



**THE KINGDOM OF ESWATINI**

# National Plan of Action for Children in Eswatini 2023-2027



JAN 2023

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DEPUTY PRIME MINISTER'S OFFICE  
National Children Services Department



# National Plan of Action for Children in Eswatini

2023-2027

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# Table of Contents

Table of Content	<a href="#">iv</a>
List of Acronyms	<a href="#">v</a>
Foreword	<a href="#">vi</a>
Acknowledgements	<a href="#">vii</a>
<b>1.0 BACKGROUND</b>	<a href="#">1</a>
<b>1.2 SITUATION OF CHILDREN</b>	<a href="#">2</a>
1.2.1 RIGHT TO SURVIVAL	<a href="#">2</a>
1.2.2 RIGHT TO DEVELOPMENT	<a href="#">4</a>
1.2.3 RIGHT TO PROTECTION	<a href="#">5</a>
1.2.4 RIGHT TO PARTICIPATION	<a href="#">7</a>
1.2.5 COORDINATION MANAGEMENT	<a href="#">8</a>
<b>1.3 RESEARCH, MONITORING AND EVALUATION</b>	<a href="#">8</a>
<b>2.0 LEGAL INSTRUMENTS</b>	<a href="#">10</a>
2.1 International Instruments	<a href="#">10</a>
2.2 Domestic Instruments	<a href="#">12</a>
2.3 Guiding Principles	<a href="#">15</a>
<b>3.0 VISION OF THE NPA</b>	<a href="#">17</a>
3.1 Thematic Areas for the NPA	<a href="#">17</a>
3.2 Overall Objectives by Thematic Area	<a href="#">17</a>
<b>4.0 NPA MATRIX BY THEMATIC AREAS</b>	<a href="#">18</a>
4.1 THEMATIC AREA 1: RIGHT TO SURVIVAL	<a href="#">18</a>
4.2 THEMATIC AREA 2: DEVELOPMENT	<a href="#">22</a>
4.3 CHILD PROTECTION	<a href="#">24</a>
4.4 CHILD PARTICIPATION	<a href="#">26</a>
4.5 COORDINATION	<a href="#">28</a>
<b>5.0 INSTITUTIONAL ARRANGEMENTS</b>	<a href="#">30</a>

# Acronyms

<b>AIDS</b>	Acquired Immunodeficiency Syndrome	<b>NGOS</b>	Non-Governmental Organisations
<b>ART</b>	Anti-Retroviral Treatment	<b>NPA</b>	National Plan of Action
<b>CEACR</b>	Committee of Experts on the Application of Conventions and Recommendations	<b>NPA/C</b>	National Plan of Action for Children
<b>CPWA</b>	Child Protection and Welfare Act	<b>NSF</b>	National Strategic Framework
<b>CRPD</b>	Convention on the Right of People with Disabilities	<b>NYP</b>	National Youth Programme
<b>CSOS</b>	Civil Society Organisations	<b>OVC</b>	Orphaned And Vulnerable Children
<b>DPMO</b>	Deputy Prime Minister Office	<b>REPSSI</b>	Regional Psychosocial Support Initiative
<b>ECCD</b>	Early Childhood Development	<b>SDGS</b>	Sustainable Development Goals
<b>ECD</b>	Early Childhood Development	<b>SHIMS</b>	Swaziland HIV Measurement Survey
<b>HIV</b>	Human Immunodeficiency Virus	<b>SITAN</b>	Situation Analysis
<b>HR</b>	Human Resources	<b>TWG</b>	Technical Working Group
<b>ICTS</b>	Information And Communication Technologies	<b>UNAIDS</b>	The Joint United Nations Programme on HIV/AIDS
<b>ILO</b>	International Labour Office	<b>UNCRC</b>	United Nations Convention on the Rights of the Child
<b>M&amp;E</b>	Monitoring and Evaluation	<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organisation
<b>MTR</b>	Mid-Term-Review	<b>UNICEF</b>	United Nations Children Fund
<b>NCCU</b>	National Children's Coordination Unit	<b>VAC</b>	Vulnerability Assessment
<b>NCSD</b>	National Children Services Department	<b>WASH</b>	Water, Sanitation and Hygiene
<b>NDP</b>	National Development Plan	<b>WHO</b>	World Health Organization
		<b>WRA</b>	Women of Reproductive Age

# Foreword



The Eswatini's National Plan of Action for Children 2023-2027 is an expression of constitutional and policy commitments made by the country towards ensuring an Eswatini fit for all children. The Government of the Kingdom of Eswatini strongly believes that in order to realise sustainable development, there is need to ensure that all children have the opportunity to grow up in environments which inspire them to pursue the best life and in turn become productive human capital for the country. Hence, over the years, Government has notified policies and programmes to fulfill the constitutional mandate so as to ensure that our children are safe.

The legislative framework provides the parameters within which these policies and programmes are implemented. The Free Primary Education Act, 2010 was a historic step towards ensuring quality elementary education to all children in the age of 6 to 12. In 2012, the Children Protection and Welfare Act, and important legislation on children's rights was enacted. The Persons With Disabilities Act 2018 and Sexual Offences and Domestic Violence Act 2018 have also been enacted to provide an even firm framework for protecting and promoting children's rights. The Government of the Kingdom of Eswatini has recently taken many initiatives such as the widely acclaimed Child Headed Household farming project and Foster Care programme to

provide social safety nets for vulnerable children.

This National Plan of Action for Children 2023-2027 is based on the principles embedded in the National Policy for Children 2009, concluding observations made by the United Nations and African Union committees on children's rights made in 2021 and 2017. It provides a road-map that links the policy objectives to actionable programmes. It is an initiative to further strengthen and activate the implementation and monitoring of national, constitutional and policy commitments and the UN Convention on the Right of the Child. The plan takes into account the Sustainable Development Goals and provides a roadmap towards achieving them through coordination and convergence with different stakeholders.

The successful implementation of this plan calls for a strong inter-sectoral convergence and coordination. I hope Emaswati will stand together for a better future of our children and make all necessary efforts to make the vision of a happy and safe childhood for every child a reality.

**SENATOR THEMBA NHLANGANISO MASUKU**

Deputy Prime Minister

# Acknowledgement



The Deputy prime Minister's Office would like to thank all children stakeholders who contributed towards the development of the National Plan of Action (2023-2027). As a coordinating entity, the Office worked collaboratively with development partners, Civil Society Organizations, and Government Ministries to conceptualise key issues affecting children in the country. The engagement with respective partners has been key in ensuring that all the gaps in interventions are covered by the plan of action and will be addressed through relevant programmes.

Special appreciation is extended to the UNICEF for the for the continued partnership, the technical and financial support through the process of developing the document until its finalization.

Lastly, may I encourage stakeholders to continue their support in order to meet the targets and impacts of this plan.

A handwritten signature in blue ink, appearing to read 'M.M. Masuku'.

**M.M. MASUKU (AMB)**  
Principal Secretary





# 1. BACKGROUND AND NATIONAL CONTEXT

According to the 2017 Population and Housing Census Report (Central Statistics Office 2019a), the population of Eswatini was 1,093,238, of which 43% is under 18 years. The population of Eswatini is concentrated in the Manzini and Hhohho regions as about 62% of the population lives in these regions. The rest, 38% lives in Shiselweni and Lubombo regions.

The Kingdom is categorised as a lower middle-income country with a sluggish economic growth, a fiscal crisis, high levels of unemployment that directly and indirectly affect children as a dependent population. These challenges emanate from the low levels of foreign direct investment and poor human development indicators that are not in line with the middle-income status of the country (Eswatini NDP 2019/20 – 2021/22).

The poor economic performance has been exacerbated by the emergence of the COVID-19 pandemic that affected all countries of the world. Although the impact of the COVID-19 epidemic has not been fully ascertained, it definitely had a huge impact on increasing poverty and inequalities and thus pushing the poverty and vulnerability of children to the brim. Children and adolescents of all ages and in all countries are seriously suffering from the consequences of the COVID-19 pandemic. It has had a profound negative impact with lifelong effects caused by a number of disruptions in the following key areas: services essential for children (in particular routine immunization), mental health, general health and wellbeing as well as disruptions in the education systems. Children living in vulnerable situations will continue to be disproportionately affected in relation to their social and health outcomes (WHO, 2019).

