 2018 and Persons with Disabilities Act 2018. Both comprehensively address sexual and domestic violence offences, including those related to children and children with disabilities. In addition, UNICEF Eswatini supported the Ministry of Justice and Constitutional Affairs (MoJCA) and Royal Eswatini Police to train 77 prosecutors; 78 police officers; 20 magistrates and 30 court clerks on the Sexual Offences & Domestic Violence Act, 2018. Further, the capacity of 29 key multi-sector violence against children service providers (including social workers, health care workers and civil society actors) was strengthened through a targeted training on cross-sectoral linkages required for a comprehensive response to violence including access to HIV post exposure prophylaxis.

Despite the high access to ART by pregnant women, follow up of mother-baby pairs to ensure appropriate feeding practices and ART adherence post-delivery remained a challenge leading to high transmission rates after breastfeeding. The weak linkages between health facility and limited follow up post measles vaccine led to high loss-to-follow-up of HIV exposed babies, affecting early identification and treatment of those HIV positive. Further, due to inadequate supply chain management of ARVs, the country experienced a stock-out of paediatric formulations and UNICEF Eswatini supported an emergency procurement to plug this gap.

Within the second decade, social cultural barriers to sexual behaviour change, weak coordination mechanisms, absence of real-time data to monitor progress and inform interventions and absence of the adolescent friendly health services affected achievement of some results. In addition, there are still several challenges that adolescents face in accessing information, counselling and care that arise from overstretched health facilities/workers.

In 2019-2020, UNICEF will continue investing in approaches that attempt to address these strategic bottlenecks. Specifically, UNICEF will support evidence generation to inform mother to child HIV transmission rates in children. More focus will be placed in strengthening integration of child health services including immunisation, HIV, nutrition, management of childhood illnesses and early childhood development (ECD) for enhanced prevention of MTCT of HIV, early identification of HIV positive children

and timely initiation on ART. UNICEF will continue to support strengthening of follow up and support systems at community level for enhanced ART adherence and improved infant feeding practices.

For the second decade, in response to violence against children and adolescent and young people, UNICEF will strengthen the coordination of the national response to Violence Against Children/Gender Based Violence through technical assistance and convening. Further support will be provided to strengthen violence data collection and management system and child court case management system; training of justice professionals on the implementation of the Sexual Offences and Domestic Violence Act and support the development of regulations.

To accelerate delivery of high impact HIV interventions, UNICEF will: a) strengthen gender-responsive programming; b) enhance efforts towards leveraging resources and partnerships for children and adolescents; c) implement innovation in HIV programming and advocacy for children and adolescents; d) facilitate use of evidence to drive change; and e) work towards winning support for the cause of children from decision-makers and the wider public with a focus on integrated HIV programmes and services.

UNICEF Eswatini highly appreciates the financial support from the HIV and AIDS Thematic Funds contributed by U.K. National Committee and other donors who have donated significantly towards strengthening the response to the HIV and AIDS epidemic in Eswatini.

2. Strategic Context of 2018

Eswatini is classified as a lower middle-income country with a Gross National Income (GNI) of US\$2,930 per capita. In recent years, Eswatini's economic growth rate has been among the lowest in the region. Depressed global growth affected the performance of the South African economy, which absorbs about 60 per cent of the country's exports and resulted in reduced Southern Africa Customs Union (SACU) transfers to Eswatini from US\$ 507 million (E7.1 billion) in 2017/18 to US\$ 364 million (E5.1 billion) in 2018/19. Adding to the future uncertainty is South Africa's announcement of its intent to review the SACU revenue sharing formula. These challenges may affect the country's revenue, impacting negatively on domestic investments for children.

Various human development indicators continue to show slow performance in Nutrition (stunting), low education attainment, unemployment and the impact of the HIV pandemic on children and adolescents. High levels of inequality still exist, further exacerbated by the burden of HIV and AIDS that impacts on child survival and development. Leading causes of death among under 5-year children include: neonatal deaths (35 per cent), HIV and AIDS (15 per cent), pneumonia (14 per cent), diarrhoea (7 per cent) and injuries (4 per cent). The effects of HIV and AIDS and violence are exacerbated by the elevated levels of poverty at 63 per cent of the population, high inequities and the high numbers of orphans and vulnerable children at 45 per cent. Furthermore, children's vulnerabilities to exploitation and abuse as well as their access to various social benefits continue to be affected by the low rates of birth registration (53 per cent) across the country.

Adolescents and youth are recognized as important to national development. Nonetheless, they face significant challenges, including a lack of access to reproductive health information and services; high youth unemployment (32.4 per cent in 2016); and limited access to education and skills development outside of formal education. In addition, social attitudes towards girls and strong patriarchal traditions, contribute to increased women and girls' vulnerability including gender-based violence; intergenerational sex; early sexual debut and limited employment and economic opportunities. Low net enrolment rates into secondary school (27.7 per cent in 2015) against high primary enrolment rates (94.4 per cent) and completion rates (74 per cent) at primary school highlight the inequalities existing in the sector that affect the outcomes for children and adolescents, as well as the impact of the Government's investment in primary education. Challenges affecting adolescents in the education sector include high repetition rates (16.6 per cent in primary, 13 per cent in lower secondary and 6 per cent in upper secondary); low survival rate in primary education (74 per cent) and high drop-out.

The country continues to struggle with responding to two devastating and closely linked epidemics: HIV and AIDS and violence against children and women. Both HIV prevalence and incidence rates indicate a disproportionate impact on women and adolescent girls, making them a priority group for both HIV/AIDS and violence response interventions. The 2018 National HIV estimates, and projections report estimated approximately 20,403 people living with HIV, of which a third (33 per cent) are women compared to a fifth (20 per cent) of men. The rate of new infections is high, with HIV incidence at 1.4 per cent in the population aged 18 to 49 years, but with even higher levels among female youth aged 15 to 24 years (1.81 per cent). It is estimated that about 6,033 people got infected with HIV in 2018.

Eswatini has a high HIV prevalence of 27 per cent among the productive population, with a 32.5 per cent prevalence among women, compared to 20.4 per cent among men. The 2018 projections show that among young people (15 to 24 years), 9.1 percent are living with HIV and female HIV prevalence is more than double that of males. The disparity in HIV prevalence by sex is most pronounced among young adults: HIV prevalence among 20 to 24-year olds is five times higher among females (20.9 percent) than males (4.2 per cent). HIV prevalence among pregnant women remains high at 34 per cent which increases the risk on MTCT. This has led to estimated high MTCT of 6.1 per cent at 18 months compared to MTCT of 1.9 per cent at six weeks in 2018 highlighting the need for improved infant and young child feeding (IYCF) practices.

Despite concerted efforts, evidence indicates that progress in the prevention component of the national response to HIV has lagged the treatment and impact mitigation. The high rates of infection, particularly among those aged 15 to 29 years, indicate that existing levels of knowledge have not been sufficient to promote large-scale behaviour change. MICS 2014 reported that 50.9 per cent of male and 49.1 per cent of female adolescents and young people aged 15 to 24 years have comprehensive knowledge on HIV (can correctly identify ways of preventing the sexual transmission of HIV, and reject major misconceptions about HIV transmission) and four per cent of 15 to 19 year old adolescents believe that a man is justified in beating his wife if she refused to have sex with him. The 2014 MICS, further indicated that sexually active individuals in the age-group 15 to 19 years had a lower HIV testing uptake in the 12 months preceding the survey and knowledge of the results of the test, especially among adolescent males (72 per cent for adolescent females and 46 per cent for adolescent males).

