

# Evaluation of the UNICEF Eswatini Country Programme (2021-2025)

## Final Report - Volume 1



Prepared by  
Susanne Turrall, Evaluation Team Leader  
Giulia De Bernardi, Evaluation Specialist

Eswatini  
March 2025

unicef  | for every child

# Evaluation of the UNICEF Eswatini Country Programme (2021-2025)

Volume 1



**Evaluation of UNICEF Eswatini Country Programme (2021-2025)  
Final Report – Volume 1**

March, 2025

The purpose of publishing evaluation reports produced by UNICEF is to fulfil a corporate commitment to transparency through the publication of all completed evaluations. The reports are designed to stimulate a free exchange of ideas among those interested in the topic and to assure those supporting the work of UNICEF that it rigorously examines its strategies, results, and overall effectiveness.

The contents of the report do not necessarily reflect the policies or views of UNICEF.

The text has not been edited to official publication standards, and UNICEF accepts no responsibility for error.

The designations in this publication do not imply an opinion on the legal status of any country or territory, or of its authorities, or the delimitation of frontiers.

The copyright for this report is held by the United Nations Children’s Fund. Permission is required to reprint/reproduce/photocopy or in any other way to cite or quote from this report in written form. UNICEF has a formal permission policy that requires a written request to be submitted. For non-commercial uses, the permission will normally be granted free of charge. Please write to UNICEF at the address below to initiate a permission request.

This report is available for download at [www.unicef.org/evaluation/reports#/](http://www.unicef.org/evaluation/reports#/)

Please cite the work as follows: UNICEF. 2025. Evaluation of UNICEF Eswatini Country Programme (2021-2025). UNICEF Country Office, Eswatini.

For further information, please contact:

Eswatini United Nations Children’s Fund  
UN House, Somholo Street  
Mbabane, Eswatini  
Tel: +268 2409 6600

<https://www.unicef.org/eswatini/>

#### Evaluation Management Team (from UNICEF)

---

Bikul Tulachan	Evaluation Specialist (Evaluation Manager)
Nelisiwe Dlamini	Planning, Monitoring and Evaluation Specialist
Ashley Wax	Regional Advisor, Evaluation

#### Evaluation Team (Indeva Consulting)

---

Susanne Turrall	Team Leader
Giulia De Bernardi	Evaluation Specialist

#### Evaluation Reference Group

---

In this evaluation, an Evaluation Reference Group (ERG) was formed to maximize the usefulness of the evaluation in informing the next Strategic Plan. In an advisory capacity, the ERG provided feedback and technical input at key stages of the evaluation process. The group included UNICEF colleagues from the CMT. A full list of the ERG members is provided in Volume 2, Annex 8.

# ACKNOWLEDGEMENTS

This Country Programme Evaluation (CPE) report was produced with the support of UNICEF Eswatini and the participation of officials of the Government of the Kingdom of Eswatini, civil society organizations, and the United Nations in Eswatini. Susanne Turrall, an international evaluation consultant, led the evaluation with the participation of Giulia De Bernardi, Evaluation Specialist. Bikul Tulachan and Ashley Wax, both from the evaluation section of the UNICEF Eastern and Southern Africa Regional Office (ESARO), provided valuable guidance and oversight of the evaluation process. The support of the Country Representative, Amina Mohammed, the Deputy Representative, Afshin Parsi, the Planning, Monitoring and Evaluation Specialist, Nelisiwe Dlamini, the Programme Associate, Vanessa Sihlongonyane, and the Senior Management Team of UNICEF Eswatini is acknowledged with great appreciation.

# CONTENTS

- Acknowledgements .....vi
- Tables and Figures .....ix
- Acronyms ..... x
- Executive Summary ..... xii
- 1. Introduction ..... 1
- 2. Background and Context of the Evaluation ..... 1
  - 2.1 Country context ..... 1
  - 2.2 Relevant sectors to the evaluation: health, education, youth, social welfare and protection ..... 3
  - 2.3 Equity, gender, and disability ..... 7
- 3. The Object of the Evaluation: UNICEF Eswatini Country Programme ..... 9
  - 3.1 The goal, outcomes and outputs of the Country Programme ..... 9
  - 3.2 The Country Programme budget ..... 10
  - 3.3 Programme Theory of Change ..... 12
  - 3.4 Stakeholder analysis ..... 13
  - 3.5 Rights holders ..... 15
  - 3.6 Geographic coverage ..... 16
- 4. Evaluation Purpose, Objectives and Scope ..... 16
  - 4.1 Evaluation purpose ..... 16
  - 4.2 Evaluation objectives ..... 16
  - 4.3 Scope of the evaluation ..... 17
- 5. Methodology ..... 18
  - 5.1 Evaluation approach ..... 18
  - 5.2 Evaluation framework ..... 19
  - 5.3 Data collection methods ..... 20
  - 5.4 Data analysis methods ..... 23
  - 5.5 Ethical considerations ..... 24
  - 5.6 Limitations and mitigation strategies ..... 25
  - 5.7 Evaluation management ..... 26
- 6. Findings ..... 27
  - 6.1 Relevance ..... 27
  - 6.2 Coherence ..... 33
  - 6.3 Effectiveness ..... 39

6.4 Efficiency.....	66
6.5 Sustainability.....	71
7. Conclusions .....	76
8. Lessons.....	82
9. Recommendations.....	83
10. List of Annexes in Volume 2.....	87

# TABLES AND FIGURES

## List of Tables

Table 1: Basic health indicators at national level and disaggregated by region .....	3
Table 2: Basic education data at national level and disaggregated by region.....	6
Table 3. The outcomes and outputs of the UNICEF Eswatini Country Programme.....	9
Table 4. List of stakeholders, their stake in the CP and engagement in the evaluation.....	13
Table 5. Number of beneficiaries targeted .....	15
Table 6. The anticipated users of the evaluation and how they will use it.....	17
Table 7. The evaluation criteria and questions.....	20
Table 8. The three 'deep dives' within the evaluation.....	20
Table 9: Number of key informants consulted, disaggregated by stakeholder type and gender.....	21
Table 10. Evaluation limitations and mitigation strategies.....	25
Table 11. CP and alignment with national policy framework .....	27
Table 13. Gender issues and how the CP design has incorporated them .....	29
Table 14. Alignment of the CP priorities with UNICEF Strategic Plans and the SDGs.....	34
Table 15. Outcome 1 indicators with targets and actuals.....	50
Table 16. Outcome 2 indicators with targets and actuals.....	57
Table 17. Outcome 3 indicators with targets and actuals.....	61

## List of Figures

Figure 1. Map of Eswatini.....	iii
Figure 2. Amounts in US\$ and corresponding percentages of funds allocation by programme outcome	11
Figure 3. Amounts in US\$ and corresponding percentage of funds by source type.....	11
Figure 4: Donors to the Country Programme who contributed 2 per cent or more to the overall funds.....	12
Figure 5. Evaluation survey results for responses to the question "How satisfied are you with the results achieved in your area of work through UNICEF's initiatives and interventions?" .....	41
Figure 6. Aggregated funds allocated and utilized by programme outcome and total.....	67
Figure 7. Funds allocated and utilized by resource type.....	68
Figure 8. Distribution of funds by programme output areas .....	69
Figure 9: Evaluation survey results for question "What do you feel are the priority areas for children, teenagers and young people in the future in Eswatini?" .....	73

## ACRONYMS

ART	Antiretroviral Therapy
ASRH	Adolescent Sexual and Reproductive Health
AYP	Adolescents and Young People
BCC	Behavioural Change Communication
CALHIV	Children and Adolescents Living with HIV
CANGO	Coordinating Assembly of Non-Governmental Organizations
CDC	Centre for Disaster and Control
CO	Country Office
COAR	Country Office Annual Report
CP	Country Programme
CPD	Country Programme Document
CPE	County Programme Evaluation
CPRD	UN Convention on the Rights of Persons with Disabilities
CRC	Convention on the Rights of the Child
CSO	Civil Society Organizations
DHS	Demographic and Health Survey
DPMO	Deputy Prime Minister's Office
ECDE	Early Childhood Care, Development and Education
ECE	Early Childhood Education
ECO	Eswatini Country Office
ECP	Eswatini Country Programme
EM	Evaluation Manager
EMIS	Electronic Education Management Information System
EQ	Evaluation Question
ERG	Evaluation Reference Group
ESARO	East and Southern Africa Regional Office
FGD	Focus Group Discussion
GBV	Gender-based Violence
GDP	Gross Domestic Product
GIS	Geographic Information System
HCF	Health Care Facility
HIV	Human immunodeficiency virus
HPV	Human Papilloma Virus
HRBA	Human Rights Based Approach
ILO	International Labour Organisation
IP	Implementing Partner
IRRF	Integrated Results and Resources Framework
KoE	Kingdom of Eswatini
LPD	Lifelong learning, Protection and Development
MCAH	Maternal Child Adolescent Health
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MoEPD	Ministry of Economic Planning and Development
MoET	Ministry of Education and Training

MoFT	Ministry of Finance & Treasury
MoH	Ministry of Health
MoHA	Ministry of Home Affairs
MoJCA	Ministry of Justice and Constitutional Affairs
MTCT	Mother to Child Transmission
NGO	Non-Governmental Organization
OBS	Open Budget Survey
OECD	Organization for Economic Co-operation and Development
OVC	Orphans and Vulnerable Children
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child Transmission
PSI	Population Services International
PSN	Programme Strategy Notes
RAM	Results Assessment Module
RG	Result Group
RO	Regional Office
SBCC	Social and Behavioural Change Communication
SDG	Sustainable Development Goal
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
SWAGAA	Swaziland Action Group Against Abuse
ToC	Theory of Change
ToR	Terms of Reference
TVET	Technical and Vocational Educational Training
TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNCT	UN Country Team (in Eswatini)
UNDAF	United Nations Development Assistance Framework
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	UN Population Fund
UNICEF	United Nations Children's Fund
UNSDCF	United Nations Sustainable Development Co-operation Framework
VAC	Violence Against Children
VACS	Violence Against Children Survey
VAG	Violence Against Girls
WASH	Water Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

# EXECUTIVE SUMMARY

The goal of the UNICEF Eswatini Country Programme (2021-2025) is 'to contribute to national efforts to enable children, adolescents and women to realize their rights through a progressive reduction in disparities and inequities'.<sup>1</sup> It focuses on maternal, child, and adolescent health, water, sanitation, and hygiene, nutrition, HIV/AIDS, social policy, child protection, and education. Much of the efforts are on supporting national policy frameworks and system strengthening, with some 'modelling' of service delivery implementation. The budget of the Country Programme (CP) is US\$ 19,121,450.

There are three outcome areas:

1. Maternal, Child, and Adolescent Health: By 2025, parents and children, with a focus on the most vulnerable, have access to equitable, integrated, quality essential health, nutrition, and HIV services, including during emergencies.
2. Lifelong Learning, Protection, and Development: By 2025, all children and adolescents in Eswatini are protected from violence and HIV, are learning, and are equipped with the skills to become active citizens.
3. Social Policy: By 2025, all children and adolescents in Eswatini are protected from violence and HIV, are learning, and are equipped with the skills to become active citizens.

## Evaluation purpose, objectives and scope

The purpose of the UNICEF Eswatini Country Programme Evaluation (CPE) is to:

- Assess results from the ongoing Country Programme (CP) to inform the development of the next UNICEF CP Document (2026-2030).
- Strengthen the accountability of UNICEF to national and international stakeholders and the Executive Board.

The overall objectives of the CPE are:

- To assess the relevance, effectiveness, efficiency, coherence, and sustainability of the Eswatini CP from its inception to the present, with a particular focus on equity, gender equality, disability, and UNICEF's strategic positioning in relation to its child rights mandate.
- To identify and document key successes, challenges, and lessons in implementing the current CP (2021-2025), which can inform and support advocacy efforts for scale-up and replication.
- To provide a set of forward-looking and actionable recommendations to strengthen programmatic strategies in the design of the next Eswatini CP, taking into consideration national development priorities and plans and the 2030 Agenda for Sustainable Development in the country.

The evaluation is of the Eswatini CP from March 2021 to December 2024 (which is due to complete in December 2025) and is being carried out at this point in time to inform the next CP planning process. It covers the entirety of UNICEF's engagement in the country. As the CP is focused predominantly on national level engagement, the evaluation focused on UNICEF's efforts at the national level, particularly policy engagement, system strengthening and support to testing and demonstrating service delivery implementation as models for government. To deepen understanding of UNICEF support, three deep dives were carried out regarding: an integrated approach to immunization (outcome 1); support to the development of an education management information system (outcome 2); and policy advocacy for a social assistance framework (outcome 3). These involved two site visits, to gain a 'snapshot' of insights into implementation at the subnational level.

---

<sup>1</sup> UNICEF, 2020, UNICEF Eswatini Country Programme Document

The envisaged primary users of the CPE are UNICEF Eswatini, UNICEF ESARO and the UNICEF Executive Board. Secondary users are anticipated to be the Government of Eswatini, non-governmental organizations, civil society organizations and development partners.

### Evaluation methodology

The evaluation criteria utilised were the OECD DAC criteria of relevance, coherence, effectiveness, efficiency and sustainability. Impact was not assessed given that impact-level results were not expected to manifest in the timeframe. The evaluation was guided by evaluation ethical standards at all times and conducted in accordance with the United Nations Evaluation Group (UNEG) Ethical Guidelines.<sup>2</sup>

A theory-based approach was applied to test the validity of the programme's theories of change (and an overarching theory of change developed by the evaluation team) against their implementation. The evaluation also adopted a participatory approach to gain a wide range of perspectives and involve a mix of stakeholders, including government representatives, civil society organizations, private-sector representatives, UN agencies, multilateral organizations, bilateral donors, and rights holders under the Programme.

Adhering to UNEG standards of a gender responsive evaluation, a gender lens was used throughout the evaluation to analyse the effect of the CP on gender needs, roles and relations. The evaluation was also disability sensitive and analysed the diverse barriers to integration (physical, social, cultural, legislative). An intersectional approach was also applied to ensure a nuanced understanding of the intersection of a variety of social variables and identities (such as gender, disability, income, geographical location). The evaluation applied a human rights-based approach by assessing aspects such as the level of engagement of stakeholders in the implementation of the CP.

The evaluation used data from primary and secondary sources, applying a mixed-method

approach that combined qualitative and quantitative methods. The sources of information included: 50+ documents reviewed (including financial data), 68 key informants interviewed, eight right holders through a focus group discussion, 16 respondents to the web survey, and 1,478 pollsters to U-Report. A data collection visit to Eswatini took place from 27<sup>th</sup> to 31<sup>st</sup> January 2025, for both evaluation team members. As a predominantly upstream evaluation, the majority of interviews were conducted at the national level for example with interviews with central government partners, with two site visits (Manzini and outskirts of Mbabane) to inform the deep dives.

All evaluation questions were answered through triangulation of quantitative and qualitative data collected using multiple tools and from multiple sources. Qualitative content analysis was applied to pull out key trends, issues, and patterns across the different evaluation questions. Quantitative data was analysed through descriptive statistics.

### Key conclusions on findings

**Relevance:** There is strong alignment between the CP and the priorities set out with the Eswatini government's national policy framework. The programme theories of change for each outcome area respond to the rigorous causality analysis that was undertaken, yet the lack of an overarching ToC risked missing opportunities for strengthening linkages across outcomes. Prioritization of some issues, in particular sexual reproductive health and violence against children, has been compromised by challenges in acquiring funds. Clear references to the impacts of climate change on different programme components are missing.

The programme design took account of the differential needs of vulnerable groups to varying degrees. The CP design reflected the high incidence of poverty amongst children in Eswatini and recognized the higher levels of poverty within rural areas. Issues affecting girls/ female youths were included within some targeted initiatives, but gender was not fully mainstreamed, and a gender

---

<sup>2</sup> UNICEF, 2013, Ethical Research Involving Children

transformative approach was not applied. Although not prioritized within the CP Document, there was concerted and focused targeting of children/ adolescents with disabilities in programming, but not all of the CP interventions were designed to be disability sensitive.

UNICEF demonstrated a proactive and adaptive approach in responding to the COVID-19 pandemic. The pandemic led to focusing on other critical areas and the programme artfully integrated some other significant services (such as other immunizations within programme delivery). However, there remain concerns regarding the overall lack of emergency preparedness. In particular, there are frustrations with delays in the disbursement of funds during emergencies, readiness of deployment of staff and prioritization of child protection needs within all response initiatives.

**Coherence:** UNICEF plays a crucial complementary role to the Government and other development actors by providing technical support, capacity development, and funding to strengthen national leadership and systems. A key part of its upstream work is its coordination role, ensuring that the right stakeholders, including civil society organizations, are actively engaged in policy discussions and decision-making. The evaluation found evidence that UNICEF facilitates collaboration and alignment to enhance inter-sectoral co-ordination within government and has helped to bridge the gap between subnational and national levels (through regional networks on violence against children).

**Effectiveness:**

Outcome 1: UNICEF has strengthened Eswatini's health system by leveraging COVID-19 response funding to improve maternal, child, and adolescent health through advocacy for increased primary health care (PHC) funding and integrating immunization with essential services like HPV vaccination, sexual and reproductive health (SRH), and HIV care. Infrastructure investments in oxygen systems, vaccine storage, and solar power have enhanced PHC units, though challenges like vaccine stock-outs and staff shortages persist. Efforts to improve birth

registration and combat malnutrition have made progress, but cultural barriers, funding gaps, and unmet nutrition indicators highlight the need for revised strategies and sustainable public financing.

In HIV care, UNICEF has played a key role in preventing mother-to-child transmission and supporting children and adolescents living with HIV through technical assistance, viral load testing, pre-exposure prophylaxis and engagement programs. Achievements include maintaining lost-to-follow-up rates below 1 per cent, reaching 95 per cent anti-retroviral therapy coverage for children, and reducing vertical HIV transmission to 1.34 per cent, demonstrating the effectiveness of current strategies while underscoring the need for continued investment.

Outcome 2: UNICEF's work in education has focused on system strengthening through a digital Education Management Information System and a distance learning program, though challenges like internet access, teacher workload, and device availability persist. Early Childhood Education advocacy has gained traction but requires comprehensive policy costing and system development. Inclusive education initiatives show promise, but weak monitoring data limits assessment, while post-COVID reintegration efforts for teenage mothers and children with disabilities have been supported. However, youth skills development remains disconnected from broader system change.

In addressing violence against children (VAC), UNICEF has driven policy efforts, including the dissemination of the VAC survey and a National Plan of Action, but system capacity issues, resource constraints, and gaps in service provision hinder effectiveness. Social norm change campaigns, including disability inclusion efforts, require longer-term strategies beyond project-based interventions. In HIV and sexual and reproductive health and rights (SRHR), policy advancements, including standard operating procedures for gender-based violence clinical management, and youth-led accountability through the MobiSAM app have improved service

quality, but challenges such as high HIV risk among adolescent girls, declining SRHR donor funding, and digital health accessibility barriers remain.