Eswatini is characterized by high inequalities in several areas, particularly child poverty, gender inequality and HIV prevalence. There is a much higher proportion of multi-dimensionally poor children in the rural areas (65.3%) than in urban areas (22.8%). Out of the four (4) regions of the country, Shiselweni has the largest proportion of multi-dimensionally poor children (70.9%) followed by Lubombo (67.5%) and Hhohho (55.2%) (UNICEF, 2018). Gender inequality is evident in various dimensions, including higher unemployment levels for young women (50%) compared to that of young men (44 %). There is also an observed higher prevalence of HIV in female youth 20-24 years of age (20.9%) compared to males of the same age group (4.2%) (SHIMS 2, 2016–2017). In response to all these challenges and with the COVID-19 crisis, 44% of rural households are using crisis-based coping strategies such as reducing spending on health and education to meet their food needs (Eswatini Annual Vulnerability Assessment and Analysis Report 2020). This ultimately results to increased child poverty and reduced access to education.

The 2017 Census (Central Statistics Office 2019b) showed that the literacy rate of Eswatini has increased from 89.1% in 2007 to 96% in 2017, with no significant differences between men and women. However, urban residents are more literate than rural residents with a literacy rate of 99.5% while rural literacy stands at 95.0%. The age group 15–19 years shows a higher literacy rate across all the regions compared to the other age groups. This points to the successful investment in education for younger generations by the Government of Eswatini.

## 1.2 SITUATION OF CHILDREN

The overview that follows is structured around child rights that will constitute the focus areas for the plan (right to survival, right to development, right to protection, and right to participation) and are taken from the most recent Situation Analysis of Children that was conducted in 2019 (Government of the Kingdom of Eswatini, 2019b) and from the UNICEF database on monitoring the progresses of children for the SDGs (UNICEF Data, 2020). The discussion also relates these rights to international instruments guiding delivery of children services such as the United Nations Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. Furthermore, local guiding instruments including the Constitution of the Kingdom of Eswatini (2005), Children Policy (2009), and other documents of national development have been consulted.

### 1.2.1 RIGHT TO SURVIVAL

Article 6 of the United Nations Convention on the Rights of the Children (UNCRC) states that every child has an inherent right to life and state parties shall ensure, to the maximum extent possible the survival of the child. Article 24 further states that, children have the right to good quality healthcare, to safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy. The article emphasizes the right of the child to the enjoyment of the highest attainable standard of health and to facilities for treatment of illness and rehabilitation of health. Health is thus of central importance because the enjoyment of various other rights is based on the extent to which health is secured. In addition, Article 14 of the African Charter on the Rights and Welfare of the Child (ACRWC) recognizes that every child shall have the

right to enjoy the best attainable state of physical, mental and spiritual health.

In addressing this right, the Constitution of Eswatini in Chapter 3:29 speaks to the rights of the child with special reference to education, parental care and protection from abuse & torture (Eswatini Constitution, 2005). The NDP (2019-2022), on the other hand, seeks to improve administration, coverage and targeting of core social protection programmes that include the education and health sectors (Eswatini Strategic Road Map-2019-2022). These promises and commitments are aligned to the survival and protection needs of children in the country.

A situation analysis shows that Eswatini has made major strides with respect to child survival. These strides and commitment have been evidenced by the country's achievement of the 95:95:95 targets in the fight against HIV/AIDS whereby 95% know their HIV status, 95% are on ART and 95% of those on ART are virally suppressed. This level of achievement coupled with delayed introduction of other foods to infants, confers reduced risk of vertical transmission of HIV. However, the risk to vertical transmission remains higher risk if prevention measures are not stepped up and sustained.

### THREATS TO SURVIVAL

Despite the major strides witnessed, there is still a need to address children's issues or else previous efforts would be watered down. There are still issues that threaten the lives of children and compromise the enjoyment of their rights. These threats are presented below:

#### Mortality

Eswatini's under-five mortality rate is high, at 67 deaths per 1,000 live births. About 75% of under-five deaths occur within the first year of the child's life. Globally, there are two leading causes of death for children under the age of 5 years living in low- and middle-income countries: pneumonia (or other severe respiratory infections) and diarrhoea. The risk that children will contract pneumonia or diarrhoea can be greatly reduced through preventative measures including vaccinations, exclusive breastfeeding, and adequate nutrition.

COVID-19 pandemic and its response strategies such as lockdown measures resulted in poor utilisation of child health services leading to reduced coverage in child vaccination thus exposing the children to outbreaks of preventable diseases and subsequent death from same. At the height of the pandemic the health system was overburdened with COVID cases rendering limited access of mothers and children to public healthcare thus increasing vulnerability to increased mortality.

## **Nutrition**

Children continue to face the challenge of poor nutrition and yet there is a link between child nutrition, growth and development outcomes which become more manifest even in adult life. The stunting rate among children under 5 years is high. Although there was a marked decline from 31% in 2010, the 23% rate of 2017 is still an indicator of a sluggish decline. Exclusive breastfeeding coverage at six months is low, at 58%, and early complementary feeding remains a challenge for most poor families. 56.5% of families cannot afford the minimum meal frequency and dietary diversity recommended by the World Health Organization. The decline in immunisation against vaccine-preventable diseases particularly pneumonia and diarrhoea from

rotavirus can also be seen as a cause for stunting. This indicates poor infant and young child feeding practices and the persistent inadequacy of nutritious foods in poor households.

## **Obesity in children**

Overweight is an emerging and worrying problem as the prevalence among children is 9% nationally, with overweight and obesity being slightly more prevalent in urban areas (11.6) than in rural areas (8.2). The most-striking correlate of childhood overweight/obesity is socioeconomic status. Children in the richest wealth quintile are three times likely to be overweight than children in the lowest wealth quintile (17.5 and 5.8, respectively).

## **Maternal nutritional status**

Women of Reproductive Age (WRA) include the adolescent child. Available evidence indicates that a large proportion of WRA in Eswatini are malnourished, and the country is off track to meet World Health Assembly and SDG targets related to women's nutritional status. About 27% of WRA are anaemic, overweight (32.3%), obese (28.8%) and under nourished (or thinness/low body mass index). Of concern is that this situation affects not only the mother but also the child born to such mothers.

## **Adolescent health**

Adolescent health remains a major area of focus. However, this population group has not been adequately served. The SITAN (2019) noted that health services are not as youth friendly with rural based adolescents mostly affected and left behind. Adolescents, like adults are affected by the entire disease spectrum that affects the general population.

Although the country has made great strides against the HIV epidemic, with reductions in incidence and HIV related mortality, there is still insufficient coverage of treatment, care and support services for adolescents and young people. According to a UNICEF report (2018), those aged 15-24 years account for 45% of all new HIV infections, with girls aged 15-19 years being five times more likely to contract HIV than boys. HIV incidence and prevalence is almost four times higher among out-of-school adolescent girls and women than those in school. Adolescents have significantly worse access to coverage of ART than adults, higher risk of loss to follow-up, suboptimal adherence and special requirements for comprehensive care, including psychosocial support, and sexual and reproductive health care. Comprehensive knowledge about HIV prevention and infection among young people is low and has declined from 58.2% in 2010 to 49.1% in 2014 among females and from 53.6% to 50.9% among males in the same period. Furthermore, knowledge level among adolescents aged 10 to 14 years is even lower estimated at 34.6% with little difference between males (33.8%) and females (35.6%). A comprehensive sexuality/life skills education programme is being rolled out at secondary level, but some children are not accessing this program for example 70% of 13 to 15-year-olds (supposedly secondary school-age pupils) are still at the primary school level. The HIV epidemic continues to negatively impact children in other ways, as around 45,000 of children below the age of 17 years are orphans due to AIDS-related illnesses (UNAIDS, AIDS info, 2020). Given the foregoing, adolescent health needs still require a special focus so that they can stand to benefit from health and HIV programmes.

### Children with disabilities

Disabilities Act in 2018, the National Disability Policy of 2013 and further

developed a National Disability Plan of Action (2015-2020). Furthermore, there has been a revised Education and Training Policy of 2018 which promotes inclusive education.

However, as noted by the UNCRC Committee, the country still lags behind on issues such as disaggregated data on children with disabilities; limited access to early identification and referral programmes for children with disabilities; insufficient measures to ensure that children with disabilities fully enjoy their rights, in particular to health, quality of life, and inclusive education.

Children with disabilities are an often-mentioned group by service providers but largely overlooked, in a programmatic sense, as a critical population of rights holders. According to the national census report (2017), there are 146 554 people living with disabilities and 17.7% of these are children. Considering the stigma associated with disability in the country, the real figure may be much higher raising an assumption that some children living with disability may be deprived of child protection and are likely to become victims of child abuse and neglect.

### 1.2.2 RIGHT TO DEVELOPMENT

According to Santrock (2010), child development includes biological, cognitive and socio-emotional changes that take place in human beings between 0 – 18 years of age. The UNCRC highlights the right to development as; right to free and compulsory education, parental love and care (Articles 5, 7, 9 and 19), access information (Article 17), social security including social insurance (Article 26) and (Article 28), right to rest, play, leisure and recreation (Article 31).