Violence against children continues to be a challenge, particularly within the family environment, and is prevalent in all forms: physical, sexual and emotional abuse. Data from the 2007 Violence Against Children Study found that 33 per cent of girls experienced some form of sexual violence before the age of 18. All these factors compromise women and girls' ability to make autonomous decisions in matters affecting their lives and those of their families. Such violence exposes girls to the risk of early pregnancy, HIV and other sexually transmitted infections, stigmatization and abandonment of education. Ingrained harmful practices and social attitudes towards girls, such as toleration of violence and stigma surrounding teenage pregnancy in schools, have a long-term negative impact. In Eswatini, teen pregnancy accounts for 41 per cent of drop out in lower secondary and 52 per cent in senior secondary.

In 2018, UNICEF Eswatini support was guided by the National Strategic Framework for HIV and AIDS (2018-2023); Eswatini Strategic Framework for ending AIDS and Syphilis in children (2018 – 2022); the National Health Sector Strategic Plan II (2014-2018), Education Sector Policy, Child Protection and Welfare Act (2012); and Eswatini National Disability Policy UNDAF 2016-2020. Within UNICEF Eswatini country programme, HIV interventions are mainstreamed into programme components of Young Child Survival and Development and Adolescent Protection, Learning and Development. UNICEF Eswatini focussed on catalysing strategic HIV programming through policy, guidelines, strategy development and capacity building while leveraging resources for the HIV programming.

Partnerships were at the core of UNICEF Eswatini's advocacy efforts, with collaboration for awareness and understanding of child deprivations and support for child rights. Resulting from high-level advocacy by UNICEF, the Government established a Children's Group, under the Secretary to Cabinet comprising

10 key line ministries, led by the Deputy Prime Minister's Office. This group is mandated to address issues affecting children, and to regularly monitor results for children and adolescents.

UNICEF support has been mainly upstream to catalyse support and leverage resources for children from other partners and development of policies, guidelines and strategies that facilitate implementation of women, children and adolescent access to HIV information and services. Downstream work has helped Eswatini pilot initiatives to enhance uptake, scalability, and for proof of concept, capacity building, and community participation in development initiatives.

The major donors for the HIV programme in Eswatini have been the U.S. Government (PEPFAR) and GFATM. Domestic funding from Government has been significant and instrumental in ensuring availability of HIV supplies, particularly antiretroviral medicines to the population.

3. HIV and AIDS programme and Related Results

In 2018, HIV thematic funds contributed to achievement of UNICEF strategic plan goal area one on survive and thrive and to programming efforts in Outcomes 1 and 2 of the Government of Eswatini and UNICEF Country Programme 2016 – 2020. The two outcomes and specific outputs that provided a basis for the implementation of the HIV programme were:

Outcome 1: By end of 2020, young girls and boys will be immunized, healthy, registered at birth and ready for school.

- Output 1.1: Appropriate legislation, policies, strategic plans and budgets for maternal, newborn, and child health, ECD and nutrition improved.
- Output 1.2: Capacity of key government institutions to provide quality health, HIV, nutrition, education and birth registration services increased.
- Output 1.4: Ministry of Health has improved capacity to generate quality information (disaggregated by age and sex) and use evidence for programme improvement.

Outcome 2: By end of 2020, adolescent girls and boys aged 10-19 years have increased protection from violence and access to quality health services and secondary education.

- Output 2.1: Government capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children strengthened.
- Output 2.2: Government and civil society capacity to identify and report child abuse, and provide appropriate care strengthened, especially for vulnerable groups.
- Output 2.6: HIV prevention, care and treatment services for adolescents strengthened.

This 2018 HIV and AIDS Thematic report captures progress made in all platforms where HIV has been integrated into various sectors including HIV specific programmes, Early Childhood Development (ECD), nutrition, maternal and neonatal health and gender-based violence (GBV) programmes.

In 2018, UNICEF contributed to the achievements of the national level results through support to various activities as stipulated below in each of the outcome and output areas:

Outcome 1	By end of 2020, young girls and boys will be immunized, healthy, registered at birth and ready for school.
Progress against Outcome	<p>Coverage of antiretroviral treatments (ART) for prevention of mother-to-child transmission (MTCT) was high at 90 per cent, while 94 per cent (target 97 per cent) HIV exposed children got tested for HIV within two months with one per cent of them being HIV positive. According to the recent 2018 Eswatini HIV estimates and projections report, MTCT rate at 18 months was high at 8 per cent (Target < 5 per cent) despite the low MTCT rate at two months. The decline in ART adherence from 83 per cent at three months to 77 per cent after 12 months significantly contributed to high transmission rates at 18 months for breastfeeding children. To address this challenge, UNICEF Eswatini supported the generation of critical evidence to drive change through the elimination of MTCT (eMTCT) validation assessment which identified gaps in service delivery.</p> <p>Coverage of ART in children living with HIV aged below 14 years increased from 75 per cent in 2017 to 77.5 per cent. The health system for provision of paediatric second and third line ART was strengthened. With UNICEF support, capacity of doctors and nurses on paediatric second and third line HIV treatment was enhanced and genotype testing for 26 (47 per cent of national genotypes) children failing on second line ART was supported leading to 13 children initiated on third line treatment and contributing towards reduction of AIDS related mortality.</p> <p>Progress has been made in increasing immunization coverage among children. The proportion of children aged 12 to 23 months fully immunized with MCV1 increased from 77.7 per cent in 2017 to 89 per cent in 2018 and children <1 year that received DPT3 increased from 80 per cent in 2017 to 90 per cent in 2018. Service delivery for immunization was enhanced through improved vaccine cold chain management in 85 per cent of health facilities, which maintained vaccine potency. The proportion of children aged 0 to 6 months exclusively breastfed increased from 63.8 per cent in 2014 to 67 per cent in 2018, however the proportion of children aged 6 to 23 months who received minimum acceptable diet declined from 48.6 per cent in 2014 to 10 per cent in 2017 which is associated with post El Niño drought impact.</p> <p>In achieving these results, UNICEF Eswatini enhanced public partnerships, service delivery and community engagement for</p>

	<p>immunization. UNICEF in partnership with Clinton Health Access Initiative (CHAI) and United States (U.S) Government successfully advocated with the Ministry of Health (MoH) to procure vaccines through UNICEF Supply Division using domestic resources which contributed to reduction in vaccine costs, and overall cost-saving for the Government. Integrated outreach health service provision to hard-to-reach areas were conducted with UNICEF and World Health Organization (WHO) support to MoH and Eswatini Nazarene Health Institutions (ENHI) and reached 13,702 children. Community dialogues were conducted to address immunization refusals and promote male involvement in child health care reaching, 1,812 people (58 per cent being men).</p> <p>Key advocacy messages to advance issues affecting children, in particular child health, were effectively conveyed through high-level advocacy and communication. This led to renewed government commitment towards children including Ministry of Health(MoH) senior management decisions to develop an integrated Child Health Programme and investment cases that will enhance domestic and external resource leveraging for Ministry of Health.</p> <p>Birth registration among children remained low at 54 per cent due to weak systems to facilitate registration. With UNICEF support to MoH and Ministry of Home Affairs (MoHA) in partnership with International Center for AIDS Care and treatment Programme (ICAP), conducted a birth registration bottleneck and systems analysis to inform development of action plans and establish interoperable online birth registration systems between MoHA and MoH.</p>
Constraints and actions taken	<p>Despite the high access to ART coverage among pregnant women living with HIV (95 per cent), challenges remained on follow up of mother-baby pairs to ensure appropriate feeding practices and ART adherence post-delivery. This led to the increase in MTCT at 18 months compared to 6 weeks' transmission which was 2 per cent. The weak linkages between health facility and limited follow up post measles vaccine led to high loss to follow up of HIV exposed babies hence increased risk to HIV transmission through breast feeding. In addition, due to weak follow up systems, access to ART by children diagnosed with HIV was low and most children were initiated late.</p> <p>Another challenge affecting results for children was the verticalization of child health programmes which led to missed opportunities for comprehensive delivery of services. To address this challenge, UNICEF and WHO supported the development of a Child Health Programme which includes age-specific packages in line with the global nurturing framework, promoting delivery of integrated services.</p>