Outcome 3: Despite limited resources, UNICEF has been instrumental in strengthening Eswatini's social policy framework through evidence-based advocacy and capacity development. Key achievements include support to the development of the Multiple Overlapping Deprivation Analysis (MODA), which has enhanced multisectoral collaboration and is laying the foundation for enhanced national child poverty data monitoring. Additionally, UNICEF has advanced child-focused budgeting by facilitating policy dialogues and financial analyses across sectors. In social protection, its advocacy for a Universal Child Grant and disability grant reforms, alongside technical capacity-building support, aims to create a more inclusive system, though progress is slowed by government capacity constraints.

**Efficiency:** UNICEF Eswatini has demonstrated strong financial management and resource mobilization capabilities, successfully meeting expenditure targets and leveraging donor funding, particularly for Outcome 1. However, the benefits to the other outcome areas were more limited due to earmarked funding which restricted budget allocation, leaving some programme areas underfunded. There is an opportunity to strengthen the fundraising strategy to increase flexible funding sources, including from the private sector, to ensure a more balanced distribution of resources across all programme areas and foster public-private partnerships.

While UNICEF staff's technical expertise has been a key enabling factor in delivering results efficiently, challenges remain in staffing capacity for upstream work, advocacy, and resource mobilization. The small workforce, short project cycles, and delays in fund disbursement have constrained programme efficiency, affecting both implementation timelines and partnerships. Addressing these issues by investing in staff capacity-building, streamlining funding processes, and ensuring longer-term project

cycles will enhance UNICEF's ability to achieve sustainable and high-quality outcomes for children in Eswatini. There is scope to enhance how UNICEF Eswatini tracks its work to better measure differential change and inform assessments of progress, including within policy and system strengthening work.

**Sustainability:** Policy advocacy remains a key sustainable strategy but depends on governments allocating their own resources to implement these policies. UNICEF's efforts in budgetary analysis and advocacy for increased public funding complement this approach, reinforcing the need for sustainable policy implementation. While UNICEF has made strides in capacity-development for government officers, there is a need to shift from one-off training sessions to structured, iterative learning approaches that prioritize continuous skill development and practical application. Concerns also remain around project-based efforts, such as youth skills development, which require stronger links to system-wide reforms for long-term sustainability. UNICEF's demonstration of innovative models has shown promise but requires integration into broader planning and monitoring frameworks to assess long-term effectiveness.

## Lessons

Lesson 1. For government-led scale-up and sustainability, clear expectations on ownership must be established from the outset. When introducing models for potential government adoption, UNICEF and stakeholders must ensure clear planning, defined roles, and a structured exit strategy to facilitate long-term sustainability.

Lesson 2. Policy advocacy is more effective when supported by costing analyses that inform government decision-making. Examples of the National Health Sector Strategic Plan and Early Child Education highlight the importance of integrating financial evidence into advocacy efforts to strengthen policy adoption and implementation.

Lesson 3. Government involvement in evidence generation strengthens ownership, capacity, and

policy impact, instead of relying on external consultants. UNICEF's support to the MODA not only built government capacity in data analytics but also facilitated the integration of findings into policymaking.

Lesson 4. Examples from HIV prevention (for example the combination of maternal health services, research, and government support) highlight the importance of leveraging synergies across sectors to create holistic responses that drive sustainable declines in new HIV infections.

## Recommendations

### **Recommendation 1. Strengthen Strategic Prioritization and Coherence in Programme Design.** [Directed to UNICEF ECO; Priority High]

While the CP objectives and design have been broadly relevant and aligned with national priorities and child rights obligations, there are opportunities to enhance prioritization, the breadth of outcomes, strengthen linkages across outcomes, and ensure greater prioritization of key issues such as SRH, VAC, and climate change considerations. Additionally, addressing funding constraints for critical areas should be prioritized.

### **Recommendation 2. Strengthen Inclusion and Equity in UNICEF's Programming** [Directed to UNICEF ECO; Priority Medium-High]

UNICEF Eswatini should adopt a more comprehensive and structured approach to ensuring that no child is left behind, with a particular focus on marginalized and vulnerable groups. Gender-responsive and disability-inclusive approaches should be fully mainstreamed across all programme areas, ensuring that interventions do not only reach vulnerable children but also address the systemic barriers that perpetuate exclusion.

### **Recommendation 3. Strengthen UNICEF's Support to Eswatini's Emergency Preparedness and Response Capacity** [Directed to UNICEF ECO in collaboration with Government of Eswatini and development partners; Priority Medium-High]

While UNICEF Eswatini demonstrated adaptability and responsiveness during the

COVID-19 pandemic, there is a critical need to strengthen UNICEF's systematic support to Eswatini's emergency preparedness to ensure faster, more efficient, and more child-centered responses in future crises. UNICEF should review its emergency preparedness and response systems, addressing delays in funding staff readiness, and the prioritization of child protection across all response efforts.

### **Recommendation 4. Optimize Coherence and Coordination Across UNICEF's Engagements** [Directed to UNICEF ECO in collaboration with other UN agencies; Priority – medium]

To optimize its effectiveness in supporting national leadership and system strengthening, UNICEF Eswatini should continue its strategic coordination with government, leadership roles in co-ordination mechanisms and convening role ensuring that the appropriate stakeholders are engaged, including from CSOs. It should explore opportunities for enhancing co-ordination with other UN agencies to improve the "Delivering-as-One" implementation approach. UNICEF should also ensure greater clarity in its role as a facilitator of system strengthening rather than a service provider.

### **Recommendation 5. Improve efficiency by diversifying funding sources and enhancing staffing capacity** [Directed to UNICEF ECO, UNICEF ESARO and UNICEF Executive Board with collaboration of donors and private sector partners; Priority Medium]

To improve the efficiency of UNICEF's work in Eswatini, it is recommended to diversify funding sources, strengthen staffing capacity, and streamline financial and programmatic processes. A more strategic approach to resource mobilization, with an emphasis on increasing flexible funding, will ensure a more equitable allocation of resources across all programme areas. Additionally, enhancing staff capacity for upstream work, advocacy, and resource mobilization, while addressing inefficiencies in funding disbursement and project cycles, will enable more effective and sustainable interventions.

**Recommendation 6. Strengthen the Sustainability of UNICEF’s Work** [Directed to UNICEF ECO and UNICEF ESARO in collaboration with government stakeholders; Priority – medium]

To enhance the long-term effectiveness of its work in Eswatini, UNICEF should prioritize sustainable policy advocacy, strengthen capacity-building efforts, and ensure that service delivery models and innovations are integrated into national systems from the outset. All downstream support should be embedded within a broader system strengthening and / or a policy engagement process. A clear sustainability

strategy should be embedded in all initiatives to ensure long-term adoption and ownership by the government.

**Recommendation 7. Strengthen Systematic Monitoring and Measurement of Change** [Directed to UNICEF ECO; Priority – Medium]

To enhance UNICEF’s ability to track and assess progress, a more structured and integrated approach to monitoring and evaluation is needed. This will help bridge the gap between outputs and outcomes, establish clearer causal links between initiatives and results, and track how policy advocacy and system strengthening efforts translate into measurable change.

# 1. INTRODUCTION

UNICEF has commissioned Indeva Consulting to evaluate the Eswatini Country Programme for 2021-25. This country programme evaluation (CPE) intends to capture and demonstrate evaluative evidence of UNICEF's contributions to development results in Eswatini and the effectiveness of UNICEF's strategy in facilitating and leveraging national efforts for achieving development results. It is both a summative and formative evaluation; with examination of how the Country Programme (CP) has contributed to results and also intends to inform the development of the next Country Programme. The evaluation is commissioned and managed by the UNICEF East and Southern Africa Regional Office (ESARO). The evaluation is of the CP from the start of its implementation in March 2021 until December 2024 (when evaluation data collection began) and covers the entirety of its programming.

This evaluation report consists of nine sections. After the introduction, section 2 provides an overview of the context in Eswatini. Section 3 presents information about the UNICEF Country Programme, and Section 4 sets out the object of the evaluation purpose, objectives, and scope. Section 5 presents the methodology and approach. Section 6 presents the findings across the evaluation criteria. Section 7 concludes, and sections 8 and 9 display the lessons learned and recommendations, respectively. Annexes are shared within 'Volume 2' of the report.

## 2. BACKGROUND AND CONTEXT OF THE EVALUATION

### 2.1 Country context

The Kingdom of Eswatini (KoE) is a landlocked country bordered by South Africa and Mozambique, over a total land area of 17,364 square kilometres. The country is a monarchical democracy, with the king as head of the state and elections held every five years to determine the parliament, the latest held in 2023, which led to the establishment of the current government. Administratively, the country is divided into four regions – Hhohho, Lubombo, Manzini, and Shiselweni, each further divided into 59 *tinkhundla*, local governments that operate at the grassroots level.

It is estimated that Eswatini has a population of 1,202,285 in 2024, of which 14.1 per cent are children up to five years and 41.4 per cent are aged between 6 and 24 years.<sup>3</sup> According to a population study, during the current period (specifically 2017-2038) the birth and death rates are expected to be declining, the child dependency ratio is declining, and the ageing dependency ratio is expected to be rising.<sup>4</sup> Most of the population resides in rural areas (75 per cent)<sup>5</sup> and is mainly dependent on subsistence farming for survival.<sup>6</sup>

---

3 Kingdom of Eswatini, *2017-2038 Population Projections. Based on the 2017 Eswatini Population and Housing Census*. Eswatini, Mbabane, August 2020.

4 Ibid.

5 Ibid.

6 United Nation Children's Fund, *Country Programme Document 2021-2025*. UNICEF Eswatini, Mbabane, February 2021.

The country is classified as a lower-middle income country. Since the 1980s Eswatini's economic performance has been highly influenced by South Africa, which is Eswatini's main trading partner (constituting 65 per cent of exports and 75 per cent of imports).<sup>7</sup> Exports are concentrated in few products, mainly sugar, beverages, chemicals, textiles and wood products.<sup>8</sup> The service sector contributed the 54 per cent of Gross Domestic Product (GDP) in 2021, dominated by wholesale and retail trade, followed by public administration and defence.<sup>9</sup> The real GDP growth was 4.8 per cent in 2023.<sup>10</sup> High public expenditure is not supported by adequate revenue mobilization, and public expenditure is characterized by inefficiencies in management, having an impact particularly on the health, education and infrastructure sectors.<sup>11</sup>

At the individual/ household level, the GDP per capita (current US\$) was estimated to be \$3,610 in 2023.<sup>12</sup> Poverty persists, and Eswatini's social indicators are lagging behind those of other lower middle-income countries. Based on the latest Eswatini Household Income and Expenditure Report (2017), the proportion of people living below the international poverty line is 58.9 per cent, with 20 per cent living in extreme poverty. High unemployment, especially amongst the youths (47.4 per cent reported in 2019), is a major factor behind the country's high incidence of poverty.<sup>13</sup>

Poverty rates are higher in rural areas, where 23 per cent of the household population is in the poorest quintile and another 23 per cent is in the second lowest quintile, while only 12.2 per cent is in the richest quintile.<sup>14</sup> On the contrary, in urban areas 44.3 per cent of the household population is in the richest quintile, while 10.7 per cent is in the poorest and 10.6 per cent is in the second lower quintile.<sup>15</sup> Poverty rates vary considerably also over the four administrative regions: the region with the highest rate of household population living in the poorest quintile is Shiselweni with 29.2 per cent, followed by Lubombo with 23.4 per cent of households living in the poorest quintile, followed by Manzini with 16.5 per cent, and Hhohho at 15.9 per cent.

Inequality remains high across the country, as shown by the Gini coefficient that was last calculated between 54.61 and 49.72 at the national level, based on different sources. Wealth distribution varies between urban and rural areas; the latest available disaggregated data is from the 2016/17 Eswatini Household Income and Expenditure Survey, and measured the Gini coefficient in urban areas at 43.1 and rural areas at 42.7, and also across regions, with Hhohho recording the highest Gini index (50.9) and Lubombo, the poorest region, at 48.8.

During the period under evaluation, the country was hit by shocks caused by Cyclone Eloise in January 2021, the COVID-19 pandemic first wave in 2020 and second wave in 2021, and the political unrest of June 2021. The food availability and access was pressurized by external factors including natural hazards particularly in Lubombo and Shiselweni regions, which are the most prone to drought; South Africa's unrest in previous years' and the effects of the Russia-Ukraine conflict which increased fuel and commodity prices in 2022; and, the consequences of the COVID-19 pandemic which caused loss of employment therefore loss of income for households.<sup>16</sup> More recently in December 2024, post-election unrest in neighbouring

---

7 World Bank website <https://www.worldbank.org/en/country/eswatini/overview#1> accessed on 23 December 2024.

8 Ibid.

9 Ibid.

10 Ibid.

11 World Bank Group, *Country Partnership framework for the Kingdom of Eswatini for the period FY24-FY28*, World Bank, April 2023.

12 World Bank development indicators drawn from the website: <https://databank.worldbank.org/indicator/NY.GDP.PCAP.CD/1f4a498/Popular-Indicators#> accessed on 23 December 2024.

13 Kingdom of Eswatini, *Second Voluntary National Review Report*, Ministry of Economic Planning and Development, Mbabane, June 2022.

14 Central Statistical Office, *Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report*, Mbabane, 2023.

15 Ibid.

16 Kingdom of Eswatini, *Annual Vulnerability Assessment and Analysis Report 2022*, Deputy Prime Minister's Office, Mbabane, July 2022.

Mozambique has led to people fleeing Mozambique for Eswatini (and other neighbouring countries), causing a refugee crisis.

## 2.2 Relevant sectors to the evaluation: health, education, youth, social welfare and protection

### Health

Based on data drawn from the Multiple Indicator Cluster Survey (MICS) 2021-2022, the neonatal mortality rate is 21 per 1,000 live births, and infant mortality rate is 35 per 1,000 live births. The under-five mortality rate is 41 per 1,000 live births, almost equal among males and females (42 versus 41 per 1000 live births), and although it has been steadily declining over the past 20 years, it is notably twice higher in the poorest wealth quintile households as in the richest wealth quintile households (51 versus 26 per 1,000 live births).<sup>17</sup>

Basic immunization coverage for children 12-23 months is 77 per cent, higher in children residing in urban than rural areas (81 per cent versus 76 per cent), and lowest among children in poorest households (76 per cent). Full immunization coverage for children aged 24-35 months is at 66 per cent, highest among children whose mother has higher level of instruction (71 per cent).<sup>18</sup> Access to immunization against vaccine-preventable disease are challenged by inaccessibility of health facilities, lack of money for transport and caregivers being elderly.<sup>19</sup>

The dimension of nutrition yields a deprivation rate of 62 per cent for children aged 0-23 months and 27 per cent for children aged 24-59 months.<sup>20</sup> One in five children under-five is stunted, with children in poorest households twice as likely to be stunted than those in richest households (27 per cent versus 13 per cent), and stunting rates being higher in rural than urban areas (21 per cent versus 17 per cent). Children from richest households are much more likely to receive minimum dietary needs than those in poorest households (49 per cent versus 18 per cent).<sup>21</sup>

For children, the deprivation rate in water is around 36 per cent, and the deprivation rates in the sanitation dimension range between 55 per cent for children aged 0-23 months and 19 per cent for children aged 15-17 years.<sup>22</sup> Access to drinking water, sanitation and hygiene services is 62 per cent of the poorest quintile versus 97 per cent of the richest quintile. Access to basic sanitation facilities stands at 58 per cent at national level, with the poorest quintile having access to it only at 35 per cent versus the richest having access to it at 89 per cent.<sup>23</sup>

**Table 1: Basic health indicators at national level and disaggregated by region. Source: 2021-2022 MICS**

	National	Hhohho	Manzini	Shiselweni	Lubombo
Neonatal mortality rates (deaths per 1,000 live births)	21	14	28	22	18
Under-5 mortality rates (deaths per 1,000 live births)	41	28	55	43	38
Percentage of children aged 12-23 months who had received all basic vaccinations	77	74	82	76	77

<sup>17</sup> Central Statistical Office, *Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report*, Mbabane, 2023.

<sup>18</sup> Ibid.

<sup>19</sup> United Nation Children's Fund, *Country Programme Document 2021-2025*. UNICEF Eswatini, Mbabane, February 2021, and United Nation Children's Fund, '2021-2025 Country Programme Document. Programme Strategy Note on Maternal, Child and Adolescent Health' (internal document), UNICEF Eswatini, Mbabane, February 2020.

<sup>20</sup> The Government of the Kingdom of Eswatini, *Multidimensional Child Poverty in the Kingdom of Eswatini*, Ministry of Economic Planning and Development, Mbabane, 2018.

<sup>21</sup> Ibid.

<sup>22</sup> Ibid.

<sup>23</sup> Data on the WASH sector are drawn on Central Statistical Office, *Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report*, Mbabane, 2023.

Percentage of children age 24-35 months who had received all vaccines scheduled in the first two years of life, according to the national vaccination schedule	66	70	68	55	67
Early initiation of breastfeeding (percent of newborns put to the breast within one hour of birth)	47	37	51	51	52
Minimum diet diversity (Percent of newborns put to the breast within one hour of birth, and percent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups)	30	24	39	25	34
Percentage of stunted children (moderate and severe)	20	19	19	22	20
Percentage of overweight children (moderate and severe)	10	11	10	11	8
Percentage of wasted children (moderate and severe)	2	2	1	2	3
Percent of population using basic drinking water services	77	85	83	66	69
Percent of population using basic sanitation services	58	61	53	52	67
Percent of population using basic hygiene services	55	59	50	55	54
Percentage of children under age 5 whose births are registered	66	69	66	68	59

The overarching national policy for health is the "National Health Sector Strategic Plan" (2016-2026) which outlines the overall healthcare strategy which aims to achieve universal health care.<sup>24</sup> Alongside this, the "Essential Health Care Package" launched in 2012 aims to provide affordable and cost-effective care to the population.<sup>25</sup> Of relevance are also the "National Sanitation and Hygiene Policy" (2019) and the "National Sanitation and Hygiene Strategy 2019-2023" that set out a framework and guidance for sanitation.<sup>26</sup>

### ***HIV and Sexual and Reproductive Health and Rights***

Eswatini has the highest HIV prevalence in the world amongst those aged 15 to 49 years, at 25.1 per cent in 2023.<sup>27</sup> While the country has made significant progress in addressing the HIV epidemic, particularly reducing the mother-to-child transmission to 3.29 per cent in 2023,<sup>28</sup> the rate of children who do not receive ART treatment ranges between 47 per cent of children aged 0 to 4 years, to 27 per cent of children aged 15 to 19 years, contributing to high AIDS related mortality.<sup>29</sup> The 2022 Annual Vulnerability Assessment and Analysis reports that 16.5 per cent of households do not regularly take medicines, one of the reasons being the lack of medicines in health facilities.<sup>30</sup> There are significant gender disparities in HIV prevalence (30.3 per cent for women aged 15-49 versus 19.9 per cent for men aged 15-49).<sup>31</sup> Also, higher HIV incidence rates are reported among women aged 15 and over newly infected with HIV compared to males of same age group (2,500 versus 1,500 respectively).<sup>32</sup>

While new HIV infections have shown a steady decline over the years from 4,800 in 2021 to 4,200 in 2023,<sup>33</sup> adolescents report low levels of comprehensive knowledge on HIV infection prevention, low testing rates

24 Kingdom of Eswatini, *The Health Sector Policy (version 3) 2016-2026: Towards attainment of Universal Health Coverage*, Ministry of Health, Mbabane, 2016.