A situation analysis shows that country level achievements on child development is minimal with most information

concentrating on education with little data on play, recreation and leisure, parental and family care, and access to information. Despite the existence of numerous policies and guidelines for children, there is gap in tracking their effects on holistic child development

### **Early Childhood Development (ECD)**

Early childhood development is another area of concern in the country. Although awareness and buy-in for ECD is increasing, ECD is not yet regarded as a non-negotiable national priority that requires resourcing and program attention in both development and humanitarian scenarios (SITAN, 2019). A review of current ECD service provision in Eswatini, indicates that it is both limited in scope and highly inequitable. A narrow perception of young children’s needs and the role of parents and caregivers is best illustrated by the focus on child “survival” (health and protection) and “school readiness” (pre-school education) interventions. Much less attention is given to the demand side of ECD service provision such as behavioural change programmes in the form of Positive Parenting.

Currently 62% of children (36–59 months of age) do not receive adequate developmental support or early stimulation activities. Prior to COVID-19 crisis and closure of ECD centres, only 29.5% of children (36–59 months of age) attended organized Early Childhood Development and Education programmes, with significant disparities between rural and urban areas. Limited access to preschool education has an impact on cost of education, repetition rate, and quality of education. Prioritizing such programmes provides a stimulating environment for all-round development of the child, which lays the foundation for formal schooling and gives best returns on investment in human development.

### **Primary Education**

Education in Eswatini, as of 2009, is free at the primary level. A number of challenges have been identified though which includes that children in the country especially in rural areas, start primary school relatively late. Less than 10% of children complete primary school without repetition. It takes an average of 11 years to complete the entire primary education cycle, far longer than the intended seven years. These factors contribute to primary school dropout. Due to the COVID-19 pandemic, repetition and school drop-out increased because of the full school closure, affecting more than 350,000 learners from 909 public schools across the country.

### **Children With Special Needs**

Children with special needs are still faced with some form of exclusion from support. These include among some, lack of inclusive learning environment, weak technical capacity for teachers to handle children with special needs and lack of integrated and linked health services for learners; inflexible school curriculum and social stereotyping. However, when barriers like these can be removed, the shift towards inclusive education – where all children and youth benefit from the same education - can take place. The 1994 Salamanca Statement (UNESCO, 1994), signed by 92 countries, was a turning point for a global agenda on the inclusion of children with special needs and disabilities. It affirmed the right of every child to be educated in regular schools, with additional support where needed. ESwatini is signatory to this provision and has further sought to protect the rights of all children with the CRC.

### **1.2.3 RIGHT TO PROTECTION**

Child protection entails safeguarding children from harm, and harm includes

violence, abuse, exploitation and neglect (Eswatini Constitution 2005:29, CPWA 2012:13-16, UNCRC article 19, UNICEF, 2006 and Save the Children, 2010). The UNCRC in various articles further outlines that state parties should protect children from drugs and substance abuse, child labour, child trafficking, sexual abuse and exploitation. Children should also be protected against the negative impact of information and communication technologies and media, retrogressive cultural practices and harm by caregivers. Furthermore, there are categories of children requiring special protection including internally displaced children, children living with disabilities, refugees, children in conflict with the law and those in alternative family care.

The findings of the SITAN (2019) of children revealed that factors that necessitate child protection include high poverty, the impact of HIV and AIDS, family disintegration and break down of community structures. At the same time, moral decadence in society only makes things worse.

A review of the country's legislative environment shows that the country's Constitution (2005) and specific legislations such as the CPWA (2012), Disability Act (2018) and the Sexual Offences and Domestic Violence Act (2018) have strengthened the framework for child protection in several areas, including early marriages, trafficking of persons, among others. However, major gaps such as reporting mechanisms; inadequate civil registration and vital statistics system still exist. As a consequence children continue to be vulnerable to a wide range of risks including abandonment, violence, sexual abuse, and sexual exploitation, among others.

## **Violence against children**

The country's situation analysis shows that violence is the most prominent child protection issue. It is estimated that 88% of children aged between 1 and 14 experience at least one form of psychological or physical punishment by household members monthly. Physical punishment is seen by 66% of parents and caregivers as a necessary part of child-rearing (MICS, 2014). There are elevated levels of sexual violence during childhood, with an estimated one in three girls experiencing some form of sexual violence before age 18 (UNICEF, 2007). The lack of a coordinated and formalized systems approach to child protection prevents responses from being implemented at scale. Children are also at risk of violence at school, and according to anecdotal information, those living close to the borders are at risk of human trafficking and sexual exploitation. COVID-19 increased vulnerabilities of children to exploitation, abuse, neglect and violence as their caregivers are directly affected by the disease or as their families and communities lose livelihoods.

## **Birth Registration**

In the Kingdom of Eswatini, shortfalls related to child protection emerge early in life. The low percentage (54%) of children with birth certificates means that many children have already embarked on a path with multiple hurdles for legal protection and access to various formal services. For example, birth registration is a requirement for children to participate in national school exams and also benefit in the education grants such as the Orphaned and Vulnerable Children's grant and the Free Primary Education Fund.

There is significant national variation with urban areas showing a better rate of registration while rural areas remain behind. This is explained by low awareness of birth registration, far to reach and long distances to the registration facilities. Birth registration

for current birth, up to when a child is 3 months old, is free after which it is considered a late registration and attracts a fee. This is compounded by strict procedures that deter guardians from registering children, especially orphaned and vulnerable children.

### **Children and Information and Communication Technologies**

Information and Communication Technologies (ICTs) have exposed children to new forms of abuse such as child pornography or exposure to pornographic material, cybercrime, child trafficking and kidnapping. The use of internet and mobile phones has increased in the country; first due to parents' affordability power and also as a compulsory need caused by the outbreak of COVID- 19. While evidence shows an increase in these forms of child abuse, public awareness of ICT related child abuse remains low and legislation has not been effectively used as a deterrent. The law enforcement system is not adequately equipped to prevent and respond to this emerging form of child abuse. Additionally, there is need for more research to understand the magnitude of child abuse associated with ICT in the country.

### **Children in conflict with the law**

Eswatini's Constitution (2005:29) and CPWA 2012 provides for protection of children in conflict with the law. One of the milestones achieved so far is the establishment of child-specific courts in the country in Siteki, Mbabane and Nhlanguano. However, for the past five years only two (Mbabane and Siteki) child friendly courts have been operational, delaying finalization of children's cases and indirectly discouraging the reporting of such cases. Legal aid for children in the justice system is inadequate. Subjecting children to formal courts remain the only medium of settling cases of children in conflict with the

law. The CPWA 2012, further provides for the establishment of Imiphakatsi (Chieftdom level) child justice committees to deal with some cases of children in conflict with the law but to date these have not been put in place.

### **1.2.4 RIGHT TO PARTICIPATION**

The right to participation means that children have the right to form and air views (Article 12), right to expression (Article 13), right to thought, conscience and religion (Article 14), right to association (Article 14), and right to participate in cultural and artistic activities (Article 31) (UNCRC and the ACRWC). Based on evolving capacities, children have unique ideas about their lives, needs and concerns together with ideas and views derived from direct experience. These rights ensure that children's views and ideas are considered in all matters that affect them in society. Child participation is critical and hence the need to seek children's views and active involvement at all decision-making levels including home, community, school, national, regional and international platforms.

Taking cognizance of children's views and experiences within the family, school and other decision-making levels contributes to developing children's esteem, cognitive abilities, social skills and respect for others. This in turn leads to holistic development of the children into useful citizens who can contribute to the social-economic development of the nation (REPSSI, 2011).

As with many Southern African societies, the issue of adolescent participation is approached with some hesitancy in Eswatini. Built on tenets of respect, lived experience and oral history, Emaswati households and communities are inherently adult-centred. Strong concepts of the traditional family structure and the roles within it, keep children "seen but not often heard" until late

adolescence, whilst poor adult-child communication skills further exacerbate this communication gap. When children and young people stay with extended, blended or surrogate families, they are at even further risk of being silenced at home, whilst communities offer few platforms for their meaningful participation, outside of sport and cultural activities.

Furthermore, whilst there has been some progress in teaching styles and practices in schools, including the introduction of more group work approaches, projects, extra-curricular activities such as debating and speech-giving, and of course, government's mandate towards positive discipline, classes often remain too large and teaching styles too exam-focused to promote real participatory teaching and learning styles.

Currently in Eswatini, there is no multi-sectoral, stakeholder, multi-level platform to support coordinated action across stakeholders and to support the identification and/or accelerated replication of best practices.

To ensure that adolescents are not left behind, there is a need to map the different entry points and platforms that exist and leverage existing networks and platforms to reach more adolescents. Primary and secondary schools present formal and sustainable platforms for adolescent participation and civic education. Policy guidelines and frameworks are required to provide guidance for the establishment and resourcing of these platforms (SITAN, 2019).