	Early childhood stimulation (ECS) and nutrition were integrated into newborn guidelines, antenatal care guidelines and the RHM preservice curriculum to ensure institutionalization of delivery of an ECD package within the health platform.
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Output Results

Output 1.1	Appropriate legislation, policies, strategic plans and budgets for maternal, newborn, and child health, ECD and nutrition improved.
Progress against Output	<p>UNICEF Eswatini focused on policy engagement and public partnerships for enhanced integrated neonatal and child health programming and resource allocation for child health. To improve newborn and child health, nutrition, and HIV outcomes, an integrated Child Health Programme (2019–2022) was developed to guide coordination and delivery of a holistic package of child health services for enhanced early childhood development (ECD). A health budget brief and cost of inaction were supported by UNICEF Eswatini and Eastern and Southern African Regional Office to inform cost-efficient priority programmes and budget prioritization that benefit children. With UNICEF support, costing, resource mapping and cost benefit analysis for the Child Health Programme, is in progress to be finalized in 2019. These documents will facilitate the development of investment case for high-level advocacy towards increased budget allocation for child health services.</p> <p>UNICEF was instrumental in ensuring efficiency of domestic resource utilization in the health sector through evidence and advocacy for cost-savings in vaccine procurement, resulting in the Ministry of Health (MoH) successfully changing procurement of vaccines to UNICEF Supply Division. It is envisaged that the change will not only result in costs-savings but also reduced stock outs and wastage.</p> <p>To increase the proportion of children aged 0-4 years old that received early childhood stimulation (ECS) and responsive care, service delivery for integrated ECD package within the health platforms was enhanced. Led by MoH, with UNICEF and WHO support, the first neonatal guidelines and antenatal guidelines were developed, which integrated ECS, responsive care, and infant and young child nutrition (IYCN). In addition, ECS and IYCN were integrated into the rural health motivators (RHMs) pre-service curriculum, contributing towards routine provision of critical ECS and IYCN information to pregnant and lactating women by nurses and RHMs. Capacity of 18 health facilities for early detection of disability was enhanced and 40 doctors and 19</p>

	<p>nurses were trained on disability screening using training manual developed by UNICEF.</p> <p>To enhance multi-sectorial ECD programming and coordination, an ECD technical working group led by Deputy Prime Minister's Office (DPMO) was established. The group recommended development of a national multisectoral Early Childhood Care and Development framework, in line with the global nurturing framework. UNICEF is supporting development of the framework to be finalized in 2019. This will address challenges of lack of policy and weak coordination, increase accountability by sector Ministries, and promote resource allocation for ECD interventions.</p>
Constraints and actions taken	<p>The finalization and approval of to the ART guidelines delayed dissemination and implementation of some recommendations. However, UNICEF continues to undertake advocacy at various levels to get the required acceleration for finalization and approval of documents key to implementation of children's interventions.</p>
Output 1.2	<p>Capacity of key government institutions to provide quality health, HIV, nutrition, education and birth registration services increased.</p>
Progress against Output	<p>UNICEF aimed at increasing capacity of key government institution to deliver health, HIV, nutrition, WASH and birth registration services. To achieve these results, capacity of all 11 public maternity facilities to deliver essential newborn care services was enhanced through training of 30 doctors and nurses on the new neonatal care guidelines. Maternal, newborn and child health (MNCH) service delivery improved in 19 health facilities through training of 121 health workers on quality improvement and implementation of quality improvement projects. As a result, 6,679 newborns received quality neonatal care including Antiretroviral prophylaxis for HIV-exposed babies.</p> <p>To facilitate elimination of mother-to-child transmission of HIV (eMTCT), 90 per cent pregnant women living with HIV received antiretroviral treatment (ART) through 83 per cent health facilities. However, ART adherence by pregnant and lactating women remains a challenge as this declined from 83 per cent at six months to 77 per cent at 12 months, increasing the risk for MTCT. There is need to strengthen ART adherence and infant feeding practices in 2019 to achieve eMTCT targets. With UNICEF support, capacity of 81 doctors and nurses on paediatric second and third line HIV treatment was enhanced which contributed to initiation of 13 children on third line treatment.</p>

	<p>Hospital-based birth registration was implemented in one facility and birth registration for newborns increased from 150 per month in 2017 to 200 in 2018. Early stimulation and responsive care information reached 4,187 children and 411 pregnant women through rural health motivators (RHMs) and mentor mothers. With UNICEF support, 14 RHM trainers and 54 lead RHMs were trained on ECS to facilitate knowledge transmission to 4,700 RHMs nationwide in 2019.</p> <p>Nutrition services at facility and community levels were strengthened through capacity building of 1,163 pregnant and lactating women on diet diversification; for 101 health workers on integrated management of acute malnutrition (IMAM) and 205 RHMs on community nutrition with HIV integration. Ready to Use Therapeutic Food was procured and supplied to 41 IMAM sites to ensure consistent availability of treatment for children with severe acute malnutrition (SAM). As a result, 13,856 children were screened by the RHMs and 487 identified with SAM were treated with 80 per cent cure rate.</p> <p>Supporting the recovery from El Niño drought, UNICEF implemented a mixed emergency, development and resilience agenda. Access to safe water supply to 34,089 people (51% female) improved through construction of five new wells, rehabilitation of 34 handpumps, protection of three water springs, installation of water harvesting equipment in 40 schools and water trucking. To strengthen community capacity for sustained water availability, 87 community WASH committees and 194 water point repair community artisans were trained on Water Systems management. Gender-responsive interventions were prioritized through the provision of menstrual hygiene packs to 6,282 adolescent girls in 80 schools in the two drought and high HIV -affected regions.</p>
Constraints and actions taken	<p>In 2018, sub-optimal quality of service provision especially for children to ensure HIV integration and follow up of children after the breastfeeding period was a challenge. This led to missed opportunities for early diagnosis and linkage to ART initiation among children. UNICEF continued to work closely with PEPFAR implementing partners who run the HIV mentorship programme in health facilities to strengthen follow up.</p>
Output 1.4	<p>Ministry of Health has improved capacity to generate quality information (disaggregated by age and sex) and use evidence for programme improvement.</p>
Progress against Output	<p>In 2018, UNICEF focused on building Ministry of Health (MoH) systems by fostering innovations and harnessing the power of data to</p>

inform quality improvement programmes for maternal, neonatal and child health. Contributing to this result, MoH national system for reporting was enhanced through rollout of perinatal and neonatal death active surveillance from four to 17 health facilities (100 per cent facilities providing maternity services) to inform newborn care quality improvement. In this, 246 health workers were trained on establishment of perinatal and neonatal surveillance systems at facility level and supportive supervision was provided by MoH to ensure quality reporting. This led to increased weekly reporting on newborn and maternal indicators that informed targeted facility interventions on quality improvement.

Further, capacity of 12 health facilities in utilizing facility generated data to inform quality improvement was enhanced. With UNICEF support, health facility-based dashboards were reviewed to incorporate child health indicators and 80 health workers in eight health facilities were trained on the use of information from dashboards for quality improvement. Furthermore, 20 Health Management Information officers (HMIS) have capacity to develop dashboards through SQL training supported financially by UNICEF. In 2019, the initiative will be scaled up to all health facilities with Client Management Information System (CMIS) using funding from other partners.