25 Ministry of Health, *Essential Health Care Package for Swaziland. A Health Nation is a Wealthy Nation*, Mbabane, 2010.

26 Kingdom of Eswatini, *National Sanitation and Hygiene Policy*, Ministry of Health, Mbabane, 2019; and Kingdom of Eswatini, *National Sanitation and Hygiene Strategy 2019-2023*, Ministry of Health, Mbabane, 2029.

27 UNAIDS Spectrum data, available on the website <https://aidsinfo.unaids.org/> (last accessed on 27/03/2025).

28 Final vertical transmission rate including during breastfeeding indicated by USAIDS in 2023 [spectrum 2.42 - 4.32]. Last accessed on 27/03/2025 on the website: <https://aidsinfo.unaids.org/>

29 Kingdom of Eswatini, *HIV 2018 Annual Program Report*, Ministry of Health, Monitoring and Evaluation Unit, Strategic Information Department, 2018.

30 Kingdom of Eswatini, *Annual Vulnerability Assessment and Analysis Report 2022*, Deputy Prime Minister's Office, Mbabane, July 2022.

31 UNAIDS Spectrum data, available on the website <https://aidsinfo.unaids.org/> (last accessed on 27/03/2025).

32 Ibid.

33 World Health Organization website: <https://www.afro.who.int/countries/eswatini/news/eswatini-increases-hiv-preventative-options-reduce-new-infections> (last accessed on 23 December 2024) and UNAIDS Spectrum data, available on the website <https://aidsinfo.unaids.org/> (last accessed on 27/03/2025).

and low access to ART treatment.<sup>34</sup> Early sexual debut, age-disparate relations and risky sexual practices (such as lack of condom use) are common phenomena among adolescents and youth in Eswatini. Early childbearing is also quite high: 16.8 per cent of teenage girls aged 15-19 have had a live birth or are pregnant with their first child, against only one per cent of teenage boys aged 15-19 who have fathered a live birth.<sup>35</sup> Just over half of the sexually active teenage girls aged 15-19 years use (or their partner uses) a contraceptive method (51.2 per cent).<sup>36</sup>

The Eswatini National Multisectoral HIV and AIDS Strategic Framework (2024-2028) aims to intensify efforts to prevent new HIV infections, particularly among vulnerable groups such as adolescent girls and young women.<sup>37</sup> Eswatini's Integrated HIV Management Guidelines outline the standards and recommendations for integrating HIV services with other services to serve all populations better and maintain the country's 95-95-95 epidemic control.<sup>38</sup>

## **Education**

The education system in Eswatini is organized into four levels: (i) early childhood care, development, and education (ECDE); (ii) primary education; (iii) secondary education; (iv) and post-school education and training (PSET) which comprises tertiary education and technical and vocational education and training (TVET).<sup>39</sup> Eswatini has free primary education since 2010.<sup>40</sup>

Primary school attendance is 95 per cent, with no gender, rural, or urban differences, while ECDE between 36 and 59 months is very low, at 9 per cent. Learning outcomes are also extremely low, showcasing significant gaps in the quality of education. Only 15.9 per cent of children attending grade 2/3 show foundational reading skills by successfully completing three foundational reading tasks in English or Siswati, and only 8.2 per cent show foundational numbering skills by successfully completing four foundational numbering tasks.<sup>41</sup>

Attendance rates reduce at higher levels, with lower secondary school attendance at 51 per cent and upper secondary attendance at 29 per cent.<sup>42</sup> The school completion rates also decline as the level of education increases. In primary school the completion rate stands at 80 per cent, in lower secondary at 57 per cent, and in higher secondary at 37 per cent.<sup>43</sup> The cost of schooling from secondary schools and poor performance are key factors driving students to drop out of school, especially for boys.

The COVID-19 pandemic had detrimental effects on student learning, exacerbating existing inequalities, with the poorest children being the hardest hit with lack of access to remote learning opportunities. Household ownership of a computer spans from 49 per cent for the richest quintile to 1 per cent for the poorest quintile, and access to internet at home ranges from 86 per cent for the richest to the 37 per cent for the poorest.<sup>44</sup>

---

34 United Nation Children's Fund, *Country Programme Document 2021-2025*. UNICEF Eswatini, February 2021.

35 Central Statistical Office, *Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report*, Mbabane, 2023.

36 Ibid.

37 Kingdom of Eswatini, *National Multisectoral HIV and AIDS Strategic Framework (2024-2028)*, 2024.

38 Kingdom of Eswatini, *Integrated HIV Management Guidelines*, 2019.

39 World Bank Group, *Eswatini Education Sector Analysis 2021*, World Bank, 2021.

40 UNICEF Eswatini, 'Country Programme Evaluation Terms of Reference', 2024; Central Statistical Office, *Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report*, 2023.

41 Central Statistical Office, *Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report*, 2023.

42 Ibid.

43 Ibid.

44 Central Statistical Office, *Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report*, 2023.

**Table 2: Basic education data at national level and disaggregated by region. Source: 2021-2022 MICS.**

	National	Hhohho	Manzini	Shiselweni	Lubombo
Percentage of children aged 3-4 attending Early Childhood Education	9	12	10	9	6
Percentage of children aged 5 who participate in organized learning	80	79	84	81	75
Percentage of children aged 6-12 attending primary school	95	92	95	97	95
Percentage of children aged 13-15 attending lower secondary school	51	56	57	47	42
Percentage of children aged 16-17 attending upper secondary school	29	33	30	23	28

The guiding education policy frameworks are the Education Policy (2018),<sup>45</sup> the Education Sector Strategic Plan 2022–2034<sup>46</sup> and the Multi-Year Action Plan 2022-2034.<sup>47</sup>

## **Youth**

Based on UNFPA population projections, in 2024 the median age was 22 years and the percentage of population below 25 years was 56 per cent.<sup>48</sup> Eswatini’s very young population provides an opportunity to reap a demographic dividend, if the education system provides young people with the relevant knowledge and skills needed in the labour market.<sup>49</sup> However, access to Technical Vocational and Educational Training (TVET) and tertiary education is low due to students’ lack of entry requirements or means to afford university. There is also a mismatch between the skills of graduates and those required by the labour market. Youth unemployment is high at 47 per cent caused by lack of sufficient formal job creation compounded with inadequacy of the education sector, Eswatini’s potential to effectively leverage its demographic dividend is undermined.<sup>50</sup> The National Youth Policy 2020 provides the guiding framework for national policy and programming.<sup>51</sup>

## **Social welfare and protection**

Existing social protection programmes and grants targeting children include a Disability Grant, an Orphans and Vulnerable Children (OVC) Educational Grant, and the school feeding programme.<sup>52</sup> In 2022, the percentage of children and young people age 5-24 years attending primary education or higher who received support for school tuition and other school related support were 17.1 per cent.<sup>53</sup> Under the Social and Poverty goals, the Eswatini government, in collaboration with partners, provided food distribution and cash transfers to vulnerable groups in all regions, particularly to support households affected by climate

45 Kingdom of Eswatini, *National Education and Training Sector Policy*, 2018.

46 Kingdom of Eswatini, *Education Sector Strategic Plan 2022–2034*, 2022.

47 Kingdom of Eswatini, *Multi-Year Action Plan Implementation of the Education Sector Strategic Plan (ESSP) 2022–2034 for Eswatini*, 2022.

48 Kingdom of Eswatini, *2017-2038 Population Projections. Based on the 2017 Eswatini Population and Housing Census*, Eswatini, Mbabane, August 2020.

49 World Bank Group, *Eswatini Education Sector Analysis 2021*, World Bank 2021.

50 World Bank website: <https://www.worldbank.org/en/country/eswatini/overview> (last accessed on 25 November 2024).

51 Kingdom of Eswatini, *National Youth Policy 2020. Establishing an Empowered Young Eswatini fit for Vision 2022 & beyond*, Ministry of Sports, Culture & Youth Affairs, 2020.

52 Central Statistical Office, *Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report*, 2023.

53 Ibid.

change impacts and to those affected by COVID-19.<sup>54</sup> Eswatini has a National Social Security Policy enacted in 2022, and the National Social Assistance Policy draft is under finalization.<sup>55</sup>

Despite the high priority given to key social sectors and the efforts made by the government to undertake regulatory and policy reforms to address the disparities, social protection spending continues to be below international targets, and social development programmes remain severely underfunded.<sup>56</sup> Child protection lacks a coordinated and formalized systems approach, which prevents responses from being implemented at scale.<sup>57</sup> The progress towards the Sustainable Development Goals targets and indicators is included in Finding 9.

## 2.3 Equity, gender, and disability

### **Equity**

Based on the Eswatini Multidimensional Child Poverty study conducted in 2024, about 46.5 per cent of children 0-17 years in the country are multidimensionally poor, i.e. deprived of three or more dimensions of well-being, with no statistically significant differences based on the sex of the child.<sup>58</sup>

The highest prevalence of deprivation among children is in the dimensions of child protection with 9 out of 10 children aged 0-14 being affected, and child development, at 89 per cent for children aged 24-59 months. These are followed by deprivation in health (73 per cent of children aged 0-23 months and 15-17 years, 68 per cent of children aged 24-59 months and 72 per cent of children aged 5-14 years) and nutrition (62 per cent for children aged 0-23 months and 27 per cent for children aged 24-59 months). Vulnerability also affects the dimensions of education (19 per cent of children aged 5-14 years and 58 per cent of children aged 15-17 years), water (between 36 and 37 per cent across all age groups) and sanitation (55 per cent for children aged 0-23 months, 21 per cent for children aged 24-59 months, 20 per cent for children aged 5-14 years and 19 per cent for children aged 15-17 years).<sup>59</sup> 13.6 per cent of children aged 5-17 years are involved in child labour, with 15.6 per cent working under hazardous conditions and 11.3 per cent working in economic activities above age specific thresholds.<sup>60</sup> The vulnerability in the HIV/AIDS dimension is highest for eldest children (age group 15-17 years, 79 per cent) and lowest for youngest children (age group 0-23 months, 62 per cent).

A higher proportion of children living in rural areas are multidimensionally poor (51.8 per cent) compared to children living in urban areas (23.1 per cent). At the regional level, Lubombo has the largest proportion of multidimensionally poor children (55.4 per cent) followed by Shiselweni (53.9 per cent) and Manzini (41.4 per cent); Hhohho had the lowest prevalence of multidimensionally poor children (39.5 per cent).<sup>61</sup>

---

54 Kingdom of Eswatini, Second Voluntary National Review Report, Ministry of Economic Planning and Development, Mbabane, June 2022.

55 Kingdom of Eswatini, National Social Security Policy, 2022.

56 United Nation Children's Fund, National Budget Brief 2018/2019, UNICEF Eswatini, Mbabane, 2018.

57 United Nation Children's Fund, Country Programme Document 2021-2025. UNICEF Eswatini, Mbabane, February 2021.

58 The Government of the Kingdom of Eswatini, 'Multidimensional Child Poverty in the Kingdom of Eswatini' (DRAFT), Ministry of Economic Planning and Development, Mbabane, 2024.

59 Ibid.

60 Kingdom of Eswatini, *Violence Against Children and Youth Survey 2022 Final Report*, Deputy Prime Minister's Office, Mbabane, 2023.

61 The Government of the Kingdom of Eswatini, 'Multidimensional Child Poverty in the Kingdom of Eswatini' (DRAFT), Ministry of Economic Planning and Development, Mbabane, 2024.

## **Gender equality**

Gender inequality is prominently evident in terms of experienced violence and HIV prevalence. Based on the 2022 Eswatini Violence Against Children Survey (VACS) report, among 18-24-year-olds about 5.5 per cent of female experienced sexual violence before age 18, compared to 2.1 per cent of their male counterparts.<sup>62</sup> Among 13-24-year-olds, 8.1 per cent females experienced lifetime sexual violence compared to 3.3 per cent of males. Only 25.7 per cent female victims sought professional services for an experience of sexual violence. Among those girls who experienced pressured or physically forced sex, almost 33 per cent were 13 years of age or younger.<sup>63</sup> Prevalence of HIV is 20.9 per cent in female youths 20 to 24 years of age compared to 4.2 per cent of males of the same age group.<sup>64</sup>

In the education sector, while in primary school attendance there is no significant gender difference (95 per cent for both girls and boys), lower secondary school net attendance and upper secondary school net attendance rates are higher for girls than boys (67 per cent versus 48 per cent at the lower level, and 37 per cent versus 22 per cent at the higher level).<sup>65</sup> Similarly, completion rates are higher for girls than for boys across all education levels: respectively, 85 per cent versus 75 per cent for primary school; 61 per cent versus 54 per cent for lower secondary school; 40 per cent versus 34 per cent for upper secondary school.<sup>66</sup>

Although girls are more likely to complete school, a major reason for them dropping out is pregnancy: around 18 per cent of girls drop out at primary school and 35 per cent of girls drop out at junior secondary school.<sup>67</sup> Early childbearing before the age of 18 years in young women is 22 per cent for those in the poorest households compared to 4 per cent in richest households.<sup>68</sup> Unemployment rates are 50 per cent for young women compared to 44 per cent that of young men. For vulnerable boys, major reasons for dropping out of school are the lack of positive male role models, the expectation to become the main providers for their families,<sup>69</sup> and also the cost of secondary education, the high level of repetition and out of age learners.<sup>70</sup>

Eswatini's National Gender Policy (2010) was revised in 2023 and includes twelve pillars which outline the country's vision for gender equality,<sup>71</sup> and there is a National Strategy on Ending Violence (2023-2027) which includes gender-based violence.<sup>72</sup>

## **Disability inclusion**

About 12 per cent of the total population of Eswatini have disabilities, with females most affected compared to males (16 per cent and 11 per cent, respectively).<sup>73</sup> The most prevalent disability assessed is difficulty in seeing (32.6 per cent), followed by difficulty in mobility (26.5 per cent), while the least prevalent disability

---

62 Kingdom of Eswatini, Violence Against Children and Youth Survey 2022 Final Report, Deputy Prime Minister's Office, Mbabane, 2023.

63 Ibid.

64 The Government of the Kingdom of Eswatini, *Multidimensional Child Poverty in the Kingdom of Eswatini*, Ministry of Economic Planning and Development, Mbabane, 2018.

65 Central Statistical Office, *Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report, 2023*

66 Ibid.

67 World Bank Group, *Eswatini Education Sector Analysis 2021*. World Bank, 2021.

68 Central Statistical Office, *Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report, 2023*

69 World Bank Group, *Eswatini Education Sector Analysis 2021*. World Bank, 2021.

70 United Nation Children's Fund, '2021-2025 Country Programme Document. Programme Strategy Note on Lifelong Learning, Protection, HIV and Development' (internal document), UNICEF Eswatini, Mbabane, February 2020.

71 The Kingdom of Swaziland, *National Gender Policy 2010*, 2010.

72 Kingdom of Eswatini, *National Strategy to End Violence in Eswatini and Costed Action Plan 2023-2027*, 2023.

73, United Nations Partnership on the Rights of Persons with Disabilities, *Situational Analysis of the Rights of Persons with Disabilities*, UNPRPD, Eswatini, 2022; and Eswatini Deputy Prime Minister's Office, *Eswatini National Disability Plan of Action 2024-2028*, 2024.

is difficulty in communication at 4.7 per cent.<sup>74</sup> Eighty-two per cent of persons with disabilities live in rural areas, largely because the majority of the population in Eswatini is rural.<sup>75</sup>

Based on the latest MICS (2021-2022), the percentage of children who experience at least one functional difficulty are 14 per cent of children aged 2-4 years and 13 per cent of children aged 5-17 years.<sup>76</sup> The most prevalent functional difficulties for younger children are controlling behaviour, seeing, learning and communication; while in older children they are controlling behaviour, seeing, accepting change and anxiety. Some children still experience functional difficulties despite using assistive devices: those with difficulties seeing when wearing glasses is 7 per cent, and those with difficulties walking when using equipment or receiving assistance are 8 per cent. Despite important progress in terms of development of key policies, legislations, and action plans, disability mainstreaming and disability-inclusive budgeting still need to be implemented.<sup>77</sup>



## 3. THE OBJECT OF THE EVALUATION: UNICEF ESWATINI COUNTRY PROGRAMME

### 3.1 The Goal, Outcomes and Outputs of the CP

The goal of the Country Programme (2021-2025) is 'to contribute to national efforts to enable children, adolescents and women to realize their rights through a progressive reduction in disparities and inequities'.<sup>78</sup> There are three outcome areas: Maternal, Child, and Adolescent Health (MCAH); Lifelong Learning, Protection, and Development (LLPD); and Social Policy (SP).

The intended results of the CP, articulated as outcome and outputs, are shown in Table 3:

**Table 3. The outcomes and outputs of the UNICEF Eswatini Country Programme. Source: CP Document.**

	<p><b>Outcome 1: Maternal, child and adolescent health (MCAH)</b></p> <p>By 2025, parents and children, with a focus on the most vulnerable, have access to equitable, integrated, quality essential health, nutrition, and HIV services, including during emergencies"</p>
	<ul style="list-style-type: none"> <li>• Output 1. Health systems have improved capacity for delivery and utilization of quality newborn and infant health services at facility and community levels.</li> <li>• Output 2. Health facilities, communities and caregivers have improved capacities to provide quality services for and utilize prevention and treatment of malnutrition.</li> <li>• Output 3. Health facilities, communities and caregivers have improved capacity to provide and utilize gender-responsive services for children and adolescents living with HIV, pregnant and breastfeeding women.</li> </ul>
	<p><b>Outcome 2. Lifelong learning, protection and development (LLPD)</b></p> <p>By 2025, all children and adolescents in Eswatini are protected from violence and HIV, are learning, and are equipped with the skills to become active citizens</p>
	<ul style="list-style-type: none"> <li>• Output 1. Strengthened education system improves learning outcomes and skills development.</li> <li>• Output 2. Strengthened child protection systems promote positive social norms for prevention and response to violence against children and adolescents.</li> </ul>


74 Ibid.

75 Ibid.

76 Central Statistical Office, *Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report*, Eswatini, Mbabane, 2023.

77 Kingdom of Eswatini, *Handbook on Disability Mainstreaming and Disability Inclusive-Budgeting*, Deputy Prime Minister's Office, Mbabane, 2024.