### **1.2.5 COORDINATION MANAGEMENT**

#### **National Children Services Department (NCS)**

The Government of eSwatini has prioritized strengthening coordination of children's issues by creating the National Children

Services Department (NCS) within the DPM's Office.

#### **Role of NCS**

The role of the Department focuses mainly on the oversight management of the implementation of the NPA, coordination of the all the implementing partners at the operational level and all stakeholders at the policy level; brokering and popularization of child's rights, resource mobilization, accountability for results and resources, providing evidence based strategic direction and monitoring and reporting on the progress in the implementation of the child rights agenda national and globally.

In the current NPA, the NCS will work towards strengthening its coordination capacity, including structured coordination platforms at national, sub-national and local levels, putting in place a monitoring and accountability framework; ensure necessary human, technical and financial resource for its effective operations are available and to facilitate availability of a coordination strategy of the Department.

### **1.3 RESEARCH MONITORING AND EVALUATION**

This NPA is designed to provide a bridge between the gaps identified by the SITAN (2019), National Children's Policy (2009) and activity implementation plans of various stakeholders in different child protection, care and support sectors. As mentioned earlier, this NPA has adopted a child's right approach which also responds to the eight key thematic policy issues as articulated by the National Children's Policy, namely:

1. education
2. health, clean water and sanitation
3. children with disabilities



4. care and support
5. psychosocial support
6. food and nutrition security
7. socio-economic security
8. child protection and legal support. All these would be complemented by thematic area number
9. cross-cutting issues of research and M&E, and NPA coordination, partnership and capacity building arrangements.

By adopting this approach, the Government of Eswatini is making an attempt to ensure that the NPA is in sync with the National Children's Policy, the United Nations Convention on the Rights and Welfare of the Child plus the recommendations given by the committees on the Rights of the Child for both the ACRWC (2018) and UNCRC (2021).

It has been observed that the last NPA had challenges with effective monitoring yet research monitoring and evaluation are cornerstones of effective implementation of any plan. As such, this NPA is set to strengthen the capacity for M&E by articulating a framework that is commensurate with the scope for coordination of the programme.

## 2.0 LEGAL INSTRUMENTS

The normative framework of Eswatini is rich and diverse. The Country has signed and ratified the major interventional covenants, protocols and treaties in the matter of human rights and rights of the child. It has also enacted and adopted legislation that is mostly aligned with the standards presented in the international instruments.

In recent years, there have been noteworthy additions to the national legislative and policy landscape. The proliferation of important policies and legislation is however only one of many requirements to support efforts to bring children and adolescents in the mainstream of the national and sectoral development agenda. The Children’s development road map is premised on the following international and national policy and legal instruments.

### 2.1 INTERNATIONAL INSTRUMENTS

#### The United Nations Sustainable Development Goals (SDGs)

The country adopted the Sustainable Development Goals that were, launched by the United Nations in 2015 as a framework for development to guide the country through to the year 2030. Notably there are 35 out of 169 indicators that are directly related to children. Eswatini is committed to the SDG agenda in its entirety and of the 17 Goals the country prioritised 10 of these. The country has made strides towards creating an environment that enables the achievement of these goals by revising the National Development Strategy (Vision 2022) to incorporate emerging regional and global development issues.



Figure 1: Prioritized SDG’s for Eswatini

The government of Eswatini submitted the Voluntary National Review on the implementation of the SDGs in 2019. The overall assessment shows that the country has provided an enabling policy environment for all sectors and has adhered to Sustainable Development Conventions such as the Paris Agreement and Sendai Framework for Disaster Risk Reduction. However, providing the enabling policy environment was not sufficient to achieve targets

#### United Nations Convention on the Rights of the Child

At the international level, the NPA is backed by the provisions of the United Nations Convention on the Rights of the Child (UNCRC) which articulates all the rights of the child.

*The government of Eswatini declared to the UNCRC that the NPA would be finalized by year 2022. The country further the a clear institutional framework will be defined with processes, systems and resources that befits the effort required to meet the needs of the children*

In ratifying the CRC, the government took on a collective responsibility to respect, protect and promote the rights of children. These responsibilities cut across all the organs of government, at both ministerial level and decentralized levels, including Chiefs, their councils, and all sectors of society. Eswatini also ratified the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict and the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography in 2012.

#### **The ILO Convention on Minimum Age of Admission to Employment (1973)**

*The country ratified this instrument in 2002. Its main focus is on safeguarding the child right against child labour and a review of the status of implementation recommended labour inspection particularly in informal economy; making education compulsory as a deterrent to early employment of children*

*The ACRRWC was signed off and the country domesticates it through The Child Welfare And Protection Act of 2012; the NPA 2011-2015, sectoral programs; the submission of Periodic reports to the UNCRC and the envisaged NP 2022/25*

Eswatini submitted the latest report to the United Nations Committee on the Right of the child in 2017, combining the second to the fourth submission. The report highlighted that “A comprehensive National

Plan of Action for Children (NPA) for the period 2011–2015 was developed to support government-wide planning and evaluation as measured against national child rights priorities” (Government of the Kingdom of Eswatini 2019a). The Government declared that the review was in the pipeline and the a new plan was foreseen for the end of the fiscal year 2021/2022 to “define clear institutional arrangement frameworks, Children Services Processing and response systems and approaches that will be implemented as a strategic measure to match resources and efforts with the demand for children rights” (Government of the Kingdom of Eswatini 2020b).

#### **The African Charter on the Rights and Welfare of the African Child (1990)**

The Government of Eswatini is a signatory to the ACRWC, which stipulates the State's obligations with respect to the rights and responsibilities of the child. Eswatini ratified the ACRWC in 2012. The ACRWC embodies key human rights principles in protecting the rights of children. In 2017, the Government of Eswatini submitted its first report on the implementation of the Charter. In it, the Government highlights that a revised national plan of action must, along with Regulations to the CPWA, be adopted to support the coordinated government-wide planning and implementation of services to realise children rights as protected by the CRC and ACRWC and domesticated through the CPWA(Kingdom of Eswatini 2016).

#### **The ILO Convention on Minimum Age of Admission to Employment (1973)**

Eswatini ratified the ILO Convention 138 of 1973 in 2002. According to the convention, the minimum age for work should be at least 18 years. The Convention also recognises that laws may permit employment of children 13 to 15 years of age in light work that is unlikely to be harmful to their health

or development and will not prejudice their education and vocational training. Work done in schools or as a part of a certified programme of education or training is allowed, provided certain safeguards are in place.

### **The ILO Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour 182 (1999)**

The convention, referred to as the Worst Forms of Child Labour Convention, came into effect in November 2000 and was ratified by Eswatini in October 2002. The Convention requires ratifying countries to take immediate and effective measures to eliminate the worst forms of child labour.

With regards to the implementation of the Convention 182, the CEACR addressed the Government of Eswatini with both observations (International Labour Organisation 2017b) and direct request (International Labour Organisation 2017a). Namely, the CEACR noted urged the Government to:

- Take the necessary measures to ensure that the draft Employment Bill and the Sexual Offences and Domestic Violence Bill are adopted.
- Take the necessary measures to ensure that the types of hazardous work prohibited to children under 18 years of age are determined as a matter of urgency, and that the list is adopted.
- Take the necessary measures to ensure that the National Action Plan on the Worst Forms of Child Labour is adopted.
- Take the necessary measures to collect and compile data on children involved in the worst forms of child labour.

### **Convention on the Rights of Persons with disabilities (2007)**

The Government of Eswatini signed this convention in 2007 and ratified it in 2012. It ensures that persons with disabilities enjoy the same human rights as everyone else, and are able to lead their lives as fully-fledged citizens who can make valuable contributions to society if given the same opportunities. It covers rights such as equality, non-discrimination and equal recognition before the law; liberty and security of the person; accessibility, personal mobility and independent living; right to health, work and education; and participation in political and cultural life. In ratifying it, Eswatini accepted the mechanisms of individual complaints procedures set in the optional protocol.

## 2.2 NATIONAL INSTRUMENTS

### **The Constitution of the Kingdom of Eswatini 2005**

The Constitution of the Kingdom of Eswatini 2005(29) provides a legal framework for the protection of the rights of children and the general population. It specifically provides for the right of children to know and be cared for by their parents or guardians, access to education, medical treatment, and protection from all forms of exploitation and abuse and abolish the status of illegitimacy for children born out of wedlock. Despite these provisions, a number of legislations are yet to be put in place to adequately provide for the protection, promotion and fulfilment of children's rights.