UNICEF Eswatini focused on health systems strengthening for evidence generation to inform programme improvement and documentation of good practices for national scale-up. An assessment of quality improvement projects in maternal, newborn and child health (MNCH) service delivery in 19 health facilities was conducted with UNICEF support. The review informed identification of MNCH service quality strengths, gaps, and lessons learnt which will be used to inform in-service delivery improvement. With UNICEF support to World Vision Eswatini, a baseline assessment on status of children in nutrition and early stimulation was conducted in Lubombo region (the region with the highest HIV prevalence) and the report informed implementation of an integrated package by community health volunteers.

To increase public engagement in health service quality improvement programmes, a client satisfaction feedback system (CSFM) was scaled up from six to 30 health facilities to provide real time feedback to health workers. UNICEF supported the implementation of an SMS-based innovation using the RapidPro platform which assisted health workers to understand areas for improvement based on client feedback. In addition, 62 health workers were trained on operationalization of the system for timely action. One challenge facing

	<p>rapid scale up was the limited internet availability in most health facilities. To address this, with UNICEF ESARO technical support, feasibility of integrating RapidPro/ CSFM with CMIS was ascertained and a costed action plan developed for implementation in 2019. Linkage of the RapidPro platform with CMIS will support the sustainability and scale up of the system, within existing health systems.</p> <p>The MoH's ability to generate Health Management Information Systems (HMIS) periodic reports with disaggregated data at national and facility level was improved. UNICEF supported the training of four key HMIS and M&E staff in data analysis and reporting; peer reviewed reports and procured 19 laptops required for the scale up. The periodic reports resulted in the generation of gender and age-disaggregated annual health reports which informed neonatal and Child Health Programme development.</p>
Constraints and actions taken	<p>Non-inclusion of some key data on children especially among those with severe acute malnutrition and other key neonatal indicators within the routine health reporting systems led to non- availability of data to inform HIV integrated programming. UNICEF worked closely MoH HMIS team to integrate missing indicators in the client management information system which will ensure that key indicators are reported.</p>
Outcome 2	<p>By end of 2020, adolescent girls and boys aged 10-19 years have increased protection from violence and access to quality health services and secondary education.</p>
Progress against Outcome	<p>In 2018, UNICEF Eswatini supported interventions to improve the policy and legislative environment, institutional capacity for quality service delivery, multi-sectoral coordination, programming and services, as well as evidence generation to strengthen HIV programming.</p> <p>A new national HIV Prevention Policy which adopts high impact HIV prevention and response interventions for adolescents at high HIV risk was developed. UNICEF Eswatini provided technical and advisory services to the National Emergency Response Council for HIV/AIDS to lead the policy development process.</p> <p>Through UNICEF convening, technical advisory and catalytic funding roles, the number of adolescents living with HIV who have initiated antiretroviral treatment (ART) increased from 2,000 in 2015 to 8,566 in 2018. Despite this progress HIV viral suppression among</p>

adolescents remained low (85 percent among 10-14-year old and 81 per cent among 15-19-year old) and below the 90 per cent national target. UNICEF Eswatini together with Ministry of health finalised multi-sectoral guidelines to support adolescents living with HIV improve ART adherence and consequently viral suppression.

To enhance service delivery to adolescents, new testing approaches were introduced, particularly HIV self-testing and linkages to treatment services. By June 2018, access to HIV testing by adolescents increased, with 35,835 adolescents (10 -19 years) getting tested, contributing 34 per cent of all HIV tests conducted in the country compared to 32 per cent in 2017. UNICEF Eswatini enhanced partnerships for supply chain management, community mobilization and service delivery through successfully advocating the Eswatini National AIDS Programme (ENAP) to increase distribution of HIV test kits to community-based organisations for improved stock availability in hard-to-reach areas. Community outreach was conducted with support to Lusweti Institute for Development Communication, who in collaboration with AIDS Health Care Foundation reached 2,313 adolescent girls with testing services. Through a collaboration with ENAP, a two-year plan for scale-up of HIV testing services for adolescents was developed to address low testing coverage.

Although no new national data on the HIV comprehensive knowledge is available, a programme evaluation of the Life Skills Education (LSE) in 100 schools supported by CANGO indicated that 96 per cent of students from the project schools reported to being exposed to LSE content and had higher level of knowledge compared to those in schools that were not part of the LSE programme. UNICEF Eswatini supported the development and piloting of the national LSE curriculum in 2015.

The number of adolescents benefiting from in-school and community-based HIV prevention education/Life Skills curricula interventions increased from 79,560 in 2017 to 83,730 and comprehensive HIV knowledge among girls in school clubs increased from 44.5 to 88 per cent. This was achieved through an HIV Communication for Development partnership initiated by UNICEF Eswatini and involving Super Buddies Club, Kwakha Indvodza (programme implementers) and Illovo Sugar Company.

A lesson learnt is the need to empower parents to provide correct HIV information and support to adolescents and break the cultural barriers surrounding discussion on sex and sexuality. UNICEF Eswatini is providing technical assistance for the development of multi-sectoral guidelines to facilitate adolescents to receive HIV information and

services. Going forward, UNICEF Eswatini will support the development of parent-adolescent HIV communication programme tools.

Although no new population level data on condom use is available, national condom distribution increased from 16 million male condoms in 2015 to 23 million in 2017. Data from UNICEF Eswatini supported interventions indicates that confidence to negotiate condom use increased from 77 to 88 per cent among adolescent girls participating in HIV prevention girls' clubs in three constituencies in 2018. UNICEF Eswatini funded programming for boys and young men has led to reduced sexual risk and increased condom uptake with 8,202 condoms received by 430 young men participating in HIV and gender-based violence prevention sessions.

UNICEF Swaziland provided technical support to the Ministry of Education and Training (MoET) to conduct the Out-of-School Children Study 2018, which estimated that 8 per cent of adolescents were not in school. The study highlighted poverty, pregnancies, unsafe schools and long commuting distances as key barriers to accessing education. The MoET completed and disseminated a Primary School Grade Repetition study, which offered insight into the factors contributing to high repetition and learner drop-out, at all education levels. Both studies informed the development of the new strategy for addressing secondary school dropout, grade repetition, and transition. In 2019, UNICEF Eswatini will support capacity building of MoET to implement the gender responsive strategy and national education policy.

Gender-based violence and violence against children are persistent challenges, with an estimated prevalence of one in three (33%) females experiencing some form of sexual violence as a child. Anecdotal evidence shows that violence among adolescents, especially sexual violence against girls, has reached alarming scale, and exposes girls to the risk of early pregnancy, HIV and other sexually transmitted infections, stigmatization and abandonment of education. Sustained advocacy by UNICEF Eswatini, UN agencies and development partners resulted in the enactment of two key legislations, the Sexual Offences & Domestic Violence Act 2018 and Persons with Disabilities Act 2018. Both legislations comprehensively address sexual and domestic violence offences, including the establishment of appropriate survivor-friendly services.