78 United Nation Children's Fund, *Country Programme Document 2021-2025*. UNICEF Eswatini, Mbabane, February 2021.

	<ul style="list-style-type: none"> <li>Output 3. Effective, integrated gender- and adolescent-responsive systems established for HIV prevention among adolescents and young people.</li> </ul>
	<p><b>Outcome 3. Social policy (SP)</b> By 2025, vulnerable children benefit from shock-responsive social protection and equity-sensitive efficient budget allocations</p>
	<ul style="list-style-type: none"> <li>Output 1. National capacity is strengthened to generate and use robust evidence focusing on reducing socioeconomic disparities and promoting social inclusion.</li> <li>Output 2. National capacity is strengthened for efficient and relevant social sector budgeting and public financial management.</li> <li>Output 3. National capacity strengthened for the delivery of shock-responsive child sensitive social protection.</li> </ul>

The Country Programme Document (CPD) states that disaster risk reduction is mainstreamed across programme components as a strategy to build the resilience of systems, services and communities, and that the programme aims to ensure that capacities are in place to identify vulnerabilities and provide timely and adequate response in the context of climate change and the socioeconomic impact of health pandemics.

Key strategies to achieve the outcomes set out in the Country Programme Document are:

- Advocacy for public finance and resource-leveraging in providing technical and financial support to national efforts towards public financing for children and adolescents in all relevant sectors
- Technical assistance, capacity development, and systems-strengthen to Government to improve the implementation of national policies, strategies, frameworks, action plans, and evidence-based solutions for the improved realization of the rights of children and adolescents
- Partnerships and leveraging resources: partnerships forged with civil society organizations (CSOs), international financial institutions, and other development partners, including the private sector, by leveraging financial and non-financial resources
- Research and evidence generation: robust research and evidence generation to strengthen evidence-based policies and programmes and enhance accountability will be harnessed
- Social norms change through community engagement: focusing on schools and communities to improve their systems for education, health, nutrition, child protection, and HIV prevention
- South-South cooperation: facilitating knowledge-sharing between Eswatini and other developing countries, increase programme effectiveness, and promote innovative programmes proven successful in similar contexts
- Innovative solutions for continuity of services: In the context of the COVID-19 pandemic, partners are supported to continue service delivery to children and adolescents, using innovative alternative methods, when necessary, to ensure the sustainability of development gains.

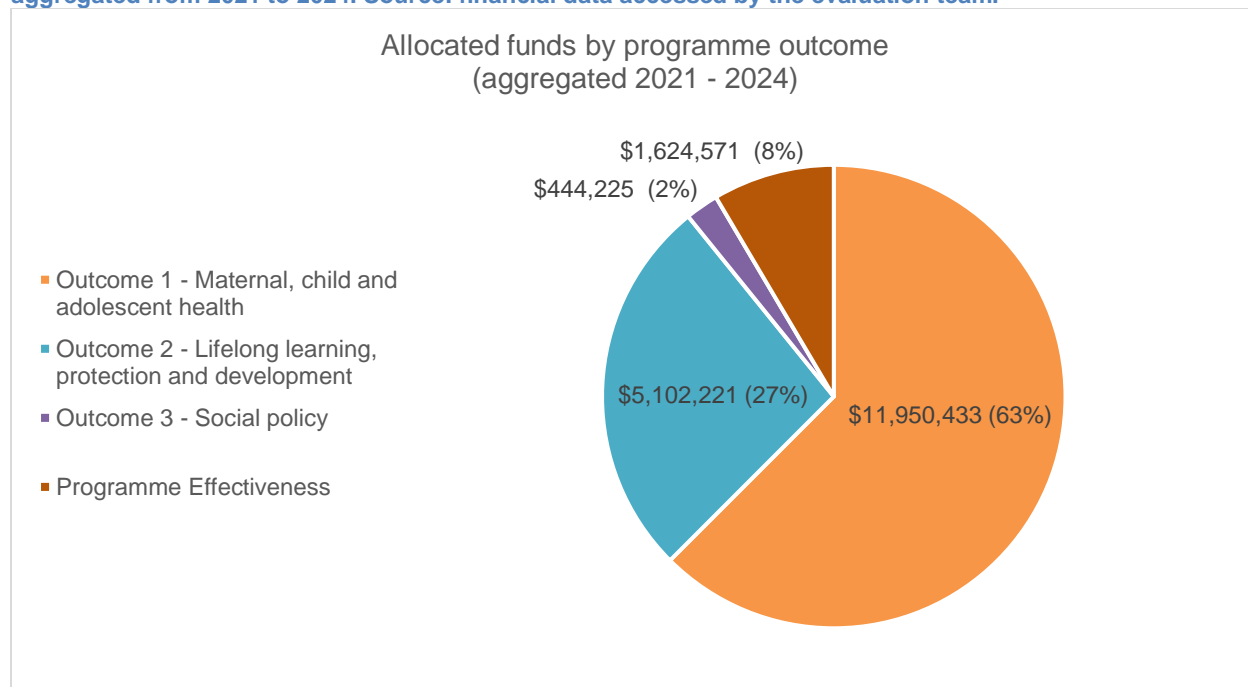
The links to the Sustainable Development Goals (SDGs) targets and indicators are shared in Finding 6.

## 3.2 The Country Programme budget

The Country Programme had a budget allocation of US\$ 19,121,450 from 2021 until December 2024. Outcome 1 was the Programme area that received the largest share of funds, almost 12 million US\$ over the four years, corresponding to 63 per cent of the total budget, followed by Outcome 2, with about 5.1 million US\$, corresponding to 23 per cent of the total budget, and Programme Effectiveness, which received 1.6 million US\$, corresponding to 8 per cent of the total budget. Outcome 3 was the Programme area with

the smallest allocation of funds, 2 per cent, amounting to less than 0.5 million US\$. Figure 2 represents the distribution of funds by outcome area.

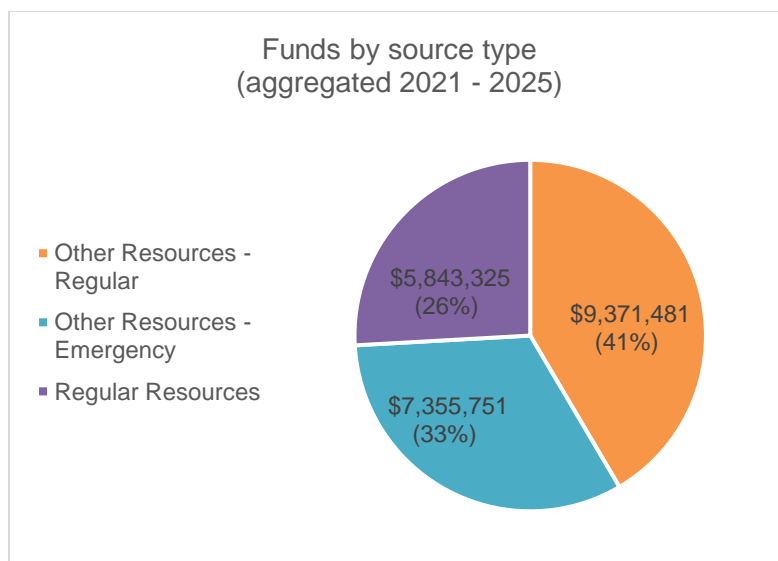
**Figure 2. Amounts in US\$ and corresponding percentages of funds allocation by Programme outcome, aggregated from 2021 to 2024. Source: financial data accessed by the evaluation team.**



With regard to the source of funding, the largest proportion of funds for the whole Country Programme period, which includes 2025, has come from Other Resource Regular (ORR), with about 9.4 million US\$, representing 41 per cent of all the resources, followed by Other Resources for Emergencies (ORE) with about 7.6 million US\$, which represents 33 per cent of the total, and lastly the Regular Resources (RR), with 5.8 million US\$, i.e. 26 per cent of the total resources,<sup>79</sup> as illustrated by Figure 3.

At the time of the evaluation (January 2025), the utilized funds were US\$ 21,377,904 on US\$ 22,570,557 granted by donors for the period 2021-2025,

**Figure 3. Amounts in US\$ and corresponding percentage of funds by source type, aggregated 2021-2025. Source: financial data accessed by the evaluation team.**

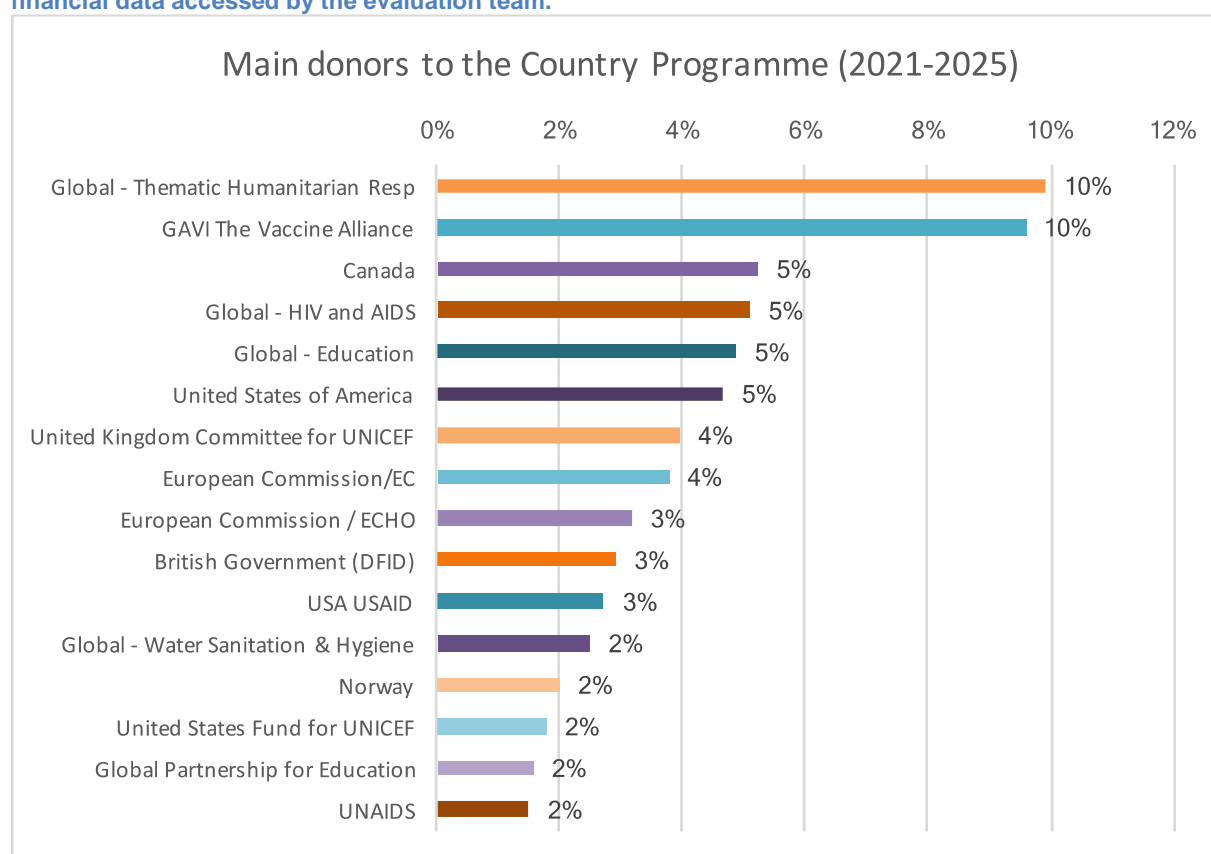


<sup>79</sup> Financial data accessed by the Evaluation Team.

corresponding to the 95 per cent of implementation of the Country Programme.

Through its RR, UNICEF has been the main contributor to the Country Programme budget (about 26 per cent). Figure 4 shows the other main donors, i.e. those who contributed the 2 per cent or more to the overall funds, amongst which multi-donor global funds such as the Thematic Humanitarian Response (10 per cent), the ones for Education and for HIV and AIDS stand out (respectively contributing to the 5 percent). From the public sector, GAVI Vaccine Alliance (9 per cent), Canada and the United States of America (respectively contributing 5 per cent). From the private sector, the United Kingdom Committee for UNICEF contributed to 4 per cent of the total budget. Other donors, that contributed shares lower than the 2 per cent of the total amount, include: Global – Health, United Nations Multi Partner Trust, Global - Child Protection, The Global Fund to Fight AIDS, UNFPA – USA, USA CDC, Japan Committee for UNICEF, Japan, Global - Social Policy & Social, Safe and Healthy Environment, Iceland, USA (State) BPRM, Italy, Nutrition International. UNICEF-Swaziland contributed to ORR with US\$ 152,220, corresponding to 0.67 per cent of the overall amount.

**Figure 4: Donors to the Country Programme who contributed 2 per cent or more to the overall funds. Source: financial data accessed by the evaluation team.**



### 3.3 Programme Theory of Change

The Eswatini Country Office (ECO) developed three theories of change at the outset of the CP, one for each of the three outcome areas. They are all in narrative and visual forms (shared in Annex 4). Developed by the ECO as part of the conceptualization of the Country Programme, they are shared within the Programme Strategy Notes that help to guide the CPD. The evaluation team is not aware that they have

been revisited or refined during the CP implementation. The CP does not have an overarching Theory of Change (ToC) that spans the three outcome areas towards a coherent overall goal.

For the purpose of the evaluation, the evaluation team has developed a retrospective ToC for the overall Country Programme. It thus provides an overarching or ‘nested’ ToC with the three outcome ToCs nested within it. This assisted the evaluation team to explore the overall ‘picture’ of the changes that the evaluated Country Programme aims to produce and contribute to and maps the causal pathways and assumptions between outputs and outcomes. The evaluation team analysed the effects of the different programme components and reviewed the individual programme components (outputs and outcomes) within the wider framework of the overarching ToC. The evaluation ToC was shared with ECO during the inception period and no revisions have been made during the data collection and analysis phases<sup>80</sup>. The CP ToCs are discussed further in finding 5.

### 3.4 Stakeholder analysis

The evaluation team conducted a stakeholder analysis, drawing upon the Terms of Reference and programme documents, which is shared below in Table 4. It sets out the human rights of duty bearers, as well as overall roles and responsibilities of different stakeholder types. A more detailed stakeholder map is shared in Annex 5 which includes interlinkages between different types of stakeholders.

**Table 4. List of stakeholders, their stake in the CP, human rights roles, and engagement in the evaluation. Source: data accessed by the evaluation team.**

Type of Stakeholder	Stakeholders	Human rights roles <sup>81</sup>	Stake
<b>UNICEF</b>			
<b>UNICEF Eswatini Country Office</b>	Senior management, Sector Chiefs, all technical staff, financing and administrative staff	Tertiary duty bearer	Responsibility of CP development and implementation
<b>UNICEF ESARO</b>	Regional and technical oversight staff for Eswatini	Tertiary duty bearer	Support to CO in CP development and implementation
<b>National partners</b>			
<b>National Authorities</b>	Office of Prime Minister/ Deputy Prime Minister’s Office, Ministry of Health, Ministry of Economic Planning and Development, Ministry of Education and Training, Ministry of Finance, Ministry of Home Affairs	Principal Duty Bearer	Lead partners in realising child rights in respective areas
<b>UN System</b>	UN Country Team, other UN agencies (UNAIDS, UNFPA, WHO, WFP, UNHCR, UNESCO, UN Women,	Tertiary Duty Bearer	Partnerships to join efforts
<b>Development partners</b>	World Bank, USAID, EU, UK FCDO, Taiwan International Cooperation and Development Fund, Canada’s Global Initiative for Vaccine Equity, US	Tertiary duty bearer	Collaboration on common efforts

<sup>80</sup> The overarching ToC was shared within the draft inception report, and no comments/ questions were raised. The evaluation team discussed a more consultative process for developing the ToC (such as a workshop) but it was felt by the Evaluation Management Group that sharing in a written form for the purpose of the evaluation was sufficient, as the same ToC model will likely not be used going forward (in the context of the next CP).

<sup>81</sup> Ljungman, Cecilia M., COWI. Applying a Rights-Based Approach to Development: Concepts and Principles, Conference Paper: The Winners and Losers from Rights-Based Approaches to Development. November 2004, p.6.




	President's Emergency Plan for Aids Relief (PEPFAR),		
<b>Implementing partners – Civil Society Organizations</b>	Young Heros, Junior Achievement Eswatini (JAE), Swaziland Action Group Against Abuse (SWAGAA), World Vision, Coordinating Assembly of Non-Governmental Organizations (CANGO), SAFAIDS Family Life Association Eswatini, Baylor College of Medicine Children's Foundation, The Luke Commission, Elizabeth Glaser, Pediatric AIDS Foundation (EGPAF) Swaziland National Association of Teachers (SNAT)	Secondary Duty Bearer	Implementation of the Country Programme
<b>Private Sector</b>	MTN Foundation, Business Eswatini	Secondary Duty Bearer	Engaged in leveraging financial and non-financial resources
<b>Media</b>	Eswatini National Television	Tertiary Duty Bearer	Dissemination, promoting behaviour change communication strategies advocacy
<b>Academic and Research Organizations</b>	Oslo University	Tertiary Duty Bearer	Research and evidence generation to inform policies and programmes
<b>Youth Advisory Board</b>	Group of individual youths engaged within advisory board by UNICEF	Supports Tertiary duty bearer	Provides opinions and feedback to UNICEF Eswatini
<b>Sub-national level</b>			
<b>Implementing Partners</b>	As advised for each deep dive	Secondary Duty Bearer	Subnational & local implementation
<b>Community Level</b>			
<b>Community Structures</b>	Community-based organizations: Bantwana Initiative, Coordinating Assembly of Non-Governmental Organizations (CANGO), Family Life Association Eswatini (FLAS), Globecare Foundation, Nhloso Likusasa Lichakazile, PSI, SAFAIDS, Siphilile, Swaziland Action Group Against Abuse (SWAGAA), The Luke Commission, Vusumnotfo, Young Heroes.  Service providers: hospitals (e.g. Mbabane Government Hospital); health-care facilities (e.g. King Sobhuza II Public Health Unit); schools (e.g. St. Francis Primary School, Mbabane)	Primary Duty Bearer	Key partners to deliver the activities; integration with other gender discrimination and child protection efforts.
<b>Community Members</b>	Children, youth, adolescents, women, parents and caregivers	Rights Holders	Direct and indirect target population.

## 3.5 Rights holders

The Country Programme is largely focused upon upstream work, policy advocacy and system strengthening, aimed at enabling duty bearers (the Government and its ministries) to meet their obligations to ensure that the needs and rights of children and their parents/caregivers are met. Thus, much of ECO's upstream work aims to reach all children through national policies and systems strengthening work. Outcome 1 addresses the needs and rights of newborn and infants to quality health care, as well as children and adolescents living with HIV to access to appropriate health care. Outcome 1 also focuses on pregnant women and mothers, as rights holders, for access to quality maternal health and HIV services. Outcome 2 focuses on children and adolescents as rights holders to access good quality education, adolescents and young people particularly girls in HIV prevention, and children who are vulnerable to violence. Outcome 3 focuses on vulnerable children through equity-sensitive budget allocations, and shock-responsive social protection. Section 2 of the report provides information on the situation of children and adolescents in Eswatini (with breakdowns by gender, rural-urban divide, those living with disabilities).

In terms of CP interventions that are directly targeted to beneficiaries, table 5 below shares the number of beneficiaries targeted across different outputs. The cumulative number of directly targeted beneficiaries is 242,000 children, adolescents, youths, caregivers. The monitoring data does not present any disaggregated information by sex, age (other than whether child/ adolescent/ youth), location or disabilities which is a key gap within monitoring (see Finding 29).