### **The National Children's Policy (2009)**

The overarching goal of the National Children's Policy (2009) is: "To promote, protect and fulfil/ the rights of all children and ensure their full development and long-term welfare including their physical and psychosocial development." The National Children's Policy covers the following eight key issues as stipulated in the policy

statements: 1) education; 2) health; 3) children with disabilities; 4) care and support; 5) psychosocial support; 6) food and nutrition security; 7) socio-economic security; and 8) child protection and legal support.

### **The Children Protection and Welfare Act of 2012**

The Act is a constitutional requirement that will harmonize all legislation relating to children. It is based on the principle of the best interest of the child and also reflects the country's commitments on child-related issues under international law. The Act defines the rights of the child and the responsibilities of parents and of the State, defines the procedures for children in need of care and protection, criminalises the exploitation and neglect of children, outlines the requirements for family-based care of orphans, and specifies the requirements for children in contact with the law.

### **National Development Strategy (1999): Vision 2022**

The strategy is the country's overarching strategy for development in all spheres of life. The vision of the Strategy is "By the Year 2022, the Kingdom of Eswatini will be in the top 10% of the medium human development group of countries founded on sustainable economic development, social justice and political stability". There are a number of issues touching children as a result the NDS should also be considered as a reference; the following strategies for children are spelled out in the Strategy:

- a. Policy and Legislative Measures.
- b. Financial and Institutional Support.
- c. Child Care Services.
- d. Education.

And these for the youth:

- a. Education and Participation.

- b. Legislative and Policy Matters.
- c. Research and Financial Support.
- d. Service Provision

### **The Sexual Offences and Domestic Violence Act of 2018**

The Act amongst other things makes the act of rape gender neutral whereas the previous laws narrowly defined rape as a forced sexual act of a male perpetrator and female victim. All other forms of rape were considered "indecent assault". The Act for the first time criminalizes marital rape and other domestic violence offences; makes provision for Specialized Domestic Violence Courts; creates mechanisms and avenues for reporting of offences; and requires medical examination and treatment of victims. These are issues that had not been previously provided for.

### **The Persons with Disabilities Act (2018)**

Following the ratification of the Convention on the Rights of Persons with Disabilities (CRPD) in 2012 by the Kingdom of Eswatini, the Government of the Kingdom of Eswatini domesticated the Convention by enacting the Persons with Disabilities Act of 2018. The Act seeks to provide for the protection of rights and welfare of persons with disabilities including children.

### **The National Multisectoral HIV and AIDS Strategic Framework(NSF) 2018 – 2023**

The National HIV and AIDS Strategic Framework (NSF) is a five-year policy document designed to guide the national multisectoral HIV and AIDS response between 2018 and 2023. The vision of the national HIV response is to End AIDS as a public health threat by 2022. The goal of the NSF is to super-fast track the HIV response to reduce new HIV infections by 85% and AIDS related mortality by 50% from 2017

levels by 2023. The NSF intends to leverage on the following innovative approaches:

- i. Delivering HIV prevention, treatment, care and support services as an integrated package to fast track reduction of new infections;
- ii. Making available and use of granular data to informal local responses;
- iii. Transforming coordination to effectively support implementation of localised and differentiated responses.
- iv. Holding stakeholders accountable for results
- v. Sustainable financing of the response

### **The National Youth Policy (2020)**

The National Youth Policy (NYP) builds on the previous NYP through deliberately identifying and facilitating the attainment of positive youth development outcomes. It embraces new thinking on development, specifically youth development, which takes into cognizance the significance of population dynamics and the principles of sustainable development. Its vision is “All young people in Eswatini have the capabilities and platforms as well as opportunities to facilitate their own development and that of their communities”. Specific objectives of the policy are:

- i. Improve the consolidation and integration of youth development programs into all government ministries and stakeholders’ programs and policies;
- ii. Provide guidelines for facilitating youth development across sectors and stakeholders for the attainment of positive youth development outcomes;
- iii. Strengthen the coordination of the youth development programme in government, funding partners, development partners and civil society organizations including youth led organizations and networks
- iv. Increase the effective participation of

young people in their development and that of their communities

### **The National Gender Policy (2010)**

In 2010, the Government of Eswatini adopted the Gender Policy (Kingdom of Eswatini 2010), which vision is to create “An Eswatini where women, men, girls and boys have similar opportunities to participate freely as equal partners in all spheres of public life, including all decision making processes and have fair access to and control over resources. The Policy has the following objectives:

- i. To identify, conserve and promote positive aspects of Swazi traditions and culture in order to promote equitable opportunities and rights for both males and females in all aspects of development.
- ii. To ensure equitable access by girls and boys, women and men to education, training, and health services, and control over resources such as land and credit for improved quality of life.
- iii. To ensure that gender sensitive laws exist and are enforced.
- iv. To provide direction for the development of effective programmes for the prevention of gender-based violence.

### **The National Social Development Policy (2009)**

This is a policy framework intended to improve the quality of life and human well-being of all Swazis through the provision of appropriate and sustainable social services that are developmental in orientation. It provides for support towards vulnerable children. The Policy Statement reads “It is national policy to protect and promote the rights of children, to ensure their basic needs are met, and they are provided with opportunities to reach their full potential”.

The policy addresses the needs of the following population groups:

- Orphans and Vulnerable Children;
- Street Children;
- Children of incarcerated parents, and
- Children in conflict with the law.

## 2.3 GUIDING PRINCIPLES

The Kingdom of Eswatini signed the UNCRC in 1990 and it ratified it in 1995. By virtue of accessing this international instrument for the promotion and protection of child's rights, the Eswatini committed to be guided by the following principles, as they were delineated by the UN Committee on the Rights of the Child (United Nations Committee on the Rights of the Child 2003):

1. To respect and ensure the rights set forth in the Convention to each child within their jurisdiction without discrimination of any kind;
2. To ensure that the best interests of the child is a primary consideration in all actions concerning children;
3. To ensure the child's inherent right to life and to ensure to the maximum extent possible the survival and development of the child; and
4. To allow and promote the child's right to express his or her views freely in "all matters affecting the child", and to give due weight to those views.

These fundamental principles are here complemented by the following principles that underpinned the NPA/C 2011-2015:

1. Family- centred approach. The NPA is founded on a family-centred approach. This means that the family is a focal point for services affecting vulnerable children, and individual exists within the family as its member. In Eswatini, community-based family care - kinship and extended family

placement- is the preferred form of alternative care for vulnerable children who are not living with their parents. It allows children to be cared for within their community, and not uprooted from the environment they grew up in. NPA implementers will therefore take the vulnerable children's family into consideration when providing their services.

2. Community participation, ownership and empowerment. The NPA for All Children recognizes that the minds and ideas of people is the greatest resource a community has. It recognizes that true knowledge is a combination of two factors: 1) an awareness of community development processes; 2) an understanding of the context of the working environment. This is to say that every community is different, not only for its geography but for the people that live there. In this regard, the NPA will give the community responsibility for both its successes and failures. To achieve this, NPA implementers will work to help the community to see that they need to take responsibility for their own challenges as well as actions aimed to improve the welfare of vulnerable children. Through active community participation, the implementers shall respect the right of the public to be involved in the decision-making process on issues affecting vulnerable children. They shall also seek to fully engage people in the process of learning, growth and change. Above all, the initiatives implemented shall undertake to discourage dependency on welfare by ensuring that people are empowered for self-reliance.

3. Based on an equity approach. While all children in society have the right to access to education, health care, sanitation, clean water, protection and other services necessary for their survival, growth and development, in far too many instances, children are blocked by deprivation and discrimination based on factors beyond their control – their gender, ethnicity,

socioeconomic status, place of birth or whether they live with a disability, for example. An equity-based approach seeks to understand and address the root causes of inequity so that all children, particularly those who suffer the worst deprivations, can live to their potential.

4. Performance-based management. To be successful, the NPA/C must deliver tangible beneficial outcomes to children in Eswatini. To achieve this, the following steps are necessary: all stakeholders must a) develop and embrace a reasonable level of agreement on their mission, goals and strategies; b) implement performance measurement systems of sufficient quality to document performance and support decision making; and c) use performance information as a basis for decision making at the various organisational levels (Wholey, 1999).