Building on the UNICEF global Generation Unlimited agenda to scale up solutions related to secondary-age education, skills development, and adolescent empowerment, UNICEF Eswatini

	<p>developed an Investment Case for Adolescents and Young People in Eswatini 2019-2021, highlighting adapted ways of working, with priority actions. The investment case is aligned to UNICEF Strategic Plan 2018-2021 and the four objectives of UNICEF's Strategic Framework for the Second Decade of a Child's Life. It further reflects the key targeted priorities for female adolescents, as set out in UNICEF's Gender Action Plan 2018-2021. The Investment Case presents an opportunity for strengthening integrated and multisectoral approaches to adolescent programming in promotion of SDGs, gender issues, and national development planning.</p>
Constraints and actions taken	<p>Tracking child violence cases that have been prosecuted and concluded remained a challenge, because of the inability of the current paper-based data collection systems to track the progression of these cases from reporting to conclusion. In 2019 UNICEF Eswatini support to the Deputy Prime Minister's Office and the Ministry of Justice to upgrade the violence data collection system and child case management system will help address this challenge.</p> <p>Coordination of adolescent programming remains a challenge, and to address this UNICEF Eswatini in collaboration with UNFPA Eswatini supported the convening of two coordination fora: the national technical working group on adolescent sexual and reproductive health and HIV prevention technical working group, both of which include health, education, civil society and development partners to share programming experiences and enhance stakeholders coordination.</p>
Output 2.1	<p>Government capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children strengthened.</p>
Progress against Output	<p>In 2018, sustained collaborative support by UNICEF Eswatini, UN agencies and other development partners resulted in the enactment of two legislations, the Sexual Offences & Domestic Violence Act 2018 and Persons with Disabilities Act 2018. Both comprehensively address sexual and domestic violence offences, including those relating to children and those with disabilities and provide a framework for appropriate survivor friendly support services. UNICEF Eswatini provided policy level advocacy and technical support to the Deputy Prime Minister's Office (DPMO), Parliament and civil society organisations to bolster national advocacy and dialogue for the enactment of both acts.</p>

	<p>The enactment of the laws has strengthened the national child protection legal environment for the prevention and response to violence against children. In a context where violence against children and women is a major concern, and children with disability bear the biggest burden of violence and social discrimination, the two legislations provides a deterrent and mechanisms for realization of justice for survivors of violence and positively impact on the wellbeing of children and women in Eswatini. UNICEF Eswatini in collaboration with the Deputy Prime Minister's office provided financial support for the dissemination of the two legislations, with the Persons with Disabilities Act made available in braille to respond to the needs of the visually impaired, in line with UNICEF equity agenda. UNICEF Eswatini will support the government to orient key duty bearers on their roles in the implementation of the two statutes.</p> <p>Further, with UNICEF Eswatini working in collaboration with UNDP and the Deputy Prime Minister's Office Disability Unit, the National Disability Action Plan 2018-2022 was finalized and officially launched. The action plan will support the promotion and protection of the rights and fundamental freedoms of persons with disabilities (including children, adolescents and young people) including empowerment to exercise their rights and enjoy equal participation in the life of the communities in which they live, without discrimination.</p>
<p>Constraints and actions taken</p>	<p>Challenges included limited funding to support operationalization of appropriate legal framework and absence of a functional coordination framework on violence against children. This is despite the formal launch of the national level Multisector Technical Team on Violence in 2015 and the inter-ministerial High-Level Task Force on Violence in 2016 both of which have remained inactive.</p> <p>The absence of the regulations for the CPWA (2012) has created a gap in the implementation of the Act, thus impeding implementation of this progressive legislation.</p> <p>UNICEF support in 2019 will be directed to the development of regulations to fully operationalize the CPWA (2012). Support will also be provided for strengthening of national and regional violence against children coordination mechanisms. This will include institutional strengthening of the Multi-Sectoral Technical Team on Violence (MTTV).</p>

Output 2.2	Government and civil society capacity to identify and report child abuse, and provide appropriate care strengthened, especially for vulnerable groups.
Progress against Output	<p>Through a partnership with the Ministry of Justice and Constitutional Affairs, a tailored training package focusing on key child protection laws and child friendly management of child victims and offenders was delivered to key justice professionals. Seventy-seven (77) prosecutors; 78 police officers; 20 magistrates and 30 court clerks received the training, accounting for 42 per cent of national justice professionals in Eswatini, surpassing the 30 per cent target for 2018. In addition, the capacity of 29 key multi-sector violence against children service providers (including social workers, health care workers and civil society actors) was strengthened through a targeted training on cross-sectoral linkages required for a comprehensive response to violence. UNICEF Eswatini provided technical expertise in the development and delivery of the training package, as well as financial support to facilitate group trainings. It is envisaged that the training will result in improved and more child friendly response to child victims and offenders across the spectrum of child protection service providers.</p> <p>To increase capacity to respond to violence, UNICEF Eswatini will support the further training of police officers and court clerks to strengthen their skills for a child centered violence response. The number of institutions with child case reporting mechanisms increased from two to three in the reporting period. This was because of UNICEF' Eswatini's technical and financial assistance to the Swaziland Action Group Against Violence (SWAGAA) for the development and use of the U-Report platform for real-time child case reporting and response.</p> <p>Through the partnership with SWAGAA, 342 children and adolescents were enrolled on the online platform and SWAGGA provided 816 on-line responses focusing on violence-related information and psychosocial support and counselling and referral. Based on lessons learnt from this partnership, UNICEF Eswatini will extend the partnership to other child services organisations to increase the utilisation of the U-Report platform as a child case reporting and response mechanism.</p>
Constraints and actions taken	Tracking child violence cases that have been successfully prosecuted and concluded remained a challenge. This was attributed to the inability of the current paper-based data collection systems to effectively track the progression of these cases from reporting to

	<p>conclusion stage. The ongoing support to the Deputy Prime Minister's Office and the Ministry of Justice & Constitutional Affairs for the upgrade of the violence data collection system and child court case management system respectively will help to address this challenge. In addition, Government continued to rely on external funding to support capacity strengthening interventions, thus compromising system sustainability and scalability. With the current and projected fiscal constraints, it is unclear what efficiency measures Government may institute to sustain and strengthen the current child protection system. This will be an advocacy priority for UNICEF Eswatini in 2019.</p>
Output 2.5	HIV prevention, care and treatment services for adolescents strengthened.
Progress against Output	<p>In 2018, a new national HIV Prevention Policy which adopts high impact HIV prevention and response interventions for adolescents at high HIV risk was developed. UNICEF Eswatini provided technical and advisory services to the National Emergency Response Council for HIV/AIDS to lead the policy development process.</p> <p>Through UNICEF Eswatini support, the proportion of districts implementing at least three high impact adolescent HIV prevention interventions increased from 91 per cent in 2017 to 94 percent in 2018. In collaboration with Swaziland National AIDS Programme (SNAP) a two-year plan to scale-up HIV testing services for adolescents was developed. By June 2018, 35,835 adolescents (10-19 years) tested, contributing 34 per cent of HIV tests conducted in Eswatini compared to 32 per cent in 2017. Through partnerships with Lusweti Institute for Development Communication, Ministry of Health and AIDS Health Care Foundation, 2,313 of the 4,057 adolescent girls participating in school-based clubs tested for HIV and received their results.</p> <p>To improve the provision of adolescent and youth friendly health services (AYFHS), including HIV testing and ART services, UNICEF supported evidence generation to improve AYFHS and strengthen capacity of health facilities to deliver these. The Ministry of Health was supported to conduct a national baseline assessment on the implementation of national standards for AYFHS, and its findings will inform AYFHS interventions from 2019 and beyond. Furthermore, 28 nurses from ENHI health facilities were also trained in provision of quality AYFHS.</p> <p>Access to ART for Adolescent Living with HIV (ALHIV) improved through UNICEF Eswatini financial support towards training of 81 doctors & nurses to provide second and third line antiretroviral</p>