**Table 5. Number of beneficiaries targeted. Source: CP monitoring data.**

Outcome	Indicators Setting Outreach to Beneficiaries	Target of beneficiaries reached by end of 2025
<b>MCAH</b> 	Number of live births delivered in health facilities through UNICEF-supported programmes	122,050
	Number of children vaccinated against measles through UNICEF supported programmes	35,000
	Number of parents and caregivers of children under 5 years who received a comprehensive information package on IYCF counselling, disability and climate resilient WASH in selected constituencies including during emergencies	20,000
<b>LLPD</b> 	Number of adolescent girls and boys who completed a skills development programme	13,000
	Number of out-of-school children and adolescents who accessed education through UNICEF-supported programmes	150
	Number of people who participate in SBCC interventions promoting elimination of VAC through UNICEF programme	40,000
	Number of children who have experienced violence, exploitation, abuse and neglect reached by health, social work or justice/law enforcement services through UNICEF-supported programmes	6,000
	Number of children who accessed education through digital platforms through UNICEF-supported programmes	4,000
<b>SP</b> 	Number of adolescents reached with comprehensive information on HIV/SRH/GBV/MHPSS	800
	Number of UNICEF-targeted children, adolescents, parents and caregivers provided with community-based empowerment, resilience and skills programmes	1,000
	<b>TOTAL</b>	<b>242,000</b>

## 3.6 Geographic coverage

The Country Programme has a national coverage, that is, all four administrative regions of Eswatini, as it aims to benefit all children at country level primarily through strengthening national policy frameworks and systems. The evaluation team did not come across any mapping of interventions at the subnational level,<sup>82</sup> and the monitoring framework does not specify locations. Examples of subnational work involve responding to humanitarian emergencies in disaster-prone areas. For example, in 2021 information on basic hygiene practices targeted the two most drought affected regions, i.e. Lubombo and Shiselweni; in 2022, to accelerate the COVID-19 vaccination uptake in Eswatini to reach the target of 70 per cent by December 2023, it focused on the constituencies that had less than 60 per cent vaccination coverage in the Manzini and Lubombo regions.

# 4. EVALUATION PURPOSE, OBJECTIVES AND SCOPE

## 4.1 Evaluation purpose

This evaluation has been commissioned by UNICEF's East and Southern Africa Regional Office (ESARO). The purpose of the UNICEF Eswatini Country Programme Evaluation (as per the ToR) is to:

- Assess results from the ongoing Country Programme to inform the development of the next UNICEF Country Programme Document (2026-2030);
- Strengthen the accountability of UNICEF to national and international stakeholders and the Executive Board.

Every UNICEF Country Programme must be evaluated at least once every two country Programme cycles. The UNICEF Eswatini Country Programme was evaluated during the last programme cycle (2016-2020),<sup>83</sup> but strong demand by the Country Office for building a comprehensive evidence base led to a decision to also evaluate the current CP. The results of the evaluation are being used to inform the development of the next CP (2026-2030) through uptake of the findings, conclusions and recommendations.<sup>84</sup>

## 4.2 Evaluation objectives

The overall objectives of the CPE (as per the ToRs) are:

- To assess the relevance, effectiveness, efficiency, coherence, and sustainability of the Eswatini Country Programme from its inception to the present, with a particular focus on equity, gender equality, disability, and UNICEF's strategic positioning in relation to its child rights mandate.
- To identify and document key successes, challenges, and lessons in implementing the current (2021-2025) Country Programme, which can inform and support advocacy efforts for scale-up and replication.

---

<sup>82</sup> Mapping of the subnational work by the evaluation team was not carried out by the evaluation team given the national focus of the evaluation, as agreed with the evaluation manager.

<sup>83</sup> United Nation Children's Fund, *Evaluation of Eswatini Country Programme 2016-2020*. UNICEF Eswatini, Mbabane, December 2019.

<sup>84</sup> A presentation was provided to the Strategic Moment of Reflection on 05/03/2025 as part of the Country Programme (2026-2030) planning process.

- To provide a set of forward-looking and actionable recommendations to strengthen programmatic strategies in the design of the next Eswatini Country Programme, taking into consideration national development priorities and plans and the 2030 Agenda for Sustainable Development in the country.

### 4.3 Scope of the Evaluation

The scope of the evaluation is set out below.

- **Timeframe:** The CPE covers the Eswatini Country Programme (ECP) from March 2021 to December 2024. Data collection started in January 2025. The Country Programme is due to complete in December 2025; thus the evaluation covers 3 years and 9 months of the CP (spanning 4 years 9 months).
- **Geographic:** The Country Programme is focused upon upstream work, policy advocacy and system strengthening so the evaluation scope is national level engagement (i.e. with central government). To deepen understanding of the effects of UNICEF national engagement at the subnational level, deep dive studies for each outcome area were conducted and involved two subnational visits (outskirts of Mbabane, and Manzini). See Section 5.3 regarding sampling, and Table 8 for further information.
- **Thematic:** The scope of the CPE includes UNICEF's efforts across all outcomes and outputs. The CPE focuses on the formal UNICEF CPD approved by the Executive Board but also considers any changes/revisions from the initial CPD during the period under review. The CPE covers any humanitarian or emergency response supported by UNICEF Eswatini during the period under evaluation. The CPE integrates equity, gender, and disability as cross-cutting themes throughout the evaluation.

The anticipated primary audience of the CPE is UNICEF Eswatini, UNICEF ESARO and the UNICEF Executive Board. It will be used to input into the next CPD and refine any implementation strategies. Secondary users are anticipated to be the Government of Eswatini, non-governmental organizations, civil society organizations and development partners to review evidence of achievements, plan and mobilize resources for scale up and reflect on partnership engagement. Table 6 below shares the anticipated users and uses of the evaluation.

**Table 6. The anticipated users of the evaluation and how they will use it. Source: evaluation ToR.**

User	Potential uses/interest
<b>Primary Users</b>	
UNICEF Eswatini	Input development of the next CPD including refining or redesigning implementation strategies. Accountability to national stakeholders and partners and the UNICEF Executive Board.
UNICEF ESARO	UNICEF ESARO can use the evaluation results to identify areas where the Eswatini Country Office requires additional technical support and potentially gather lessons for other similar countries.
UNICEF Executive Board	Evidence of results achieved through the Country Programme and recommendations for improvement/consideration in the next CPD.
<b>Secondary Users</b>	
Government of Eswatini	To provide evidence of achievements and offer recommendations for improvement by UNICEF and the Government.

Civil society organizations	Implementing partner organizations can use the evaluation results to strengthen their programmes' implementation and plan and mobilize resources for scaling up or expanding interventions.
Development partners	Development partners can use the evaluation results to assess their partnerships with UNICEF. Other development partners, who may not have contributed financially to UNICEF but play an important role in development cooperation in Eswatini, can use the evaluation results to identify areas of opportunity for partnership with UNICEF.
UN Country Team Eswatini	The results will serve as input to future UNSDCF evaluations and could also be useful in developing the UNSDCF.

## 5. METHODOLOGY

### 5.1 Evaluation Approach

**Theory-based approach.** The evaluation applied a theory-based approach, as per the guidance in the ToR, to test the validity of the programme's ToCs against their implementation. This provided a structured approach to analyse the causal relationship between intended and actual outputs and outcomes. Each of the three CP ToCs, one for each outcome area (discussed in Section 3.3), was utilized to assess whether envisaged change had taken place across each of the outcome areas. The programme theories of change are reviewed in Finding 5.

In order to understand the 'bigger picture' of the CP, the evaluation team also developed a retrospective overarching ToC to understand how the outcomes combined to meet the CP goal (see Annex 3). This also enabled testing of the assumptions underlying the theories, and these were articulated in the evaluation matrix (see Annex 2) to guide the evaluation.

**Participatory Approach.** The evaluation applied a participatory approach to gain a wide range of perspectives and involve a mix of stakeholders, including government representatives, civil society organizations, private-sector representatives, UN agencies, multilateral organizations, bilateral donors, and rights holders under the Programme. The evaluation team fostered active adolescent and youth participation within the evaluation process, to ensure that their perspectives were heard, through inclusion of a youth and adolescent representative within the Evaluation Reference Group, a group interview with the UNICEF Youth Advisory Board and a poll on the U-Report social platform (which reaches youth and older age groups). Specific efforts were placed upon ensuring that service providers at local level and rights holders were included in the process and their voices heard through focus group discussions.

**Human rights-based approach.** The evaluation applied a human rights-based approach by assessing aspects such as the level of engagement of stakeholders, including rights holders and duty bearers, in the design, implementation and evaluation processes of the CP in order to respond to their needs. It examined existing mechanisms and strategies in place to address human rights issues and the extent to which the Programme contributed to an equitable improvement in the lives of vulnerable children and adolescent girls and boys including those with disabilities. The Convention on the Rights of the Child (CRC)<sup>85</sup> which sets out the fundamental rights of children (the right to education, health, play and recreation), was used as a

85 The Convention of the Rights of the Child was adopted 1989, by the General Assembly resolution 44/25. It was ratified in Swaziland (now called Eswatini) in 1995.

conceptual framework, exploring the barriers that can hinder the realization of those rights. The analysis assessed the extent to which the Country Programme aligned with the CRC, as well as other international commitments (see Finding 6).

**Disability sensitive evaluation.** The evaluation aligned to the Convention on the Rights of Persons with Disabilities and its optional protocol (CRPD, 2006).<sup>86</sup> Considering different types of disabilities, including physical, sensory, intellectual, and psychosocial, the evaluation assessed the integration of disability inclusion into programming and the diverse barriers to integration (physical, social, cultural, legislative). It also assessed alignment with the UN Disability Inclusion Strategy (2019).<sup>87</sup>

Adhering to UNEG standards of a **gender responsive evaluation**, a gender lens was used throughout the evaluation to analyse the effect of the CP on gender needs, roles and relations. The evaluation looked at the strategies used to foster changes and drew upon the gender equity continuum used by UNICEF and other organizations to assess the extent to which the CP design and implementation were gender transformative.<sup>88</sup>

The evaluation matrix integrated gender with seven of thirteen evaluation sub-questions specifically mentioning gender (as well as equity and disability) as can be seen in Annex 2. The interview guides included questions on the CP relevance to different needs based on gender as well as on the CP effectiveness in contributing to gender equality, asking for practical examples of UNICEF identifying and responding sufficiently to the differential needs of girls and boys (see Annex 7). Although the sampling criteria of key informants was purposeful, the evaluation recorded the gender of all key informants as this element was taken into consideration during the analysis of data related to gender equality. The web-survey also included a specific question to collect the respondents' opinion about UNICEF Eswatini effectiveness in promoting gender equality; the responses analysis included a disaggregation by gender (male, female, non-binary and 'prefer not to say') to see if different trends would emerge from respondents (who identified themselves as 56 per cent female, 44 per cent male) as can be seen in Annex 11.

An intersectional approach was also applied to ensure a nuanced understanding of the intersection of a variety of social variables and identities (such as gender, disability, income, geographical location) and the overlap of traits. This enabled the exploration of vulnerabilities and their contribution to securing greater advantages or disadvantages among different groups.

## 5.2 Evaluation framework

In line with the ToR, the evaluation was guided by the OECD-DAC evaluation criteria of relevance, coherence, effectiveness, efficiency and sustainability. As per the ToRs, impact was not assessed because programmatic results are not expected to manifest sufficiently to draw conclusions about the impact of the CP.

The evaluation questions and sub questions presented in the ToR have been adjusted during the inception phase to better address users' interest and to enhance clarity. The evaluation framework with criteria and questions are set out in Table 7. Annex 2 includes the comprehensive evaluation matrix, with evaluation questions, sub questions, indicators, data collection and analysis tools.

---

<sup>86</sup> United Nations, Convention on the Rights of Persons with Disabilities and Optional Protocol, UN, New York, December 2006.

<sup>87</sup> United Nations, UN Disability Inclusion Strategy, 2019.

<sup>88</sup> UNICEF, Technical note on gender-transformative approaches in the Global Programme to End Child Marriage Phase II: A summary for practitioners, accessible from the webpage: <https://www.unicef.org/media/58196/file>




**Table 7. The evaluation criteria and questions. Source: evaluation inception report.**

<b>Relevance</b>	To what extent were the Country Programme’s objectives and design appropriate for the country context at the outset, and do they remain so? Was UNICEF’s approach the most suitable considering its mandate, resource base, comparative advantages and operational structures? Was it relevant for marginal groups, particularly around gender equality, disability and equity?
<b>Coherence</b>	To what extent is the Country Programme aligned with key UNICEF strategies and international commitments, and how compatible is the Country Programme with the work of Government, the UN and other development actors particularly around gender equality, disability, equity and human rights?
<b>Effectiveness</b>	To what degree has the Country Programme achieved or is expected to achieve its results, including for marginal groups (gender, equity, disability)? What has enabled and/ or constrained the achievement of results?
<b>Efficiency</b>	To what degree does the Country Programme deliver, or is likely to deliver, results in an efficient and timely way?
<b>Sustainability</b>	To what extent is there likely to be continuation of benefits from the Country Programme (with consideration of gender, equity and disability)? What is the potential for scale-up and replication of interventions?

### Deep Dives

Whilst the scope of the Country Programme Evaluation was the overall Eswatini Country Programme portfolio across all of its components, three deep dives (one from each of the three outcome areas) were undertaken to deepen understanding and reflection on the upstream work. They involved exploration of UNICEF’s advocacy efforts, system-strengthening initiatives, and strategic engagement with government and other stakeholders in driving policy and institutional changes, and where possible, included subnational engagement to consider implications at the service delivery and community level. The three deep dives, identified through consultation with the Chief Advisors for each outcome area, are set out in Table 8 below.

**Table 8. The three 'deep dives' within the evaluation. Source: evaluation inception report.**

<b>Outcome</b>	<b>Theme</b>
	1. Immunization as an entry point to promote integration of immunization and other essential services in Primary Health Care (PHC) health facilities: health system strengthening to bring about changes
	2. System strengthening within the education sector: supporting the establishment of an education management informant system
	3. Supporting policy development in the social assistance sector

## 5.3 Data Collection Methods

The evaluation used data from primary and secondary sources, applying a mixed-method approach that combined qualitative methods (including key informant interviews, focus group discussion and document review), and quantitative methods (involving a web survey, U-Report poll, and review of financial data). All evaluation questions were answered through triangulation of quantitative and qualitative data collected using multiple tools and from multiple sources (see the Evaluation Matrix in Annex 2).

A **data collection visit** to Eswatini took place from 27<sup>th</sup> January to 31<sup>st</sup> January 2025, for both evaluation team members. The visit allowed face-face interviews where possible, focusing on national stakeholders

(from government, UNICEF, other UN agencies, implementing partners) given the predominant focus of the CP on national level engagement. The thematic deep dives involved visits to two entities (a school and health facility, shared in Annex 6) to gain a snapshot into subnational effects of national level engagement.

**Desk-based document** and data review looked at 50+ documents, including the documentation made available to the evaluation team by the ECO in SharePoint, relevant documents accessible on the UNICEF website and independently conducted web-based research of documents (such as academic papers, grey literature, previous evaluative works etc.) regarding the context and outcome areas. The review looked at strategic and programmatic documents, progress and financial reports, monitoring data, past reviews and evaluations, technical reports and publications and other relevant documents at country and regional levels. The list of all the documents reviewed is included in Annex 10.

**Semi-structured individual and group interviews** were conducted with 78 key informants (48 female) across the different groups of stakeholders. They included interviews with UNICEF CO staff, UNICEF Youth Advisory Board members, UNICEF ESARO staff, Government of Eswatini staff from different ministries (DPMO, MoH, MoHA, MoFT, MoET, Police), UN Agencies (UNFPA, UNESCO), a development partner (World Bank), implementing partner staff, service providers staff (MoH and MoET). Table 9 shows a breakdown of the interviews by stakeholder group. Interviews were semi-structured and followed specific templates developed based on the stakeholder type, drawing on the evaluation matrix.

Group interviews were conducted where felt appropriate by the evaluation team, i.e. in case of sufficient commonality and not limiting participation and expression of views. During the field visit, face-to-face interviews were prioritised where they were felt to be most effective, particularly with government staff, implementing partners and development partners. Online interviews were undertaken when it was considered more convenient for interviewees, or less necessary to undertake a face-to-face interview. Online interviews were conducted remotely with the support of MS Teams or Google Meet platforms. All interviews were conducted in English and interview notes typed in standard logbooks developed in Word templates, stored in SharePoint (offered by Microsoft Office 365) and accessible only by the evaluation team. Annex 8 shows a list of all those consulted and whether they were individual or group interviews, held in-person or online.

**Table 9: Number of key informants consulted, disaggregated by stakeholder type and gender. Source: evaluation team.**

Stakeholder group	Organisation / Ministry (number of individuals consulted)	N. of Female	N. of Male	Total N.
UNICEF	UNICEF Eswatini (11), UNICEF ESARO (2), UNICEF Youth Advisory Board (9)	12	10	22
Government of Eswatini	DPMO (7), Education and Training (3), Finance and Treasury (2), Health (11), Home Affairs (1), Royal Police Service (2)	17	9	26
UN agencies	UNESCO (1), UNFPA (1)	2		2
Development partners	World Bank (1)	1		1
Implementing partners (CSOs / NGOs)	Baylor College of Medicine Children's Foundation (5), CANGO (2), George Town University (1), Globecare Foundation (2), SAFAIDS (1), Siphilile (2), SWAGAA (3), HISP Uganda (1)	9	8	17
Service providers	King Sobhuza II Public Health Unit - Manzini Region (3), Ministry of Health - Manzini Region (4), St. Francis Primary School (3)	7	3	10
<b>Total Number</b>		<b>48</b>	<b>30</b>	<b>78</b>
<b>Total Percentage</b>		<b>62%</b>	<b>38%</b>	<b>100%</b>

**Deep dives and site visits.** For the deep dives, data collection was predominantly through interviews held with relevant stakeholders at the national level who were being interviewed for the CP as a whole, and time was taken to speak in depth about the relevant deep dive focal areas. Annex 6 provides information about the number and organisations engaged for each deep dive.