## 3. VISION OF THE NPA

### 3.1 Thematic areas for the NPA

The NPA is structured along thematic areas that are aligned to the key areas of the child's rights and these are:

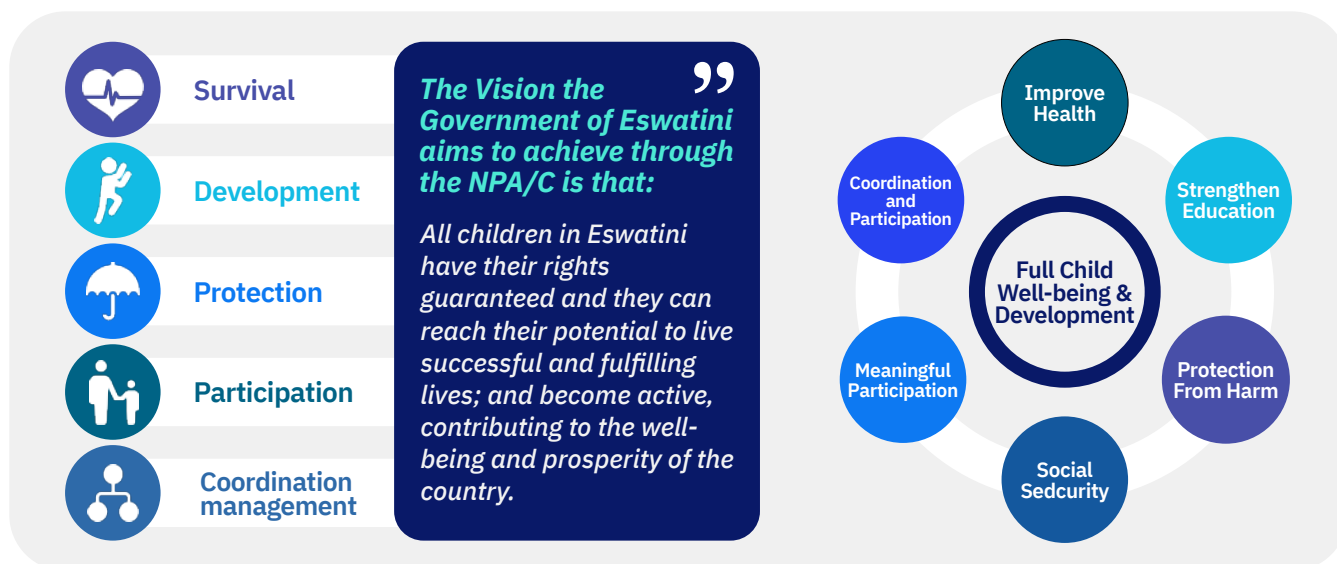


Figure 2: Vision and overall objectives of the NPA/C

### 3.2 Overall objectives by thematic area.

The NPA has overall objectives for each thematic area as shown below:

Thematic area	Overall objective
<b>Survival</b>	Improved healthy growth and development of all children by providing preventative, promotive, curative, and rehabilitative health and nutrition services that are high quality, relevant, accessible, affordable, and equitable
<b>Development</b>	All children achieve their human growth and developmental milestones
<b>Protection</b>	All children are protected from violence, abuse, neglect and exploitation, and have access to quality social, health and justice services
<b>Participation</b>	Children participate at all levels of the decision-making process that affect them and their voice is heard and taken into account
<b>Coordination management</b>	Stakeholders that intervene for children operate in a coordinated manner to ensure the achievement of the NPA/C results for all children

Table 1: Overall objectives of the NPA thematic area

These overall objectives can be seen as components upon which the vision of this NPA is materialised, and in the same way that human rights are interdependent, indivisible and interrelated (United Nations General Assembly 1948; United Nations

Economic and Social Council 1987; 2000; Whelan 2006), so the thematic areas and the overall objectives talk to each other constantly, and cannot be seen as separated and siloed.

## 4. NPA MATRIX BY THEMATIC AREAS

To guide the effective implementation of the NPA/C, each overall objective is then divided into specific objectives, which constitute the results for children that this NPA/C aims to achieve. The specific objectives, as well as the baseline and target indicators are provided below.

### 4.1 THEMATIC AREA1: RIGHT TO SURVIVAL

Overall Objective: Improve the health and development of all children by providing preventative, promotive, curative, and rehabilitative health services that are high quality, relevant, accessible, affordable, and equitable.



**SURVIVAL**

**OUTCOME STATEMENT: By 2025, all children including those with disabilities are to have quality nutrition, ECD, water & sanitation, sexual reproductive health, mental health and HIV services**

Table 2: objectives, baseline and target indicators for the Right to Survival

Indicator	Baseline	Target			Data Source/MOV
		2023	2024	2025	
Full coverage	70.7%	85%	95%	95%	MICS
% of infants under 6 months of age who are exclusively breastfed	63.8%	70%	75%	78%	MICS
% of children aged 6–23 months who received foods from 4 or more food groups during the previous day	62.4%	65%	67%	70%	MICS
Prevalence of stunting among children under 5 years	25.5%	23%	21.5%	20%	MICS
Prevalence of overweight among children under 5 years	9%	8%	6%	5%	MICS

Prevalence of wasting among children under 5 years	2%	2%	2%	2%	2%	1%	MICS
Paediatric ART coverage (0-14 years)	70%	95%	95%	95%	95%	95%	SHIMS
% of household members using improved sources of drinking water	72%	100%	100%	100%	100%	100%	MICS
Unmet need for family planning	15.2%	10%	10%	10%	10%	10%	MICS
Adolescent birth rate	87/1000	55/1000	50/1000	50/1000	50/1000	50/1000	MICS
<b>Output Statement 1: Strengthen the capacity of health institutions to provide quality child health including WASH services.</b>							
Number of children under 5 years screened for MUAC	31,534	50,000	70,000	90,000	110,000		Nutrition Program Reports
Rural Household Dietary Diversity Score	61%	65%	70%	75%	77%		VAC Report
Number of children living with HIV (0-14 years)	9308	9308	9308	9308	9308		CMIS
Total number of women on family planning	57410	62410	67410	72410	77708		SRH Annual Report
Number of pregnant women aged 15-19 years	4270	3943	3615	3288	2961		SRH Annual Report
Number of pregnant women aged below 15	112	102	92	82	72		SRH Annual Report
Number of health facilities providing child health services (immunization & nutrition)	180	180	180	180	180		SARA Report
Number of health facilities providing ART to children (0-14yrs) with advanced HIV infection (HIV)	187	187	187	187	187		SARA Report
Number of health facilities providing HIV testing of infants exposed to HIV, within 6-8 weeks of birth ((HIV)	167	167	167	167	167		SARA Report
Number of health facilities providing family planning with modern methods (SRH)	203	203	203	203	203		SARA Report
<b>Output Statement 2: Improve capacity of communities and caregivers to demand and utilize services for children and adolescents.</b>							
Number of primary caregivers of children aged 0-23 months who received Immunization and IYCF counselling and messages through health facility, community outreach and RHM's. (immunization & nutrition)	48,596	50,000	50,000	50,000	50,000		Implementing Part Reports

## ACTIVITIES: SURVIVAL THEMATIC AREAS

- Strengthen capacity to further reduce infant and child mortality
- Increase and sustain routine immunisation coverage for children under the age of one year and coverage of targeted children immunised with new vaccines
- Increase the availability and accessibility of emergency obstetric care
- Accelerate the implementation of the integrated Child Health Programme including integrated management of Childhood illnesses
- Prioritize maternal, infant and young child nutrition including provision of supplements in rural and peri-urban areas
- Strengthen measures to prevent mother-to-child transmission of HIV (particularly before 18 months)
- Strengthen capacity for early infant diagnosis, early initiation of ART and provision of psychosocial support/follow up to mothers and children
- Upscale adolescent-friendly health services; and provide free, confidential HIV/AIDS and SRH health services
- Conduct awareness-raising programmes on HIV/AIDS prevention, treatment, care and support interventions
- Increase adolescent access to family planning services and post-abortion care services
- Ensure comprehensive sexual and reproductive health education is part of compulsory school curriculum
- Ensure that all adolescents have access to confidential mental health services and counselling in primary health centres, schools and communities
- Increase capacity of the Eswatini National Nutrition Council to coordinate and deliver nutrition education and services to the family and school settings
- Promote healthy eating habits, counter childhood malnutrition and obesity; and promote healthy lifestyle campaigns
- Provide therapeutic feeding for children particularly those with severe malnutrition
- Promote food production practices among school going children to increase household food security
- Promote health and hygiene practices among children including adolescents
- Provide primary health care services including specialized care & rehabilitation services as well as immunization for preventable disabilities to all needy children with disabilities
- Provide early detection and identification of disabilities
- Increase capacity for roll-out of birth registration in all health facilities and empower communities with information on birth registration
- Increase children's awareness of climate change and environmental degradation (by incorporating into school curriculum)
- Identify impact of hazardous chemicals and waste on children and use information to direct national policy on chemical and waste management
- Reduce vulnerability of children to the impact of climate change by building adaptive capacity and resilience
- Promote sustainable management of natural resources, considering consequences for children now and in the future
- Develop social assistance and social protection strategy and child-sensitive, equitable and fiscally sustainable social assistance system
- Expand cash transfer programmes to reach the most vulnerable households
- Consider developing a programme specifically targeting children to contribute towards reducing child poverty
- Improve children's access to water and sanitation, particularly in informal settlements



## 4.2 THEMATIC AREA 2: DEVELOPMENT

Overall Objective: Improve the education system to develop current and future skills necessary for economic growth and social cohesion.