	<p>treatment to children and adolescents living with HIV, in partnership with Baylor College of Medicine-Swaziland.</p> <p>Psychosocial support systems for ALHIV were enhanced leading to viral load suppression of 90 per cent among female and 89 per cent among male adolescents in UNICEF Eswatini-supported interventions, compared to the national viral suppression of 81 per cent in females and 79 per cent in males in 2017. UNICEF Eswatini provided technical and financial support towards three adherence support clubs, counsellors' home visits to defaulting adolescents and SMS-based counselling through U-Report, benefiting 350 adolescents. 115 ALHIV on treatment received home-visits and psychosocial support which reduced loss-to-follow-up rate from 2.7 per cent to less than 1 per cent.</p> <p>A Communication for Development (C4D) partnership between UNICEF Eswatini, and two local NGOs Super Buddies Club, Kwakha Indvodza and Illovo Sugar Company on HIV prevention/life skills benefited 83,730 adolescents (from 79,560 in 2017) and increased comprehensive HIV knowledge among girls in school clubs from 44.5 per cent to 88 per cent.</p>
<p>Constraints and actions taken</p>	<p>The culture of treating adolescents as irresponsible minors has continued to impede availability of adolescent friendly health services. Negative provider attitudes towards adolescents seeking sexual and reproductive health (including HIV) services in health facilities continue to affect service utilization. The facilities are open during hours when adolescents are at school and this poses a challenge to access of services. In 2018, UNICEF supported the national assessment of compliance with adolescents and youth friendly service standards and follow up capacity building of health care workers is planned in 2019.</p> <p>Gender based sexual violence and negative gender norms continue to negatively affect demand creation for HIV services. UNICEF has supported national dialogues, and community-based advocacy to address violence against children and women.</p> <p>The national AIDS response continues to be heavily focused on treatment with insufficient attention on HIV prevention in key high-risk populations, particularly adolescents. UNICEF has undertaken advocacy to increase programming on prevention and has strengthened the focus and coordination of the prevention component of the HIV response.</p>

Output 3.3	Effective planning and monitoring of country programme results and quality disaggregated and gender-sensitive data for evidence-based decisions available
Progress against Output	<p>To strengthen evidence-based planning based on child poverty, in 2018, UNICEF supported the finalization of the child poverty analysis (MODA) as well as the Synthesis of Secondary Data on Children and Adolescents. The child poverty facilitated policy dialogues and actions for better results for children and laying a strong foundation for continued routine reporting on child poverty jointly with Ministry of Economic Planning and Development (MEPD) in coming years.</p> <p><i>Eswatini Household Income and Expenditure Survey 2016/17</i> launched by MEPD provided evidence of a holistic picture of the poverty situation in the country and was used to inform evidence-based and HIV sensitive social protection cash plus programmes, in order to operationalize the draft Social Assistance Policy, led by the Department of Social Welfare as well as to inform targeted interventions in the National Development Strategy's draft National Plan of Action.</p> <p>In partnership with European Union, technical support was provided to Department of Social Welfare in the development of HIV sensitive national social assistance policy and the social cash plus programme.</p> <p>In collaboration with Ministry of Finance, four Budget Briefs were developed, and they provided analytical underpinning for advocacy for more efficient spending in the education, health and social protection sectors. As a result, the following advances have been made: (i) the procurement of vaccines using UNICEF Supply Division with cost-saving of over US\$1 million anticipated, which will be used to further strengthen healthcare systems; (ii) key attention to early childhood development with the development of an integrated child health programme; and (iii) commitment to rolling out Grade 0 in the education sector in the country. The Budget Briefs are being used by UNICEF and partners in the budgeting planning processes for the 2019/2020 national budget and in support of UNICEF's broader advocacy for investment cases.</p>
Constraints and actions taken	<p>Despite the significant efforts made by government and partners over the past few years, the social protection sector faces significant challenges. First, in its present form, the social assistance system and programmes impact on reducing monetary poverty and on mitigating the multiple non-monetary deprivations faced by the majority of children in Eswatini is insufficient due to poor programme design and</p>

	<p>poor targeting. The social assistance system in Eswatini consists exclusively of the Old Age Grant, a small Disability Grant, which has not approved new beneficiaries for many years and an Education Grant for OVC, which is directly paid to schools.</p> <p>With regards to financial resources for social protection, social protection spending continues to fall far below international targets. The 2017 and 2018 budget allocation to social protection services, expenditure remained below 1% of GDP. Thousands of children in the country are at risk or already suffering from multiple deprivations of poverty, which requires urgent action.</p> <p>With a focus on investing in key interventions that improve the situation for children, adolescents and the most vulnerable populations, the focus of the next two years will be on advocating for the implementation of the 'Social cash plus programme for extremely poor labour constrained households' and the Maternity and Young Child Support Programme, which would address extreme poverty levels and child health indicators in the country. UNICEF will provide further support to revise the Orphans and Vulnerable Children education grant, to ensure that extremely poor OVC have access to secondary education, addressing not only improved targeting of support to the most extremely vulnerable populations but also a key barrier to completion of secondary education. The key focus will also be on closing the implementation gap; and processes for more effective and accountable spending with the aim of increasing investment in social protection programmes.</p>
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Results Assessment Framework

Indicator	Baseline	Target 2018	Results achieved
Percentage of children aged 0-6 months old exclusively breastfed	(2014) 64%	80%	70%
Percentage of children aged 6-23 months receiving a minimum acceptable diet of complementary foods.	(2014) 49%	74%	49% (No new data)
Children born to mothers living with HIV who have acquired the virus through vertical transmission, at 18 months of age	(2015) 11%	<5%	6.1%
Number of health facilities that provide SAM treatment services	(2017) 40	41	40

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Percentage of infants born to women living with HIV receiving a virological test for HIV within 2 months of birth	(2017) 96%	97%	94%
Number of facilities certified baby friendly	(2017) 0	11	8
Health facilities providing lifelong ART for pregnant and breast-feeding women within the MNCH setting (HIV)	(2017) 85%	95%	83%
Health facilities that provide paediatric ART	(2017) 78%	95%	85%
Health Management Information System generates periodic reports with data disaggregated by age and sex (for relevant indicators) at national and sub-national level	(2017) 0	12	12
Percentage of girls aged less than 18 years who experienced sexual violence. 33percent;	(2010): 33%	15%	No new data is available since 2007
Percentage of adolescents aged 15–19 tested for HIV in the last 12 months.	(2010): 57%	90%	88 (UNICEF supported sites)
Number of adolescents living with HIV who have initiated ART.	(2013): 2,000	5,500	6,000
Percentage of adolescent girls aged 15-19 years who had sex with a non-cohabiting partner in the last 12 months and reported using a condom at the most recent sexual encounter.	(2014): 66%	86%	No new data available
Percentage of adolescent girls and boys aged 15-19 years with comprehensive HIV knowledge.	Girls: (2010): 58.2% Boys: (2010) 53.6%	80% 75%	44.5% for both boys and girls
Number of learners benefiting from the national Life skills education/HIV prevention curriculum and extra-curricular interventions	0	100,658	83,730
Percentage of districts implementing at least 3 high impact adolescent prevention interventions.	88	94	94
Percentage of health facilities that provide adolescent friendly HTS and ART services.	5	30	25

4. Financial Analysis

Table 1: Planned Budget by Thematic Sector

Outputs	Funding Type ¹	Planned Budget ²	Funded
1.1: Appropriate legislation, policies, strategic plans and budgets for maternal, newborn, and child health, ECD and nutrition improved.	RR	50,000	34,068
	ORR	300,000	211,175
	RRS	0.00	112,660
1.2: Capacity of key government institutions to provide quality health, HIV, nutrition, education and birth registration services increased.	RR	350,000	125,898
	ORR	650,000	358,496
	ORE	0.00	551,698
	RRS	0.00	37,405
1.4. Capacity of health and education management information systems (HMIS/EMIS) to provide timely disaggregated information improved.	RR	50,000	0.00
	ORR	200,000	152,776
2.1: Government capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children strengthened.	RR	340,000	255,600
	ORR	100,000	48,877
2.2. Government and civil society capacity to identify and report child abuse, and provide appropriate care strengthened, especially for vulnerable groups.	RR	60,000	67,133
	ORR	150,000	118,434
	ORE	0.00	3,646
2.6: HIV prevention, care and treatment services for adolescents strengthened.	RR	70,000	0.00
	ORR	150,000	215,618
	RSS	0.00	202,831
Total Budget		2,470,000	2,496,315

¹ RR: Regular Resources, ORR: Other Resources - Regular (*add ORE: Other Resources - Emergency, if applicable*)

² Planned budget for ORR (*and ORE, if applicable*) does not include estimated recovery cost.