For the deep dives for Outcome 1 and 2 for which relevant policy implementation is happening at the subnational level, data was collected at the subnational level in order to gain insights into the implications of UNICEF's support (shared in Annex 6). There were site visits to a health care facility in Manzini (outcome 1), and a school in the outskirts in Mbabane (outcome 2). This 'snapshot' approach<sup>89</sup> was agreed with the evaluation manager to gain some local level insights in deep dive areas, whilst not compromising the comprehensive approach required for the breadth of the CPE. The sites were selected in consultation with ECO given their involvement, interest and limited distance from Mbabane. During the site visits, the following data collection took place:

- **Group interviews with service delivery staff** were held: a public health unit was visited in Manzini region (3 staff met), a regional authority in Manzini (4 staff) and a primary school in the outskirts of Mbabane. Sampling was purposive (like other interviews), guided by the ECO staff. Annex 7 shares the interview questions within the data collection tools.
- **One focus group discussion (FGD)** was held with rights holders indirectly impacted by UNICEF's upstream work and subnational implementation, to inform the deep dive data collection and analysis on Outcome 1. The FGD involved a group of eight mothers of children who received immunization and other integrated services in a health care facility in the Manzini Region, to hear their perspectives, experience and satisfaction of immunization and other integrated services, and challenges/ barriers to access. The sampling of the site and of the participants were facilitated by UNICEF Programme staff based on: UNICEF presence and accessibility in terms of logistics given the limited time available for the field visit to the site; availability of the caregivers of children that had received services to participate to the FGD and, as far as it was feasible and appropriate, representativeness of different groups across gender, disability, and equity for the participants. The FGD was facilitated by the Evaluation Specialist with the support of a professional translator. FGD participants were asked open ended questions, as indicated in the Annex 7 on the data collection tools.

**A web-based survey** targeted (i) 22 UNICEF Eswatini implementing partners that had worked with UNICEF between 2021 and 2024, including both past and active partnerships, and (ii) 15 UNICEF Eswatini CO technical and management staff, to gather data about their perceptions around programme performance and adaptation to changing situations (such as COVID-19), as well as efficiency of programme implementation. Respondents' perceptions were captured using Likert and ranking scales, as well as through open-ended questions to allow them to provide more articulated feedback on programming and implementation. The survey was developed in English, administered using MS Form (offered by Microsoft Office 365), and piloted by the evaluation team to ensure its accessibility and functionality. The total number of respondents was 16 (6 from UNICEF staff and 10 from implementing partners; 9 females and 7 males), indicating an average response rate of 43 per cent (40 per cent amongst UNICEF staff, and 45 per cent amongst implementing partners). The survey results are available in Annex 11.

The evaluation team used **U-Report** as an opportunity to reach out to the wider population of right holders in Eswatini, who have access to SMS, are registered on the platform, and comfortable in responding to

---

89 <https://www.betterevaluation.org/methods-approaches/approaches/rapid-evaluation>

polls in English.<sup>90</sup> Out of 39,805 U-Reporters registered in Eswatini,<sup>91</sup> 1,478 respondents (723 female) completed the poll.<sup>92</sup> The aim of the poll was to collect right holders' perceptions around selected UNICEF-supported sectors, such as health, education, and child protection, to supplement the evidence collected from other sources on the effectiveness of UNICEF's work. The U-Report was piloted and administered with the support of the UNICEF Eswatini Country Office. The results of this survey are attached to this report within Annex 12. Given the quality of the devices available, the simple questions and answer options and the limited representativeness of the U-Reporters, the evaluation team treated the data generated cautiously, referring to them primarily to add additional layers of understanding to findings identified and triangulated from other sources.

**Sampling.** Interviewees were selected (in consultation with ECO) in a purposive way, based on the knowledge of, interest and influence in the Country Programme, stakeholder inclusion, learning opportunities, and coverage of the three outcome areas. The web-survey was shared with a focal point across all of the implementing partners, and all UNICEF Eswatini management and programme staff. All of the Eswatini registered U-Reporters were polled, representing the wider population of right holders in Eswatini, who have access to SMS and are registered on the platform. The two deep dive site visits were selected according to their familiarity with the initiative, interest and also distance for the evaluation team to travel. A diversity of perspectives was captured through engagement with a wide range of stakeholders across government, NGOs, civil society, development partners, as well as (for deep dives) service providers and beneficiaries. A wider pool of rights holders was also engaged through the U-Report.

## 5.4 Data Analysis Methods

Data collected from interviews with different kinds of stakeholders was analysed using qualitative content analysis to pull out key trends, issues, and patterns across the different evaluation questions. Quantitative data collected through the web-survey, U-Report and the desk review (including budgetary information, outcome and output indicators data) was analysed through descriptive statistics. The deep dives were also analyzed by collating data across all levels (from national to subnational as relevant) and a SWOT (strengths, weaknesses, opportunities and threats) analysis was carried out.<sup>93</sup> Further, where relevant policy influence analysis was applied to explore the contribution of UNICEF's support to policy change and implementation through its advocacy, research and evidence generation, technical assistance and capacity development efforts.

All data collected was synthesized and triangulated to develop findings and conclusions for each of the key evaluation questions. Triangulation was carried out to ensure credibility and validity of findings. Multiple forms of triangulation were carried out. Data triangulation using different data sources (desk review, interviews, web survey, U-Report) to compare and contrast different data sources; methodological triangulation used different methodologies (both qualitative and quantitative) to analyse findings; and investigator triangulation using two analysts to collect data to reduce bias and improve reliability. Contribution Analysis was incorporated into the findings, synthesizing the main insights from different lines and levels of evidence, as well as the assessed plausible contribution story of the deep dives as to how outputs led to outcomes.

---

<sup>90</sup> U-Report is a global social platform created by UNICEF where people can express their opinion by responding to polls launched by UNICEF national country offices, on issues that are of interest to them.

<sup>91</sup> Source (last accessed on 11.12.2024): <https://eswatini.ureport.in/engagement/>

<sup>92</sup> Source (last accessed on 01.03.2025): <https://eswatini.ureport.in/opinion/7753/>

<sup>93</sup> Impact Alliance, Users Guide to SWOT Analysis, 2000.

## 5.5 Ethical Considerations

The evaluation was guided by evaluation ethical standards at all times. It was conducted in accordance with the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis, the United Nations Evaluation Group Ethical Guidelines, the Code of Conduct for Evaluation in the UN System, and the United Nations Norms and Standards for Evaluation in the UN System,<sup>94</sup> as well as the UNICEF's Ethical Research Involving Children.<sup>95</sup> Due to the engagement of adolescents (15 years old and above) within the Evaluation Reference Group (ERG) and the Youth Advisory Board group interview, prior to data collection commencement the evaluation received approval from a UNICEF designated ethical review board, which assessed the methodology, data collection approach and instruments, and ethical safeguarding elements (see Annex 17 for the ethical approval).<sup>96</sup> No children under 15 were involved in data collection.

The evaluation was designed to uphold the following UNEG standards:

- **Independence of evaluation:** the evaluation was positioned independently from any management function and evaluated without undue influence of any party.
- **Impartial and free from conflicts of interest:** the evaluation team did not have any personal interest in the CP, were not responsible for any element of the CP, and upheld objective professional integrity.
- **Credible:** the evaluation used transparent evaluation processes, was inclusive involving relevant stakeholders and used a thorough quality assurance process (see Section 5.4).
- **Accountable:** the evaluation team took ownership of the evaluation process, from design to implementation and reporting.

All the informants received full explanation of the purpose of their engagement along with their rights:

- **Rights to self-determination, fair representation, protection, and redress,** including verbal informed consent to freely and voluntarily contribute to the data collection, possibility to deny consent, from the process at any time, and to request not to utilize the information already provided. Informed consent forms utilized are shared in Annex 14.
- **Privacy and confidentiality** of the information disclosed during the evaluation process has been granted at any stage of the evaluation, and messages concerning confidentiality were integral to all data collection tools. For instance, key informants for individual interviews were contacted directly and their details not shared, while groups interviews were organized amongst individuals well known to each other; survey responses were anonymous, and anonymity was ensured in the survey introduction.
- **Security of primary data storage** through password-protected devices in a SharePoint hosted on password-secured servers offered by Microsoft Office365 and accessible only by the evaluation team.
- **Independence and impartiality** of the evaluation team was communicated clearly to evaluation informants in order to ensure an external assessment and no vested interests in the outcomes of the evaluation.
- **Fair representation** was included through ensuring that there was equitable inclusion of stakeholders within the use and interpretation of the evidence on which the findings are based.

---

<sup>94</sup> United Nations Evaluation Group, Norms and Standards for evaluation in the UN System, accessible at: <http://www.unevaluation.org/document/detail/2866>; Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance, accessible at: [http://www.uneval.org/papersandpubs/documentdetail.jsp?doc\\_id=1401](http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=1401)

<sup>95</sup> UNICEF, Ethical Research Involving Children, 2013.

<sup>96</sup> Approval received on 09/01/25

- **Avoidance of harm** was integrated to minimize potential negative consequences for participants or others involved through the ethical safeguards outlined above (storage of data to protect privacy, clear communication about the purpose of the evaluation, consent forms).

For over 15s engaged in the process (through the Youth Advisory Board and ERG), the evaluation team respected their autonomy yet ethical safeguards were adhered to. The purpose of meetings was fully explained, along with their rights (informed consent, confidentiality, ability to stop the interview/ process at any stage). They were not requested to share personal information or personal stories thus reducing any potential ethical risk/ concern. It was important to ensure ethical and do-no-harm considerations were integrated. Annex 15 provides the informed consent forms for parents and caregivers.

## 5.6 Limitations and Mitigation Strategies

The evaluation has a number of limitations that should be taken into consideration in interpreting the main findings. They are described in Table 10, along with the efforts made to prevent or overcome them.

**Table 10. Evaluation limitations and mitigation strategies. Source: evaluation team.**

<b>Limitation</b>	<b>Description</b>	<b>Mitigation Strategy</b>
<b>Limitations in accessing reliable and informative quantitative data and measuring programme outcomes</b>	Monitoring and evaluation (M&E) data from Results Assessment Module (RAM) reports, especially output indicators, was not always clearly linked to the relevant outcome level. Achievements reported in the annual narrative reports did not always match actual values of output indicators reported in the RAM, making it difficult to assess results.	The evaluation team used a theory-based mixed methods approach combining qualitative assessments with available quantitative data. This enabled assessment of the logical coherence of the programme's change model, that provided some reasonable insight as to whether or not the programme has been considered to contributing to the overall objective.
<b>Lack of disaggregated monitoring data</b>	The monitoring data provided does not disaggregate by subgroups, such as by sex, disability or income/ poverty levels.	The evaluation team included the differential effects on subgroups, in particular by gender, equity and disabilities, as an area of enquiry within interviews, and the web survey.
<b>Availability of all stakeholders for interviews and FGDs</b>	Some stakeholders in senior positions in government and across partners had limited time. The data collection phase fell just after the long summer holidays of Eswatini, limiting interviewees availability only from the last week of January.	Interviews were scheduled in advance, trying to accommodate the availability of interviewees, including with group and/or remote interviews prior and after the mission, as convenient. Interviews were supplemented by documentary analysis and the web survey. However, there were gaps in meeting with some stakeholders in the Ministry of Justice and Ministry of Economic Planning and Development.
<b>Potential bias in selecting stakeholders to participate in interviews and group discussions</b>	The Eswatini CO staff facilitated the selection of stakeholders to participate in key informant interviews and FGD, carrying a potential bias of being inclined to invite stakeholders who are based within close proximity, stakeholders who have had a particularly positive or negative experience with the programme, stakeholders with a certain level of education and ease in communicating with evaluators, etc.	Purposive sampling was utilised to ensure a diverse range of views, with clear selection criteria provided by the evaluation team. The team made all possible efforts to correct for bias by explaining the evaluation purpose and asking questions in such a way as to elicit neutral responses, as well as by triangulating sources during data analysis.
<b>Deep dive site visits were limited</b>	Given the overall focus on national level engagement, and need to focus on the participation of central government and national partners, less time was allocated to	The deep dive site visits also aimed to explore strengths, weakness and challenges that the interviewees were aware of from different locations. Interviews

	<p>the deep dives. A decision was taken with the evaluation management group to conduct visits to service delivery partners only close by to Mbabane (outskirts of Mbabane and Manzini).</p>	<p>at the national levels also probed around subnational issues.</p>
--	--	--

### 5.7 Evaluation Management

The evaluation was conducted by a team from Indeva Consulting consisting of an Evaluation Team Lead and Evaluation Specialist. UNICEF oversight was provided by an Evaluation Management Group comprising of , an ESARO Evaluation Manager and an Evaluation Focal Point from the Eswatini Country Office. Annex 16 shares more information about the evaluation team.

In addition, an Evaluation Reference Group was appointed by the ECO including Government counterparts; several senior Eswatini Country Office staff and selected development and civil society organizations (see Annex 9). The ERG had an advisory capacity whose primary role was to review evaluation milestones (terms of reference, inception report, draft evaluation report) and to provide comments.

## 6. FINDINGS

Discussion of the findings of the evaluation is organized around the main evaluation criteria, namely, relevance, coherence, effectiveness, efficiency and sustainability; each evaluation question is responded to in turn.




### 6.1 Relevance

**Relevance. To what extent were the Country Programme’s objectives and design appropriate for the country context at the outset, and do they remain so? Was UNICEF’s approach the most suitable considering its mandate, resource base, comparative advantages and operational structures?**

EQ1. To what extent is the Country Programme aligned with national and subnational priorities and need, particularly amongst vulnerable groups, and to what degree has the Country Office identified, and responded to changing needs?

**Finding 1. There is a strong alignment between the Country Programme and the priorities set out with the Eswatini Government’s national policy framework. A thorough and consultative process was conducted to develop the CP which established and aligned with identified need. Prioritization of some areas, however, was compromised by challenges in acquiring funds, in particular for sexual reproductive health and violence against children.**

The desk review highlights that there is clear alignment between the CP and Eswatini’s development priorities. During both the 2019-2022 and 2023/4-2027/8 National Development Plans the CP aligned with Outcome 3 ‘Enhanced Social and Human Capital Development’. UNICEF’s CP is also embedded within United Nations Sustainable Development Co-operation Framework 2021-2025 that sets out UN obligations to respond to government priorities. Key informants across government ministries verified that there is a strong alignment with the broad policy framework, and that in various cases such as the National Plan of Action on Children, and the National Action Plan on Violence Against Children UNICEF has been instrumental in supporting policy development (discussed in Finding 23). Table 11 shares relevant policies, strategies and plans that CP outcomes respond to.

Programme outcome areas	Corresponding policies strategies, policies and plans
Overarching	National Plan of Action for Children (2023-2027) National Youth Policy 2020
	National health policy (2017); National Health Sector Strategic Plans (2019-2023, 2024-2028) National Prevention of Mother-To-Child Guidelines, Health Sector Response HIV/AIDS Plan National HIV and AIDS Strategic Framework (2018-2023, 2024-2028) National Sanitation and Hygiene Strategy (2019-2023)
	Free Primary Education Act (2010) Guidelines on Alternative Care (2010) Multi-sectoral ECCD Framework (2019) Education Sector Strategic Plan (2010-2022, 2022-2034) National Multisectoral HIV and AIDS Strategic Framework (2024-2028)
	National Disability Plan of Action (2024-2028) National Social Policy (2022) Child Poverty Reduction Action Plan

**Table 11. CP and alignment with national policy framework**

The development of the CP involved a thorough and robust process, to establish and align with the needs of children and adolescents in the Eswatini context, as highlighted in both the desk

review and interviews (UNICEF, government, implementing partners). The initial Situation Analysis<sup>97</sup> conducted in 2019 took a suitably holistic lens of the needs of children and adolescents and examined inequities, drivers of inequities and shortfalls, as well as consideration of the landscape (political, social, economic, policy, programmatic, partnership) in which children's needs and adolescents were being addressed. These were consultative processes, for example the Situation Analysis engaged government ministries, NGOs and civil society, UN agencies, private sector stakeholders as well as children and adolescents.<sup>98</sup>

Evaluation interviewees across UNICEF and government consistently expressed agreement with the thematic priorities set out within the Country Programme Document, rooted within the causality analysis process and reflecting the multi-dimensional areas of deprivation that children and adolescents face, within UNICEF's mandate areas. However, some UNICEF stakeholders highlighted that UNICEF has had to balance prioritized need with donor priorities of the time, in particular with low financial allocation to sexual reproductive health and violence against children. Although child violence data is the highest deprivation amongst children,<sup>99</sup> attracting sufficient levels of funding has been challenging.

**Finding 2. The programme design took account of the differential needs of vulnerable groups, to varying degrees. The CP design reflected the high incidence of poverty amongst children in Eswatini and recognized the higher levels of poverty within rural areas. Issues affecting girls/ female youths were included within some targeted initiatives, but gender was not mainstreamed, and a gender transformative approach was not applied. Although not prioritized within the Country Programme Document, there was concerted and focused targeting of children/ adolescents with disabilities in programming, but not all initiatives were designed to be disability sensitive.**

In terms of subnational needs and prioritization, the Situation Analysis highlighted the higher proportion of multidimensionally poor children in rural areas (65.3 per cent) compared to urban areas (22.8 per cent) and that by region, Shiselweni has the largest proportion of multidimensionally poor (70.9 per cent), followed by Lubumbo (67.5 per cent) and Hhohho (55.2 per cent).<sup>100</sup> The Country Programme Document however does not prioritise any specific region or geographical location. Within programming, there are good examples of aiming to reach those in rural areas, for example the 'zero dose' (or those that require immunizations but live far from a health clinic) by supporting the introduction of the use of the Geographic Information System (GIS) to locate the most remote communities. Some initiatives were intentionally planned in all four regions (for example the disability inclusion capacity development support, was in 19 schools across all four regions) whilst others were focused on specific areas, such as a post COVID-19 'back to school' project which was focused on the Manzini region. The evaluation did not come across a detailed mapping or strategy for the downstream work against locational need, however none of the interviewees raised concerns about the geographical targeting of initiatives.

Children living with disabilities are included within programme design across all three outcomes, but disability sensitivity is not embedded across all output areas. This is in contrast to the UN Disability Inclusion Strategy which states the rights of persons with disabilities should be embedded in all policies, programs, and practices.<sup>101</sup> The CP interventions range from some efforts that are systems orientated such as disability inclusion within education (Output 2.1) and others that were more project orientated, for example

---

97 UNICEF, 2019 Situation Analysis of Children and Adolescents in the Kingdom of Eswatini, 2019.

98 A validation workshop took place on 18th July 2019, and engaged Government line ministries, DPMO units, UN agencies, parastatals, CSO representatives and business sector stakeholders.

99 The Government of the Kingdom of Eswatini, *Multidimensional Child Poverty in the Kingdom of Eswatini*, Ministry of Economic Planning and Development, Mbabane, 2018.

100 United Nation Children's Fund, Country Programme Document 2021-2025. UNICEF Eswatini, Mbabane, February 2021.

101 United Nations, UN Disability Inclusion Strategy, 2019.

the building of disability inclusive toilets within water, sanitation and hygiene (WASH). Interestingly, survey results suggest that amongst UNICEF respondents (n=6) all agreed that specific strategies have been put in place to reach children with disabilities and mitigate disparities, whilst amongst implementing partners (IPs) (n=10) it was a lower figure of 60 per cent, with 20 per cent disagreeing and 20 per cent stating that they did not know.