Indicator		Baseline	Target			Data Source/ MOV	
			2023	2024	2025		2026
<b>DEVELOPMENT</b>							
<b>OUTCOME STATEMENT: By 2025 all children are to have access to quality, affordable, relevant and inclusive education in Eswatini.</b>							
Participation rate children 5 years of age	5	40%	45%	50%	55%	65%	AEC, MoET, DPMO, MTAD reports
Net Enrolment rates (Secondary)		47.2%	50%	53%	57%	60%	AEC report
Primary repetition rates		10.1%	7%	5%	3%	1%	AEC report
%age of Out of School Children (OOSC)		17%	16%	15%	14%	13.5%	OOSC Study
Retention rate (Secondary) Form 1 to 3		78%	79%	80%	81%	82%	AEC report
<b>Output statement 1: Strengthen capacity of educational institutions to deliver quality education.</b>							
Number of schools using ICT for pedagogy		Primary – 109 High - 234	Primary- 120 High - 240	Primary- 150 High – 250	Primary-175 High - 265	Primary- 200 High – 280	AEC report
Number of schools with supportive infrastructure for children living with disabilities		3%	4%	5%	7%	10%	AEC report
Number of schools with Multi-Hazard Contingency Plans		0	230	460	690	950	ESSP
Number of in-service trainings conducted		71	150	170	170	170	INSET Annual Report
Right-sizing developed	strategy	No strategy	Strategy document available and launched	Strategy implementation	Strategy implementation	Strategy implementation	TSC reports

Table 3: objectives, baseline and target indicators for human growth and development



## ACTIVITIES: DEVELOPMENT THEMATIC AREAS

- Conduct in-service trainings for all teachers to improve quality, relevance and mode of delivery
- Conduct right-sizing exercise to inform teacher supply
- Develop textbook policy to reduce cost of secondary education
- Develop regulations for secondary education school fees to reduce cost of education
- Develop and introduce E-learning in schools in order to improve delivery and resilience in the education system
- Monitor the implementation of equitable distribution of ECD programmes across regions and communities with a specific focus on the most-deprived and least-resourced areas.
- Ensure a safe, protective, inclusive and participative school/learning environment for all children and adolescents and to promote adherence to set standards for retention and transition through the school system.
- Ensure development of relevant, efficient and effective skills for adolescents and young people to improve their employability, productivity and competitiveness in the labor market
- Advocate for provision of infrastructure, resources and programmes for learners
- Monitoring the implementation at spheres for quality service delivery including preventive and promotive school health services.
- Ensure the provision of life skills education to children and adolescents and increase the implementation of child and adolescent friendly services
- Construction of Agriculture, Consumer Science, Computer & Science laboratories in schools
- Provide ICT (computers and internet) infrastructure in schools
- Support schools to develop Multi-Hazard Contingency Plans
- Facilitate elimination of dropout obstacles and reduce secondary dropout rates
- Broker for improved quality of education
- Address COVID-19 generated inequalities in access and quality education (with focus on children in rural areas and children with disabilities)
- Strengthen efforts to eliminate all “hidden costs” of schooling
- Adopt and adequately fund the Early Childhood and Development Strategy

### 4.3 CHILD PROTECTION

OVERALL OBJECTIVE: Protect all children from violence, abuse, and exploitation; and ensure access to quality social, health, and justice services and full recovery to survivors of any of such episodes.


 PROTECTION						
<b>OUTCOME STATEMENT: By 2025, The National Programme on Children is well coordinated</b>						
Indicator	Baseline	Target				Data Source/MOV
		2023	2024	2025	2026	
Percentage (%) of boys and girls who experienced sexual violence by age 18 (disaggregated by age, sex and disability)	33%	30%	25%	15%	8%	VACs
Percentage (%) of children who experienced physical violence in the past 12 months (disaggregated by sex, age and disability)	68%	60%	50%	40%	30%	MICS
Percentage (%) of children under 5 whose births are registered (disaggregated by age, sex and disability)	54%	60%	70%	75%	80%	MICS
<b>Output Statement: Strengthen the capacity of government and caregivers to prevent and respond to violence against children by 2025.</b>						
Existence of a Child Protection Policy	No	No	Yes	Yes	Yes	DPMO Annual Reports
Number of institutions sensitized on child protection issues.		3000	5000	3000	40001	DPMO Annual Reports
Number of people who reached by social and behaviour change communication interventions promoting elimination of VAC (disaggregated by age, sex, disability)	88 624	700000	700000	700000	700000	DPMO
<b>Output Statement: Develop community-based mechanisms to prevent all forms of violence against children.</b>						
Number of constituencies with child justice committees	0	0	0	150	150	DPMO Annual Reports
Number of caregivers oriented on mandatory reporting of all forms of child abuse and exploitation	3842	5842	7842	9842	10842	DPMO/Save the Children Report

Table 4: objectives, baseline and target indicators for child protection



**ACTIVITIES: PROTECTION THEMATIC AREAS**

- Create awareness among parents/ teachers and community members on existing reporting/referral mechanisms for cases of child abuse/ violence/trafficking/ separation from family.
- Create a protective environment for vulnerable by creating social protection network for all children
- Establish chieftdom (Imiphakatsi) Child Justice Committees
- Develop systems of diversion from prosecution and structured social interventions
- Ensure strengthened legislative and policy environment for the protection of children for all forms of abuse and violence
- a child protection policy and guidelines for all teachers and health providers
- Include child protection issues in the school and teacher training curriculum
- Orient all parents,' teachers, health providers to identify and mandatorily report all forms of child abuse and exploitation
- Strengthen programmes for the protection of children during natural and man-made disasters
- Develop and monitor implementation of preventive protocols for the prevention of crimes committed by children developed
- Strengthen national, regional and sub-regional capacities for coordinated response to VAC, including social service workforce-strengthening;
- Strengthen capacity for enhanced positive gender-transformative social norms for the prevention of VAC and GBV
- Empowering children and adolescents to exercise their rights to live free of violence, to seek help when abuse and violence occur, and to build gender-equitable and non-violent relationships.
- Ensure that children's courts are child friendly
- Build the capacity of justice staff on

applicable child friendly legislation.

- Provide child friendly victim support services including online child-protection services
- Develop and implement child protection standards, guidelines and protocols for placement and institutionalization of children in alternative care
- Raise awareness in the home, schools, community, health service points and other places on child protection, child Labour, child abuse, neglect and exploitation.
- Train relevant professionals on early identification and referral of children who require protection services.
- Monitor levels of abuse and VAC periodically and use the information for advocacy of child protection and child rights
- Establish efficient multi-sectoral child protection system- including child case management system; and strengthen community and school-based protection systems
- Establish a national database on all cases of violence against children, and assess extent, causes and nature
- Expedite the adoption of CPWA Adoption Regulations
- Strengthen a system of registration, effective monitoring, oversight and accountability over residential care institutions administered by private actors
- Increase field presence and resources of the Anti-Trafficking Secretariat and conduct awareness-raising activities among children and parents in border communities on the dangers of trafficking
- Provide child victims of trafficking with adequate assistance and protection (including provision on shelters)
- Fulfil reporting obligations under Optional Protocol on the Involvement of Children in Armed Conflict; and Protocol on the Sale of Children, Child Prostitution and Child Pornography

## 4.4 CHILD PARTICIPATION

OVERALL OBJECTIVE: Enable children to be actively involved in their own development and in all matters concerning and affecting their lives.