³ ORR (*and ORE, if applicable*) funded amount exclude cost recovery (only programmable amounts).

Table 2: Country-level thematic contributions for Thematic Pool received in 2018

Donors	Grant No	Contribution Amount	Programmable Amount
Global Thematic Health SC149901	SC149901	55,136	55,136
Global Thematic HIV/AIDS SC149902	SC149902	475,063	475,063
Global Thematic HIV/AIDS SC189902	SC189902	384,885	0.00
Global Thematic Water Sanitation & Hygiene SC149903	SC149903	76,723	76,723
Thematic Water Sanitation & Hygiene SC189906	SC189906	530,024	44,863
Global Thematic Education SC149905	SC149905	250,350	250,350
Global Thematic Education SC189904	SC189904	823,000	0.00
Global Child Protection Thematic SC149906	SC149906	52,252	52,252
Thematic Humanitarian SM149910	SM149910	111,945	111,945
Total		2,761,378	1,068,332

Table 3: Expenditures in the Outcome Area by Key Result Areas (in US Dollars)

Organizational Targets	Expenditure Amount*			
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	All Programme Accounts
21-01 Maternal and newborn health	40,546	299,253	339,699	679,498
21-06 Treatment and care of children living with HIV	22,769	97,272	135,865	255,906
21-03 Child Health		177,802	47,675	225,477
21-04 Prevention of stunting and other forms of malnutrition		17		17
21-07 HIV prevention		198,579	1,390	199,969
21-08 Early childhood development		4,370	2,230	6,600
Total	63,315	777,293	526,859	1,367,467

Table 4: Thematic expenses by programme area

Outputs	Donor	Expenditure
1.1: Appropriate legislation, policies, strategic plans and budgets for maternal, newborn, and child health, ECD and nutrition improved.	Global Thematic HIV/AIDS	124,034
	Global Thematic Health	2,317
	Global Thematic Water Sanitation & Hygiene	20,481
	Global Thematic Education	64,343
1.2: Capacity of key government institutions to provide quality health, HIV, nutrition, education and birth registration services increased.	Thematic Humanitarian SM149910	108,308
	Global Thematic Health	52,819
	Global Thematic HIV/AIDS	22,276
	Global Thematic Water Sanitation & Hygiene (SC149903)	56,242
	Global Thematic Water Sanitation & Hygiene (SC189906)	44,863
	Global Thematic Education	176,115
	Global Thematic Child Protection	6,181
1.4. Capacity of health and education management information systems (HMIS/EMIS) to provide timely disaggregated information improved.	Global Thematic HIV/AIDS	1,785
2.1: Government capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children strengthened.	Global Thematic HIV/AIDS	4,494
	Global Thematic Education	2,106
	Global Thematic Child Protection	42,278
2.2. Government and civil society capacity to identify and report child abuse, and provide appropriate care strengthened, especially for vulnerable groups.	Global Thematic Child Protection	3,793
	Thematic Humanitarian SM149910	3,637
	Global Thematic HIV/AIDS	107,412
	Global Thematic Education	7,229
2.6: HIV prevention, care and treatment services for adolescents strengthened.	Global Thematic HIV/AIDS	215,062
	Global Thematic Education	556
Total Expenditures of Thematic Contribution for 2018		1,066,332

Table 5: Expenses by Specific Intervention Codes

Specific Intervention Codes	Total Utilized (US\$)
21-01-02 Facility based maternal and newborn care (including emergency obstetric and new born care, quality improvement)	87,281
21-01-05 Maternal and newborn care policy advocacy, evidence generation, national / subnational capacity development	58,949
21-01-99 Technical assistance - Maternal and newborn health	414,102
21-03-17 HSS - Health real time monitoring	209,021
21-04-06 Salt iodization and other large-scale food fortification	17
21-06-03 HIV health and community system strengthening to improve access and adherence	84,301
21-06-08 Support Policy and guidance developments and address barriers to accessing HIV services by adolescents including gender mainstreaming	159,624
21-07-09 PMTCT program support such as retention in care, family planning, infant feeding, infant medical male circumcision and community facility linkages	84,571
21-07-12 HIV testing including self-testing and counselling in adolescents	100,129
21-08-05 ECD Policy and system strengthening	5,857
21-08-06 Parenting Programme to promote nurturing care and early stimulation	396
21-08-99 Technical assistance - Early childhood development	-411
26-01-01 Country programme process (including UNDAF planning and CCA)	4,912
26-02-01 Situation Analysis or Update on women and children	25,967
26-02-02 MICS - General	337
26-02-05 Administrative data, registers and non-MICS household surveys and censuses	538
26-02-06 Analysis of data	566
26-02-08 Programme monitoring	39,211
26-02-10 Humanitarian needs assessment	25,266
26-06-02 Innovation activities	10,854
26-07-01 Operations support to programme delivery	30,312
27-01-16 CO advocacy and communication	15,908
28-07-04 Management and Operations support at CO	9,759
Grand Total	1,367,467

5. Future Work plan

Building on progress made to date, HIV programming in the Government of Eswatini/ UNICEF Rolling Workplan 2019-2020 will continue to focus on addressing prevention and treatment gaps using innovative, evidence-based and child/adolescent sensitive approaches. This will be achieved by ensuring strong integration of programmes to consolidate the gains and focus on equity to reduce vulnerabilities and increase access to services while taking into consideration the middle-income country context. Strengthening systems and evidence generation to facilitate delivery of equitable HIV services for pregnant and lactating women, children and adolescents will also be a priority. These interventions will be in line with the global framework and targets on 'Start free, Stay free and AIDS free' and contribute to achievement of SDG 3 on good health and wellbeing.

In 2019 the programme will contribute towards the achievement of the following results:

Outcome 1: By end of 2020, young girls and boys will be immunized, healthy, registered at birth and ready for school.

- Output 1.1: Government has appropriate policies, strategic plans and budgets for maternal, newborn, child health, Early Childhood Development (ECD) and nutrition
- Output 1.2: Key government institutions have increased capacity to provide quality health, HIV, nutrition, WASH and birth registration services.
- Output 1.3: Ministry of Health has improved capacity to generate quality information (disaggregated by age and sex) and use evidence for programme improvement.

Outcome 2: By end of 2020, adolescent girls and boys aged 10-19 years have increased protection from violence and access to quality health services and secondary education. Within the context of the focus on the second decade, HIV prevention, treatment and care, the interventions will be guided by the following HIV related outputs.

- Output 2.1: Government and CSO capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children strengthened.
- Output 2.3: Institutional capacity to provide adolescent HIV prevention, treatment and care information and services strengthened.