In terms of gender equality, the Situation Analysis highlighted that the Kingdom ranked 141<sup>st</sup> of 160 countries in gender equality with lagging performance of gender equality measures included in maternal mortality reduction, female labour market participation. It identified gender beliefs and norms as structural driver of inequalities and shortfalls related to adolescents. There is also a higher prevalence of HIV in female youths 20-24 years old (20-24 per cent) compared to males of the same age groups (4.2 per cent).<sup>102</sup>

A nuanced picture is necessary however to understand gendered development issues in Eswatini. Notably, the multidimensional child poverty rate is slightly higher for boys than for girls (60 per cent versus 54 per cent, respectively). Some gender indicators show a skew against boys, with a higher mortality burden among boys in young childhood which appears to be correlated with suboptimal nutrition outcomes that are also more prevalent among boys than girls.<sup>103</sup> In terms of violence against children, household physical punishment is considered a part of child rearing, and whilst boys expressed concerns about bullying, women and girls are disproportionately affected by sexual violence. The Country Programme integrated these issues to different degrees. Table 12 states some of the key issues shared in the Situation Analysis and to what extent the CP design integrated these patterns.

**Table 12. Gender issues highlighted within the Situation Analysis (2019), and how the CP design has incorporated them. Source: evaluation team.**

<b>Gender issues in Eswatini</b>	<b>Country Programme Design Response</b>
Gender beliefs and norms (discrimination against women and girls) are a structural driver of inequalities and shortfalls related to adolescents. <sup>104</sup>	The CP design included community dialogues on HIV prevention and sexual reproductive health, and prevention of violence and gender based violence. It is not clear whether gender norms change, and challenging underlying gender inequalities was a focus.
HIV in female youths higher amongst 20-24 years old (20-24%) compared to males of the same age groups (4.2%). <sup>105</sup>	CP design states providing support to strengthening national system to reduce adolescents vulnerability to HIV (advocacy, education, integrating in health services). CP does not highlight a gendered approach, but annual reports state that there was a particular focus on females.
Under-five mortality rate was estimated at 54 per 1,000 live births, with a higher rate among boys (58) than girls (49). <sup>106</sup>	CP focused on delivering quality maternal, newborn, child and adolescent healthcare. No targeted focus on boys.
Boys have higher stunting rates than girls (29.2% and 21.2%, respectively, according to the 2014 MICS). <sup>107</sup>	CP focused on addressing supply and demand-side barriers to nutrition. No targeted focus on boys.
Women and girls are disproportionately affected by sexual violence.	CP designed to strengthen response and prevention work on violence against children, and gender based violence.

Evaluation interviews with key stakeholders (from government, CSOs and UNICEF) raised that whilst there are some initiatives targeting females (for example female teenagers who were out-of-school due to pregnancies), gender and the differential needs of boys and girls are not explicitly mainstreamed within the

<sup>102</sup> Justman et al., Swaziland HIV Incidence Measurement survey (SHIMS), 2017.

<sup>103</sup> According to the 2014 MICS, Eswatini's under-five mortality rate was estimated at 54 per 1,000 live births, with a higher rate among boys (58) than girls (49), and boys had higher stunting rates than girls (29.2% and 21.2%, respectively, according to the 2014 MICS).

<sup>104</sup> UNICEF, Eswatini Situation Analysis, 2019.

<sup>105</sup> Justman et al., Swaziland HIV Incidence Measurement survey (SHIMS), 2017.

<sup>106</sup> Central Statistical Office, Swaziland Multiple Indicator Cluster Survey 2014, Key Findings. Mbabane, Swaziland: Central Statistical Office, 2015.

<sup>107</sup> Ibid.

CP. Although the web-survey results showed that 75 per cent of respondents (n=16) agreed or strongly agreed that specific strategies have been put in place to reach girls and mitigate gender-based disparities in access and interventions, 19 per cent disagreed, and 6 per cent did not know. Interviews highlighted that there was a lack of systematic gender analysis across all of the CP elements, and clear and deliberate strategy for addressing gender issues (with some areas such as WASH and nutrition lacking any gender components). Further, there has been insufficient application of a gender transformative approach (for example within social behavioural communication and youth development skills), to understand and address the underlying drivers of inequality.

The Situation Analysis emphasized poverty as a key factor underlying vulnerability with almost 6 of every 10 children being multidimensionally poor<sup>108</sup> and experiencing deprivations in dimensions such as health, nutrition, education, protection and WASH. The CP design broadly places the multidimensional nature of child poverty at the centre of its programming, within the parameters of its mandate. Also, equity is integrated into system strengthening work with a focus on equity-sensitive budget allocations. Further some of its initiatives such as the universal child grant are universal coverage yet intended to reduce any barriers based on equity grounds.

Whilst UNICEF's mandate and strategic plan explicitly address the principle of Leaving No One Behind,<sup>109</sup> focusing on equity, reaching every child, and addressing the needs of the most vulnerable, there is no Leaving No One Behind ECO plan. Whilst not a requirement for country offices, it could have been helpful to articulate the different priority vulnerable groups, intersectional linkages and how the Country Office is addressing them.

Emerging issues for children that were raised by consulted interviewees included mental health needs, cyberbullying, climate change and child protection interlinkages. Evaluation interviewees also raised the need to do more profiling of different types of vulnerable groups using the latest data for the next Country Programme. These included: children of mothers with low education; children without parents; adolescent girls/ women in sex work; children engaged in child labour; LGBTQI plus children/ adolescents/ youths. Whilst it was beyond the scope of the evaluation to analyse and assess the current proportional needs of the different groups listed, this may be of consideration for analysis going forward.

**Finding 3. During the period of implementation which has been affected by the COVID-19 pandemic, political unrest and climate shocks, the CP has supported government to undertake rapid assessments of the changing needs of children to inform adaptive programming, yet there is scope for UNICEF ensuring that child protection needs are fully taken account of.**

The context within which UNICEF Eswatini implemented the Country Programme was significantly affected by the COVID-19 pandemic and its implications, as well as an economic downturn and increases in prices due to the Russia-Ukraine war, and climate shocks (droughts, floods and Cyclone Eloise). The CP has largely relied upon the original Situation Analysis and data from the MICS and Multiple Overlapping Deprivation Analysis (MODA) to inform programming, rather than any rapid needs assessments to analyse the needs of children in emergency situations to inform adaptive programming. UNICEF supported government to conduct needs assessments (or rapid assessments) for situations such as climate-related shocks in order to understand the specific effects of events or shocks for in the country. The need to ensure

---

108 The Government of the Kingdom of Eswatini, Multidimensional Child Poverty in the Kingdom of Eswatini. Ministry of Economic Planning and Development, Mbabane, 2018.

109 Leaving no one behind is the core principle of the 2030 Agenda for Sustainable Development, representing the commitment of all UN member states to eradicate poverty, terminate exclusion and discrimination as well as reduce inequalities.

that the rights of children are sufficiently mainstreamed, and in particular child protection issues (with a focus on gender, equity and inclusion) was highlighted in interviews (government and UNICEF stakeholders).

When the CP was developed, the COVID-19 epidemic was present in Eswatini, but the scale and magnitude of implications were as yet unknown. Evaluation interviewees across government and implementing partners confirmed that UNICEF adapted and responded well to the COVID-19 pandemic (discussed further in Finding 25), and that there was some identification of needs such as the quantity of COVID-19 vaccinations required, and the level of personal protective equipment required. Also, UNICEF drew upon wider regional and global knowledge in terms of the implications of the pandemic. There was some eliciting of need through ongoing platforms, for example UNICEF supported an implementing partner, SWAGAA, to use U-Report as a platform for adolescents and youths to (anonymously) ask questions and raise issues, which could then be responded, and also inform the content of information briefs, but there was scope to do more.

## EQ2. How appropriate are the CP strategies and theories of change for the country context?

**Finding 4. UNICEF Eswatini’s programme strategies are generally considered to be appropriate to the country context and targeted to need, however there could have been more explicit prioritisation of strategies within the Country Programme, and youth engagement was not integrated as a programme strategy.**

The CP employed a mix of strategies that have been implemented to mutually strengthen each other (see Section 3.1). Policy development, advocacy for public finance, technical support and capacity building for system strengthening have emerged as the most relevant strategies, in line with the recommendations provided by the previous CPE.<sup>110</sup> This is reflected in the visual ToCs, where the change strategies of the three outcomes focus on advocacy, system strengthening, policy and partnership. They also play to UNICEF’s strategic positioning and comparative strengths including cross-sectoral mandate and relationships across relevant government ministries.

UNICEF has continued leveraging its strength in policy development support, accompanied by advocacy work targeted to all relevant ministries for instance in unlocking public finance for climate change adaptation,<sup>111</sup> enhancing the efficiency and impact of government spending in WASH.<sup>112</sup> Advocacy efforts have often been accompanied by research and evidence generation to support evidence-based advocacy and decision making, as well as enhance accountability. An important example of this has been the recent advocacy note setting out the rationale for investing in early child education drawing upon global evidence.<sup>113</sup>

UNICEF has also invested in government’s system-strengthening, to improve the implementation of national policies, strategies, frameworks and action plans, by providing technical assistance and capacity building, beyond providing also financial support to selected interventions. System-strengthening has been integrated with innovative solutions for continuity of services, such as online learning for secondary schools. System-strengthening initiatives, aimed at creating effective and efficient services, have also been

110 United Nation Children’s Fund, *Evaluation of Eswatini Country Programme 2016-2020*. UNICEF Eswatini, Mbabane, December 2019.

111 UNICEF, *Unlocking Climate Finance for Sustainable Development in the Kingdom of Eswatini: UNICEF Analysis of the Government of Eswatini Climate Budget*, 2023.

112 UNICEF, *Maximizing the Value of Public Budgets for Universal Access to Safely Managed Water Sanitation and Hygiene: UNICEF Analysis of the Government of Eswatini WASH Section Budget*, 2023.

113 UNICEF, *Investing in Early Learning to Achieve Sustainable Development in the Kingdom of Eswatini*, 2023.

accompanied by activities to stimulate social norm change and community engagement, aimed at increasing community awareness of and demand for such services, in particular with social and behavioural change campaigns regarding violence against children. Partnerships have been strengthened or established with CSOs, international financial institutions, other development partners, and to a limited extent with the private sector, across all outcome areas and as cross-cutting approach in support to the other strategies.<sup>114</sup> South-South cooperation was leveraged to facilitate knowledge-sharing, for example WASH government staff were supported to visit a programme regarding sanitation system strengthening in Kenya and Brazil (with ongoing online regular engagement facilitated by UNICEF).<sup>115</sup> While all these strategies were found to be valid for the context, given Eswatini's status of low-middle income country and the consequent decreasing funding sources, there could have been more explicit prioritisation of strategies within the Country Programme Document. One area that emerged in interviews with stakeholders (in particular UNICEF and CSOs) is the necessity of including youth engagement as an integral programme strategy in order to promote meaningful participation of adolescents and youth, and the need to systematically nurture a youth movement in the context of Eswatini.

**Finding 5. The programme theories of change are generally considered well-tailored to the causality analysis. However, the outcomes compress life cycle and sectoral themes and cover an ambitious range of issues. The lack of an overarching ToC is a missed opportunity in strengthening linkages. Clear references to the impacts of climate change on the different Programme's components are also missing.**

The Country Programme design was based on three specific theories of change developed by the ECO within Programme Strategy Notes (PSN) for each Outcome area between November 2019 and March 2020. Based on the review of the PSN, the approach used to develop the ToC drew from a participatory process that considered important aspects: consultation with internal and external relevant stakeholders; the situation analysis where partners identified priorities based on high deprivation areas; bottleneck analysis to understand the contributory factors to the deprivations; mapping of potential relevant partners. The PSN also received input from East and Southern Africa Regional Office (ESARO). Compared to the finding of the previous CPE, pathways of change are clearly mapped, assumptions are made explicit, and the ToC model is documented by a narrative that explains it. The theories of change are generally considered well-tailored to the causality analysis by UNICEF programme's staff.<sup>116</sup>

The narratives that explain the theories of change for Outcome 1 and Outcome 2 follow a similar outline in the level of details, which is structured around the output areas for each outcome.<sup>117</sup> For Outcome 3, instead, the narrative is developed around the outcome statement rather than around its three outputs.<sup>118</sup> The visual representations of the three ToCs are similar for all three outcome areas, as they apply the same model, which focuses on three change strategies, namely advocacy, system strengthening, and partnership. While the application of this model facilitates the comparison of the visual ToC models across programme outcomes, it is less intuitive from these visual representations to understand what the specific output areas are for each programme component, as the visual ToCs do not fully mirror the corresponding

---

114 UNICEF annual reports across all years under review.

115 Interview with government staff.

116 Interviews with UNICEF's staff.

117 United Nation Children's Fund, '2021-2025 Country Programme Document. Programme Strategy Note on Maternal, Child and Adolescent Health' (internal document), UNICEF Eswatini, Mbabane, February 2020; and United Nation Children's Fund, '2021-2025 Country Programme Document. Programme Strategy Note on Lifelong Learning, Protection, HIV and Development' (internal document), UNICEF Eswatini, Mbabane, February 2020.

118 United Nation Children's Fund, '2021-2025 Country Programme Document. Programme Strategy Note on Social Policy' (internal document), UNICEF Eswatini, Mbabane, February 2020.

narratives. Moreover, the visual models of the ToC do not include all the strategies indicated in the CPD, leaving out research and evidence generation, social-norm change through community engagement, South-South cooperation, innovative solutions for continuity of services.

Whilst not a requirement by UNICEF, the lack of a consolidated, overarching theory of change for the whole Country Programme limits the opportunity to identify interlinkages between the programme components and improve the internal coherence of the Country Programme. The three ToC are structured around sectoral themes blended with elements of the life cycle approach, although this is not always fully clear and logically structured. The lack of a sharp focus on the lifecycle is particularly evident across Outcome 1 and Outcome 2, whereby many different issues are compacted together. For instance, including infant health within Outcome 1 and early child education within Outcome 2 risks missing important linkages between care and education in early child development. The approach of having a limited number of outputs and broad, comprehensive outcome statements was explained with the need to promote prioritization given the limited size and resources of the ECO.<sup>119</sup> While this rationale appeared to be clear and broadly accepted by the UNICEF CO staff, it translated into challenges in its implementation.

On a specific note, within Outcome 1, WASH is included under Output 2 which addresses the prevention and treatment of malnutrition. Including WASH interventions within the output of nutrition limits the potential of WASH results to contribute towards the relevant SDGs and to be drivers of child rights in Eswatini.<sup>120</sup> It also implies the involvement of different government ministries compared to nutrition, increasing the complexity of its implementation.<sup>121</sup>

Moreover, despite the attention provided by the CPD to climate change as a cross-cutting issue given the impacts that it can have on the different sectors, from the desk review it emerged that climate change is included in the ToC visual model of Outcome 1 only as a risk in terms of drought that can affect food production and access to safe water, and in the ToC visual model of Outcome 2 again in terms of drought.<sup>122</sup> While the varied impacts of climate change, including floods and disease outbreaks, emerged more evidently from the review of the CO annual reports, the links between climate change and programming are missing in the current Programme's ToCs.

## 6.2 Coherence

***Coherence: To what extent is the Country Programme aligned with key UNICEF strategies and international commitments, and how compatible is the Country Programme with the work of Government, the UN and other development actors particularly around gender equality, disability, equity and human rights?***

**EQ3. To what extent is the Country Programme consistent with UNICEF strategies and international commitments, including for gender equality, disability, equity, and the human rights-based approach?**

---

<sup>119</sup> Interview with UNICEF's staff.

<sup>120</sup> Interview with UNICEF's staff.

<sup>121</sup> Interview with UNICEF's staff.

<sup>122</sup> United Nation Children's Fund, '2021-2025 Country Programme Document. Programme Strategy Note on Maternal, Child and Adolescent Health' (internal document), UNICEF Eswatini, Mbabane, February 2020; and United Nation Children's Fund, '2021-2025 Country Programme Document. Programme Strategy Note on Lifelong Learning, Protection, HIV and Development' (internal document), UNICEF Eswatini, Mbabane, February 2020.

**Finding 6. The Country Programme is founded on the United Nations Convention on the Rights of the Child and contributes to the achievement of nine Sustainable Development Goals. It is aligned with the UNICEF Strategic Plan 2018-2021 and the ESARO priorities. It is also consistent with the UNICEF Strategic Plan 2022-2025. However, cross-cutting commitments such as gender equality and disability inclusion do not emerge as priorities in the Programme’s design.**

The Country Programme is founded in the United Nations Convention on the Rights of the Child, and draws its framework for action in the Sustainable Development Goals (SDGs) until 2030, directly contributing overall to 9 out of 17 SDGs.<sup>123</sup> The Maternal, Child and Adolescent Health (MCAH) programme component contributes to Goal 3 (good health and wellbeing), Goal 2 (zero hunger), , Goal 6 (clean water and sanitation) and Goal 16 (peace, justice and strong institutions, by supporting birth registration). The Learning, Protection and Development (LPD) component contributes to Goal 4 (quality education), Goal 3 (good health and well-being), Goal 5 (gender equality) and Goal 16 (peace, justice and strong institutions). The Social Policy (SP) component mainly contributes to Goals 1 (no poverty) and 17 (partnerships for the goals). Table 13 offers the full list of SDG targets and indicators towards which the Country Programme contributes.