<b>Indicator</b>		<b>Target</b>				<b>Data Source/ MOV</b>
		<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>2026</b>	
<b>OUTPUT STATEMENT: By 2025, boys and girls actively participate in planning and implementation of national child focused programmes.</b>						
		<b>Baseline</b>				
Percentage (%) of adolescent girls and boys who participate in civic engagement initiatives	-	-	10%	10%	10%	DPMO
Percentage (%) of adolescent girls and boys who lead in civic engagement initiatives	-	500	1000	1500	2000	DPMO Reports/ CANGO
Percentage (%) of active forums for child participation	-	100%	100%	100%	100%	DPMO Reports
Percentage (%) of child programs/policies with children's inputs	-	100%	100%	100%	100%	DPMO Reports
<b>Output Statement: Enhance capacity of government and civil society organisations to provide mechanisms for participation of children at all levels by 2025.</b>						
Availability of a multi-sectoral, adolescent action plan for child participation	No	No	Yes	Yes	Yes	DPMO Reports
Availability of child participation mechanisms at all levels (Project planning, designing, Implementation and decision making	No	No	Yes	Yes	Yes	DPMO Reports
Number of service providers (teachers, health workers, planners, etc trained on child participation.	-	-	1000	2000	3000	DPMO Reports
Number of fora established for child participation	84	94	104	114	124	Teen Club Evaluation for AL HIV Report/ DPMO Report
Availability of National child participation guidelines	No	No	Yes	Yes	Yes	DPMO

Number of caregivers reached with interventions on awareness of the right to child participation.	3842	-	30951	43331	49521	Save the children/ DPMO
Number of adolescent boys and girls reached with child participation awareness (IEC Material, sessions etc)	-	-	148563	173324	198084	DPMO Reports
Number of adolescent boys and girls trained on their right to participate	-	-	2971	3466	3962	DPMO Reports/ CANGO

Table 5: objectives, baseline and target indicators for the Participation thematic area




#### ACTIVITIES: PARTICIPATION THEMATIC AREAS

- Build capacity among children on the importance of participation, their right to participate and how it is protected by the constitution of the country.
- Support child participation forums at community and national levels
- Train teachers, health service providers and other service providers who come in contact with children to respect views of children and encourage children ask questions
- Create awareness among parents and community to respect children's views and give them space to express their views regarding matters concerning them
- Establish forums with active participation of children and NGOs to ensure children's participation in the planning process
- Create a clear framework for coordination of activities and initiatives designed for child participation
- Build capacity among caregivers, as to have understanding and skills for involving children's views in matters affecting them



## 4.5 COORDINATION

**OVERALL OBJECTIVE:** A well-coordinated National programme for children with efficient capacity (HR, Finance and Systems) for planning, budgeting, implementation, monitoring and evaluation of interventions to ensure every child have their rights protected.

 <b>COORDINATION MANAGEMENT</b>						
<b>OUTCOME STATEMENT: By 2025, The National Programme on Children is well coordinated</b>						
Indicator	Baseline	Target				Data Source/MOV
		2023	2024	2025	2026	
Number of policies aligned to NPA	3	6	10	15	22	MICS
Number of implementing partners workplans addressing NPA priorities	22	22	22	22	22	MICS
Mid-Term review and Terminal evaluation undertaken on time	No	–	Yes	–	Yes	MTR and Terminal evaluation reports
<b>Output Statement: Output Statement: Enhance capacity of the department by 2025.</b>						
Existence of national coordination mechanisms for child focused programs.	No	Yes	Yes	Yes	Yes	DPMO Annual Reports
Availability of NPA monitoring and reporting mechanisms	No	Yes	Yes	Yes	Yes	DPMO Annual reports
Number of advocacy activities undertaken per year	3	3	3	3	3	Programme reports
State party reports on children reports prepared and submitted on time	Yes	Yes	Yes	Yes	Yes	CRC Reports

**Table 6:** objectives, baseline and target indicators for cordination management

**ACTIVITIES: COORDINATION MANAGEMENT THEMATIC AREAS**

- Provide a coordination, supportive and facilitation role and ensure collaboration between all the departments that implements child rights programmes.
- Follow up on implementing agencies to regularly submit accurate, complete and timely reports to the coordinating department (NCSD).
- Facilitate capacity strengthening of the NCSD, implementing partners and children and youth advocates
- Conduct advocacy activities to popularise child's rights using multiple strategies (ie mass media including social media, commemoration of special days, child conferences and meetings, exchange visits, special documentaries)
- Sensitize and lobby legislators and policy makers on planning for and implementation of interventions for the NPA
- Develop a resource mobilisation strategy and use it to mobilise resources for the implementation of programmes that advance child rights
- Ensure monitoring and evaluation of the NPA including the conduct of quarterly & annual reviews, and midterm and terminal NPA review as well as provide feedback through periodic reports.
- Facilitate and coordinate transversal strategies, implementing across all departments to mainstream children's rights.
- Disseminate the State report on the CRC and its concluding observations
- Submit state CRC period report timely with progress in the implementation of the recommendations of the CRC
- Mobilise resources for programme implementation including for the Law reforms
- Facilitate the adoption of CPWA regulations
- Review and update National Children's Policy
- Develop and use a monitoring and evaluation framework for the NPA 2022-25
- Conduct the periodic monitoring and evaluation activities including Annual, Midterm and end of terms review activities with full participation of stakeholders
- Conduct research and use it to inform programme development for child rights



## 5. Institutional Arrangements

The success of the National Plan of Action for Children (NPAC) is dependent on committed national leadership by Government. The plan will be coordinated from the National Children Services Department housed under the office of the Deputy Prime Minister.

### COORDINATION

Coordination and mainstreaming are regarded as key elements of the NPAC. A well-coordinated approach will ensure synergy in the implementation of the NPAC and the advancement of a holistic children's rights agenda for the country. The primary responsibility for the coordination of the NPAC lies with the NCSD as it needs to ensure that the necessary mechanisms for participation, coordination, mainstreaming, capacity development, monitoring and evaluation are functional and in place.

The DPM shall establish a steering committee for children, which will comprise principal Secretaries of the different ministries responsible for the delivery of children services. The Department shall establish the technical working groups (TWGs) under its leadership to coordinate and oversee the NPAC. The TWGs shall be chaired by the leading ministries in each thematic area. The members of the TWGs shall consist of representatives from all government departments and non-governmental organizations appointed by their respective Directors to represent their specific Departments and Organizations. The NCSD will play a coordinating role and being responsible for report writing they will also assume the secretariat position.

The TWGs will operate on clearly outlined terms of reference (TOR) that shall include (but not be limited to) the following:

- Membership and attendance
- Frequency of meetings
- Roles and responsibilities
- Planning
- Fostering of participation of children
- Involvement of civil society organizations
- Consultation and broader participation
- Sub-committees
- Reporting and accountability

The Department shall, through its monitoring and evaluation section, monitor the implementing institutions in accordance with the NPAC and periodically provide reports to the steering committee for decision-making and corrective measures where critical. The department will also ensure that there are Regional TWGs (RTWG) in each of the four regions. The role of the RTWG will be to serve as mechanisms for coordinating, facilitating and monitoring the broad framework of the regional action for children. The regional action process is based on a partnership between government and civil society and is regarded as the implementation arm of the National TWG. Membership on the RTWG shall consist of government departments and civil society.

### ROLE OF NATIONAL AND REGIONAL GOVERNMENT DEPARTMENTS

Government departments have an obligation to deliver services to children; to promote, protect and fulfill the rights of the children. The advent of laws intended to promote and protect the rights of children requires that policy makers, service planners,

administrators and all officials involved in service delivery to children, have a full understanding of the context of children's rights, as well as the State's constitutional and international obligations

## **MONITORING, EVALUATION AND RESEARCH**

The monitoring and evaluation of the NPAC is synergized and closely linked to the Monitoring and Evaluation unit in relevant Departments so as to ensure synergy with government-wide monitoring and evaluation systems. There are, however, a set of indicators that are specific to the NCS D for which the department remains accountable. Generally, the M&E will ensure that evidence is available for the department and its stakeholders are able to make evidence-based decisions. The M&E will be responsible for ensuring that indicator data is consolidated to provide a picture on the progress towards the attainment of the child rights. Apart from routine M&E, there will be a midterm review as well as NPA evaluation. Smaller and short-term special projects will also be evaluated as need arises. A National TWG, based on the priorities identified in the NPAC, will develop a national child rights research agenda. This research agenda will be accessible to all academic institutions, professionals and programme managers as well as the public.

## **CAPACITY DEVELOPMENT**

The successful implementation of the National Plan of Action for Children is dependent on the capacity of all government departments to understand, mainstream and implement children's rights. However, it is acknowledged that capacity within government varies between departments

and the different spheres of government. Similarly, there is varied capacity in civil society organizations towards the implementation of the NPAC. The National TWG, in close collaboration with the NCS D will develop a national capacity development and institutional support programme that will, among others, ensure that capacity is enhanced in terms of:

- The understanding of children's rights within the Eswatini and international contexts.
- The understanding of the Eswatini Policy and Legislative environment as far as it pertains to children.
- An understanding and ability to mainstream children's rights within all government departments and spheres of government.
- The monitoring and evaluation of children's rights implementation.

## **ADVOCACY AND PARTNERSHIPS**

The NCS D will develop an advocacy, partnership and mainstreaming strategy to ensure the protection, promotion and fulfillment of children's rights in Eswatini. The strategy will focus on the following:

- Specific advocacy issues on Children's rights in general and specifically those who are vulnerable, at risk, marginalized or left behind.
- Develop a resource mobilization and partnership building strategy and lead its implementation.
- Ensure leadership in contemporary issues emerging from the agenda of government relating to children.

# National Plan of Action for Children Eswatini

2023-2027