Priorities for 2019

In the first decade, the Young Child Survival and Development programme will focus on building follow up and support systems for mother baby pairs to increase retention to ART and increase access to final diagnosis of HIV for HIV exposed children. UNICEF will also focus to supporting efforts towards

addressing gaps identified during the eMTCT validation assessment to fast track countries progress towards elimination validation. UNICEF Eswatini will specifically support:

- Strengthening linkages between health facilities and community and follow up system for mother baby pairs to improve ART adherence through mother mentors and rural health motivators.
- Support evidence generation to inform MTCT rates through conduct of prospective cohort analysis for HIV infected women and HIV exposed infants.
- Support towards ensuring increased and timely ART initiation for children and adolescents diagnosed with HIV
- Enhanced service integration for neonatal and child health services at all levels to reduce missed opportunities for identification and timely management of children living with HIV.
- Community mobilization to increase awareness levels on eMTCT and support to HIV positive pregnant and lactating mothers and children and reduce stigma
- Capacity building for provision of quality paediatric HIV care, treatment especially for second and third line treatment and support including psychosocial support toward transitioning from childhood to adolescence among the HIV positive children.
- Increased access to genotyping and viral load testing for children failing on second line treatment

For the second decade, the Adolescent Protection Learning and Development programme will focus on strengthening the framework for addressing comprehensive and HIV-related needs for children and adolescents and strengthen national systems to coordinate the response to sexual violence especially in adolescents and women. Key HIV priorities include support in the following areas:

- Strengthening the coordination of the national response to Violence against Children/Gender Based Violence through technical assistance and convening
- Strengthening the violence data collection and management system and child court case management system
- Using innovation, social and behaviour change communication to reach adolescents and community with HIV prevention interventions especially access to HIV testing services and to deal with stigma associated with being HIV positive.
- Development of multi-sectoral guidelines to facilitate adolescents to receive HIV information and services. Going forward, UNICEF Eswatini will support the development of parent-adolescent HIV communication programme tools.
- Support an assessment on barriers hindering comprehensive referrals, linkages and retention of Adolescent Girls and Young Women in HIV services
- Support the development of regulations to fully operationalize the Child Protection and Welfare Act (2012).
- Training of justice professionals on the implementation of the Sexual Offences and Domestic Violence Act.

Table 6: Planned Budget for 2019

Output	Funding Type	Planned Budget	Funded	Shortfall³
Output 1.1 Appropriate legislation, policies, strategic plans and budgets for maternal, newborn, child health, Early Childhood Development (ECD) and nutrition improved	RR	40,000	68,200	(28,200)
	ORR	300,000	518,290	(218,290)
	RRS	0.00	13,858	13,858
Output 1.2 Capacity of key government institutions to provide quality health, HIV, nutrition, education and birth registration services increased	RR	350,000	184,857	165,143
	ORR	500,000	502,500	(2,500)
	ORE	0.00	1,585	1,585
	RRS	0.00	5,911	5,911
Output 1.4 Management information systems (HMIS) capacity to provide timely disaggregated data/information strengthened	ORR	200,000	0.00	200,000
	RRS	50,000	173,779	(123,779)
Output 2.1 Government and CSO capacity to legislate, plan, budget for and implement prevention and response to violence, abuse, exploitation and neglect of children strengthened.	RR	340,000	314,341	(25,659)
	ORR	100,000	6,632	93,368
Output 2.3 Institutional capacity to provide adolescent HIV prevention, treatment and care information and services strengthened	RR	70,000	0.00	70,000
	ORR	150,000	279,467	(129,467)
Total Budget		2,100,000	2,069,420	70,580

6. Expression of Gratitude

UNICEF Eswatini appreciates the financial support from the Thematic Funds (U.K. Natcom) which has contributed significantly towards achievement of results within the UNICEF's mandate of PMTCT; paediatrics HIV; HIV prevention and care in adolescents and protection and HIV impact mitigation in Eswatini. Specifically, the HIV Thematic funding has enabled UNICEF Eswatini to support Government efforts in providing technical assistance for strategic policy and normative guidance, evidence generation and scaling up high impact prevention, care and treatment services. UNICEF Eswatini looks forward to continued support in 2019 and beyond to build on the gains made so far and accelerate work towards 'Start Free, Stay Free and AIDS Free' generation.

UNICEF appreciates the Government of Eswatini for the leadership and all partners in the implementation of activities within this thematic focus area which has contributed towards the results achieved in 2018. UNICEF is committed to continue supporting the Government of Eswatini towards achieving the desired outcomes of the nation-wide HIV response and contribute towards the Government's effort towards achievement of Eswatini vision of an AIDS free population by the year 2022.

Annex 1: Case Studies and photos

Youth clubs contribute positively towards HIV prevention

Big-Bend, a very scenic area in the lowveld of the kingdom of Eswatini surrounded by hills across the Usutu river, hosts one of the fourteen (14) youth clubs facilitated by Super Buddies Club, an NGO that supports young people on HIV prevention and sexual reproductive health through youth clubs. Supported by UNICEF, Super buddies Club has established youth clubs in 4 schools, 6 communities and in 4 clinics in the Lubombo region, the region with the highest number of HIV infections per capita in the country.

Adolescents and youth in Eswatini do not have adequate information and access to services which enable them to make informed decisions on their sexual and reproductive health, yet they experience a variety of challenges. Young people aged 15-24 years are particularly vulnerable because of their age and social-economic factors and are highly susceptible to peer pressure and have tendencies towards risk-taking behaviours.

In collaboration with Government and NGO partners, UNICEF supports adolescents and youth clubs in the country to empower young people to make informed decisions on their sexuality and reproductive health including HIV prevention.



Figure 1 Sizolwethu Maziya (17) standing in front of classroom

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Standing outside the classrooms at his school, Sizolwethu Maziya (17 years) cannot hide his excitement as he shares how being part of the **youth clubs** has transformed his life.

“I wish all young people in this country, especially boys, could be given the opportunity to be part of these life changing clubs”, emphasized Sizolwethu.

He timidly shares that before joining the **youth club**, he was a member of a group of boys in school who encouraged each other to have at least two girlfriends and have sex with them, and often it was unprotected sex. The group would have a way of verifying the number of girlfriends to qualify one to be a full member of the group. To have a sense of belonging in the group, Sizolwethu had to have unprotected sex with the girls.

Young people in Eswatini begin engaging in sexual activity at an early age. The median age at first sex is 16 years for girls and 18 years for boys. When quizzed about what he likes the most about the youth clubs, Sizolwethu states that one of the best things that happened to him was to undergo an HIV test after learning about the importance of knowing one's HIV status and the SMS based platform (U report) that the

young people could write to for one- on- one advice.

“U-report is a brilliant way of sharing issues that bother you, particularly because the person who responds to the issues does not know you and does not judge you and it is free. After the session on HIV testing at the club I quickly sent a message to U- report and the responder encouraged me to go for an HIV test since I had unprotected sex”, remarked Sizolwethu. Sizolwethu is quick to say that since he tested negative, he is determined to maintain the status by abstaining from sex and staying away from “bad friends”.

UNICEF continues to support the youth clubs that give young people correct information on sexual reproductive health and HIV and empower them to make informed decisions about their lives.



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Link to high resolution pictures:

https://unicef-my.sharepoint.com/:f/g/personal/nnkambule_unicef_org/EqqAOvITxmVGkZIGpMlzhWYBblxS1CEvlgonAgO4Vn7-6A?e=5%3aOtaRXv%3aorigemail&at=9

Annex 2: Donor Feedback Form

Name of Report: HIV and AIDS Thematic Report

Reference number: 2018 OA2 Child Protection Thematic (SC149902 and SC189902)

Completed by: Name _____

Designation _____

Organization: _____

Date completed: _____

Email: _____

Please return to UNICEF (email): aakunga@unicef.org cc: tradosavljevic@unicef.org

SCORING: 5 indicates “highest level of satisfaction” while

0 indicates “complete dissatisfaction”

1. To what extent does the report meet your expectations with regards to the analysis provided, including identification of difficulties and shortcomings and remedies to these

5

4

3

2

1

0

If you have not been fully satisfied, please tell us what we missed or could do better next time?

2. To what extent does the report meet your expectations with regards to reporting on results?

5

4

3

2

1

0

If you have not been fully satisfied, please tell us what we missed or could do better next time?

3. Please provide us with your suggestions on how this report could be improved to meet your expectations.

4. Are there any other comments that you would like to share with us?