As revealed within the desk review, the Eswatini Country Programme document was developed at the time of the UNICEF Strategic Plan 2018-2021, to which it aligns: the MCAH component is aligned with Goal Area 1 and 4, which call for every child to survive and thrive, and live in a conducive and safe environment; the LPD component is aligned with Goal Area 2, 3 and 5, which call for every child to learn, be protected from violence and exploitation and have an equitable chance in life. The Social Policy programme is aligned with Goal Area 5, which calls for every child to have an equitable chance in life.<sup>124</sup>

While the CPD was developed at the time of the UNICEF Strategic Plan 2018-2021, the CPD possibly appears even more aligned with the current UNICEF Strategic Plan 2022-2025, although with a few result areas are not fully covered.<sup>125</sup> Table 13 provides the alignment of the Eswatini CP with the UNICEF SP 2018-2021, the UNICEF SP 2022-2025, and the 2030 Agenda for Sustainable Development showing the linkages of the CP to the SDGs prioritized as part of the intervention.<sup>126</sup>

**Table 13. Alignment of the CP priorities with UNICEF Strategic Plan 2018-2020, with UNICEF Strategic Plan 2022-2025, and with the Sustainable Development Goals. Source: evaluation team.**

UNICEF Strategic Plan 2018-2021 Goals	UNICEF Eswatini Country Programme priorities	UNICEF Strategic Plan 2022-2025 Goal areas	Link to SDGs agenda
1. Every child survives and thrives: every child has the right to grow up healthy and strong	Outcome 1, all outputs Outcome 2, output 3	1. Every child, including adolescents, survives and thrives, with access to nutritious diets, quality primary health care, nurturing practices and essential supplies	SDG2: Zero hunger (priority to target 2.2, indicator 2.2.2) SDG3: Good health and well-being (priority to target 3.2, indicators 3.2.1 & 3.2.2; target 3.3, indicators 3.3.1) SDG16: Peace, justice and strong institutions (priority to target 16.9, indicator 16.9.1)

123 United Nations, Transforming Our World: The 2030 Agenda for Sustainable Development, <https://www.un.org/sustainabledevelopment/development-agenda/>

124 UNICEF, Strategic Plan 2018-2021, 2018.

125 UNICEF, Strategic Plan 2022-2025, 2022.

126 Source: Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development, last accessed on 25/03/2025 at the link: <https://unstats.un.org/sdgs/indicators/Global-Indicator-Framework-after-2025-review-English.pdf>

2. Every child learns: every child has the right to an education and quality learning opportunities from early childhood to adolescence	Outcome 2, output 1 focuses on strengthened education systems to improve learning outcomes and skills development	2. Every child, including adolescents, learns and acquires skills for the future	SDG4: Quality education (priority to target 4.1, indicator 4.1.1)
3. Every child is protected from violence and exploitation: every child has the right to be protected from violence, exploitation and abuse	Outcome 2, output 2 focuses on strengthened child protection systems to promote positive social norms for the prevention of and response to VAC and adolescents	3. Every child, including adolescents, is protected from violence, exploitation, abuse, neglect and harmful practices	SDG5 women and girls (aged 15 upwards) protected from violence (Target 5.2.2)  SDG16: Peace, justice and strong institutions (priority to target 16.2, indicator 16.2.1)
4. Every child lives in a safe and clean environment: every child has a right to live in an environment that is conducive to his or her growth and safety, including being protected from pollutants and other hazards	Outcome 1, output 2 includes WASH as a driver to prevent malnutrition DRR is mainstreamed across programme components as a strategy to build the resilience of systems, services and communities	4. Every child, including adolescents, has access to safe and equitable water, sanitation and hygiene services, and lives in a safe and sustainable climate and environment	SDG6: Clean water and sanitation (priority to target 6.2, indicator 6.2.1)
5. Every child has an equitable chance in life: every child has the right to fulfil his or her potential	Cross-cutting amongst all outcome areas, with a special focus under Outcome 3	5. Every child, including adolescents, has access to inclusive social protection and lives free of poverty	SDG1: No poverty (priority to target 1.3, indicator 1.3.1) SDG17: Partnership for the goals (priority to target 17.18, indicator 17.18.1)

With regard to the change strategies indicated in the UNICEF Strategic Plan 2018-2021, the CPD is broadly aligned with them, although with a clear prioritization towards certain strategies, as explained in Finding 4. The mix of strategies employed in the Eswatini CP also appear to be mostly consistent with the current UNICEF Strategic Plan 2022-2025. The table in Annex 13 shares the linkages of the UNICEF CP strategies with those indicated in the UNICEF SP 2018-2021 and UNICEF SP 2022-2025.

All programme components are aligned with the UNICEF Eastern and Southern Africa Regional Priorities: the MCAH component is aligned with the Regional Priority 1 (survive and thrive) and Priority 2 (nutrition); the LPD component is aligned with Priority 3 (improving education quality and learning outcomes to prepare children for the future, achieving adolescent development protection and participation); the SP component is aligned with Priority 5 (scaling up social protection interventions to reduce child poverty and other vulnerabilities that impede the full realization of child rights).<sup>127</sup>

The CP shows some alignment with the UNICEF Gender Action Plan (GAP) 2018-2021 and GAP (2022-2025) that promote gender equality for girls and boys.<sup>128</sup> The MCAH programme broadly contributes to the

<sup>127</sup> UNICEF ESARO, 2018, UNICEF East and Southern Africa Regional Strategy 2018-2021

<sup>128</sup> UNICEF, Gender Action Plan 2022-2025, 2022; and UNICEF, Gender Action Plan 2018-2021, 2018.

GAP Result 1 (Gender equitable health care and nutrition for girls and boys), and the LPD programme to the GAP Result 2 (Gender equality in access, retention and learning for girls and boys), and GAP Result 3 (Gender based prevention of and response to violence against girls and boys). There is some engagement of men and boys as allies within Outcome 1 as Mentor Father to act as positive male models.<sup>129</sup> However, the evaluation has not seen a gender analysis across the CP in terms of how gender should be taken account of across all aspects (for example within nutrition or WASH). The CP also does not go beyond responding to the manifestations of gender inequality to tackle its underlying drivers, advance upstream financing and policy solutions and supporting girls' agency and voice.<sup>130</sup>

As explained in Finding 2, the Eswatini CPD does not fully mainstream disability sensitivity throughout the CP. However, as explained in the section on Effectiveness, UNICEF has implemented initiatives focused on disability. Amongst them, UNICEF led the Disability Grant Design project, part of the UN Partnership on the Rights of Persons with Disabilities (UNPRPD) initiative, aimed at enhancing the inclusivity and accessibility of the Government disability grant scheme.<sup>131</sup> UNICEF also advocated with the Ministry of Health to include disability indicators in the Client Information Management System of health facilities and school health programmes.<sup>132</sup> While these are important examples, there is scope for an explicitly defined strategy on disability inclusion, that considers all goals and cross-sectoral strategic priorities indicated by the UNICEF Disability Inclusion Policy and Strategy 2022-2030.<sup>133</sup>

In line with the UNICEF Strategic Plan 2022-2025 whose development was informed by a consultation with children and young people, in 2022 10,200 children, adolescents, and youths participated in different UNICEF Eswatini activities and consultative fora, sharing their opinions on programme design and Implementation.<sup>134</sup> Building on this, in 2023 UNICEF Eswatini has established a Young Person's Advisory Board composed of 14 young people between 15 and 23 years of age, considering gender balance, regional, rural and urban representation, in order to ensure meaningful participation of adolescents and young people in UNICEF programs for children and young people.<sup>135</sup>

#### EQ4. To what degree is the UNICEF Country Programme playing a complementary role to Government and other development actors, including in addressing the challenges of gender equality, disability, and equity?

**Finding 7. UNICEF Eswatini mainly plays a complementary role to the Government and other development actors, not only by providing funding but also through capacity development and technical support aimed at strengthening the Government's capacity and leadership. While a further asset is UNICEF's approach to strengthen systems by providing intervention models for the government to adopt and scale up, some confusion has emerged about UNICEF's role in service delivery.**

UNICEF Eswatini plays a complementary role to the Government by aligning its interventions to the National Development Plan as far as the Government priorities match UNICEF's mandate, and by providing funds, technical support and capacity building in those areas where the Government lacks adequate capacity and

---

129 Interviews with UNICEF and implementing partners' staff.

130 Interviews with government and UNICEF's staff.

131 Interviews with government and UNICEF's staff; and UNICEF Eswatini, 2024 Annual Report, 2025.

132 Interviews with government and UNICEF's staff.

133 UNICEF, 2022, Disability Inclusion Policy and Strategy 2022-2030.

134 UNICEF Eswatini Annual Report 2022

135 UNICEF Eswatini Annual Report 2022 and 2023; FGD with Young Person's Advisory Board members.

resources.<sup>136</sup> Government staff across different ministries reported the good collaboration with ECO personnel, whereby needs assessments and planning are made in consultation, and UNICEF regularly reports on the implementation. UNICEF is appreciated for its partnership approach, whereby the leadership is held by the Government. UNICEF supports the Government to set its agenda, develop its interventions, make funding requisitions to the Ministry of Finance and Treasury (MoFT), and understand how the system operates, therefore facilitating capacity building of ministry staff and inter-sectoral collaboration across ministries. Examples of good collaboration have emerged across all areas of UNICEF's work, for instance for the integration of the COVID-19 and HPV vaccinations into the EPI with the Ministry of Health (MoH), and the roll out of the EMIS with the Ministry of Education and training (MoET).

When UNICEF identifies gaps in the government's priority areas, UNICEF works with the relevant ministries and provides robust evidence to advocate for and input in evidence-based policies and programmes.<sup>137</sup> A good example of UNICEF's role in robust evidence generation for advocacy and technical support is the case of outreaches services suspended during COVID-19, whereby UNICEF developed an investment case study to advocate with the government for their revitalization.<sup>138</sup> Another example is the Climate Landscape Analysis for Children that provided a child rights-centred review of Climate, Environment, Energy and Disaster Risk Reduction issues in Eswatini.<sup>139</sup>

UNICEF is widely appreciated for being always present at the table with the Government and also for being able to convene relevant actors, including CSOs, setting a positive example of collaboration and coordination.<sup>140</sup> UNICEF participates in technical working groups (TWG) in different domains, e.g. in the Prevention of Mother-to-Child Transition TWG and in the Child Health Forum meeting, a platform to coordinate, align and reduce duplication between UNICEF, the Government and other partners.<sup>141</sup> Good examples of coordination were with U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and other partners, whereby UNICEF complemented through the support of specific services, such as HIV genotype testing for those children who failed first and second lines of treatment.<sup>142</sup> UNICEF is reported to have an active role in creating networks and facilitating coordination amongst its partners, by inviting them to budget meetings, quarterly and annual reviews, where participants can share challenges, priorities and lessons, while reducing the risk of implementing projects in silos.<sup>143</sup>

The evaluation team also heard concerns (amongst government and CSOs) about the blurring of roles of government, CSOs and UNICEF. In particular, there was confusion that UNICEF is funding service delivery work, that is the domain of government (or NGOs where gaps exist). Concern was also expressed that government at times is attempting to emulate models that implementing partners have been modelling. It is therefore critical that UNICEF is clear within its communication around the role and purpose of its support to service delivery models, and how it is linked to broader system strengthening and potential scaling up and/ or replicating by the government.

---

136 Interviews with government staff.

137 Interviews with UNICEF's staff.

138 United Nation Children's Fund, *Advocacy Brief: Cost-Effectiveness of Integrated Vaccination Outreach Service Delivery in Eswatini*, UNICEF Eswatini, Mbabane, May 2024.

139 United Nation Children's Fund, *Climate Landscape Analysis for Children. Summary Report 2022/2023*, UNICEF Eswatini, Mbabane, 2023.

140 Interviews with government and implementing partners' staff.

141 UNICEF Eswatini annual reports for year 2021, 2022, 2023 and 2024.

142 Interviews with implementing partners' staff.

143 Interviews with implementing partners' staff.

EQ5. To what extent is the Country Programme linked to and achieving synergies and coordination with other UN agencies, particularly in response to emergencies such as COVID-19?

**Finding 8. UNICEF emerges as an active member of the UNSDCF and engages with other UN agencies in joint interventions. However, there is need for improving the “Delivering as One” model to enhance coordination and avoid duplications. In response to emergencies such as the COVID-19, UNICEF stood out for its ability to respond in a coordinated way.**

UNICEF is an effective player within the 2021-2025 UNSDCF, where it is actively engaged in all its four UNSDCF results group (RGs) to ensure the inclusion of children’s issues and the creation of synergies in programmes. UNICEF chairs the UNSDCF RG3 on Accountable Governance, Justice and Human Rights with the MoJCA.<sup>144</sup> Through the RG3, UNICEF supported the Eswatini Commission on Human Rights and Public Administration in assessing rights violations during the 2021 civil unrest.<sup>145</sup> In 2024, UNICEF facilitated the development of the RG3 work plan and progress report.<sup>146</sup>

UNICEF actively participates and contributes to the UN Country Team, the UN Programme, Policy and Strategy Committee, the UN Monitoring and Evaluation Working Group, the UN Communication Group, the UN Gender Thematic Group, and the Operations Management Team. UNICEF also functions as the Chair of the UN Task Force on Prevention of Sexual Exploitation and Abuse ensuring that UN support is equitably delivered, with no exploitation or abuse.<sup>147</sup>

Overall, UNICEF’s collaboration with the other UN Agencies is positive and spans across all outcome areas.<sup>148</sup> Examples of positive UNICEF collaborations with other UN Agencies are the nutrition/school feeding interventions with WFP, to which UNICEF extended support also for conducting the Eswatini Vulnerability Assessment; the prevention and treatment of HIV with WHO and UNAIDS, as well as with UNFPA in HIV prevention amongst adolescent girls and young women; and with WHO on immunization with focus on integrating COVID-19 and HPV vaccines as well. UNICEF is also playing a role initiating collaboration to support the government, within the drafting of the National Social Assistance Policy discussed in Box 1.

**Box 1. Deep Dive: UNICEF’s Convening of Multi-Agency Support for the National Social Assistance Policy**

UNICEF is supporting the Social Welfare Department (DPMO) in the finalization of a National Social Assistance Policy draft, which is to support the implementation of the 2022 Social Security Policy. A key role that UNICEF has provided has been to co-ordinate across a range of UN agencies and development partners is to gain cross-sectoral, so that they have inputted respectively on their own remits, with written feedback and a planned workshop financed by UNICEF. This co-ordination role has been highly valued by government stakeholders.

The support and collaboration is enhancing the policy in multiple ways. A life cycle approach is being taken; it is also intended to be child sensitive, gender responsive, disability inclusive and shock responsive. The criteria for beneficiaries has also been developed which was previously missing. It is anticipated that enhancements to the national social assistance system (with a costed plan) will contribute to reducing child poverty, both monetarily and in multiple dimensions. This will be achieved by targeting the most vulnerable population groups and providing them with cash and in-kind support.

144 United Nations, United Nations Sustainable Development Framework (UNSDCF) 2021-2025, 2020.

145 UNICEF Eswatini, Annual Report 2021, 2022.

146 UNICEF Eswatini, Annual Report 2024, 2025.

147 UNICEF Eswatini, Annual Report 2022, 2023.

148 Interviews with UNICEF and UN agencies’ staff.

While UNICEF is committed to ensure that UN Agencies complement each other without duplicating efforts, the division of labor amongst UN Agencies in Eswatini based on the “Delivering as One” model promoted by the UNSDCF is not always clear especially for external stakeholders.<sup>149</sup> Stakeholders across government, CSOs and UNICEF itself reported that the coordination could improve, for instance in terms of communication about each other’s interventions. Specific areas of improvement were also highlighted, including better coordination of UNICEF with UNFPA and WHO to improve services for perinatal surveillance and care to work towards the reduction of high maternal and new-born mortality rates. Another area for improvement is WASH, where no joint programme or coordinated initiative is present with other UN agencies, such as UNDP and WHO. There appears to be a lack of clarity around roles and responsibilities of gender issues; the evaluation heard from multiple government stakeholders that UNICEF tends to defer to UNFPA on gender issues given its mandate, rather than systematically mainstreaming gender equality as a cross-cutting issue within all of its own work.

The UN Partnership on the Rights of Persons with Disabilities provides an inter-agency initiative for accelerate the implementation on rights of persons with disabilities aligned to the UN Convention on the Rights of Persons with Disabilities (CPRD).<sup>150</sup> In Eswatini, UNFPA is the lead agency with UNESCO and UNICEF supporting it. The collaboration has supported various government initiatives including the planning process for the National Disability Action Plan, the costing of the National Disability Action Plan and provided feedback on disability inclusion within EMIS. Complementary roles can be seen, for example complementing UNESCO’s normative upstream focus with UNICEF’s experience and outreach within the regions.

UNICEF has collaborated well with other UN agencies in response to emergencies, such as COVID-19 and the Cyclone Eloise.<sup>151</sup> During the COVID-19 pandemic response programming, UNICEF collaborated with WHO under the leadership of the Government, each of them with very clear roles: UNICEF supporting the Government for the vaccine supply, and WHO supporting the Government with other medical commodities and training. The two agencies established an internal coordination mechanism consisting of management and technical teams that ensured complementarity of the support.<sup>152</sup> During the Cyclone Eloise, UNICEF took the lead on nutrition and WASH interventions. UNICEF has also chaired the UN Disaster and Emergency Management Team, leading to the development in 2022 of the Civil Unrest Contingency Plan and implementation of some of its preparedness activities.<sup>153</sup>

### 6.3 Effectiveness

**Effectiveness. To what degree has the Country Programme achieved or is expected to achieve its results, including for marginal groups (gender, equity, disability)? What has enabled and/or constrained the achievement of results?**

**EQ6. To what extent has the Country Programme achieved or is likely to achieve its outputs and outcomes including any differential results across gender, disability status, income, rural / urban etc.?**

<sup>149</sup> Interviews with government and implementing partners’ staff.

<sup>150</sup> United Nations Partnership on the Rights of Persons with Disabilities, *Situational Analysis of the Rights of Persons with Disabilities in Eswatini Country Report*. UNPRDP, Mbabane, November 2022.

<sup>151</sup> Interviews with government and UN agencies’ staff.

<sup>152</sup> Interviews with government, UNICEF and implementing partners’ staff.

<sup>153</sup> UNICEF Eswatini, Annual Report 2022, 2023.

**Finding 9. The Country Programme is on track to achieve the majority of its outputs by the end of the Country Programme cycle. Over 70 per cent of output indicators have been achieved to date. However, output level achievement is unlikely to translate to intended outcome level change as measured by the national outcome-level indicators. This is likely to be for several reasons including the ambitious timeframe for change, the scale of UNICEF outputs to intended outcome level change and the weak causality between some output and outcomes.**

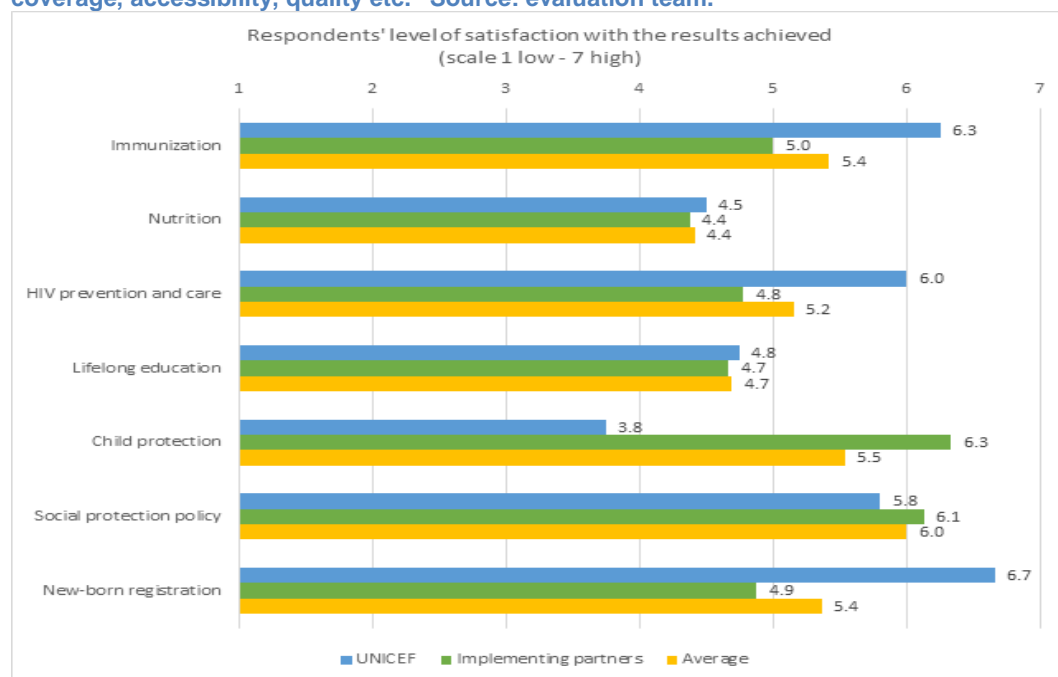
The output level indicators show a high level of achievement with 71 per cent fully achieved, 7 per cent mostly achieved, 13 per cent partially achieved and 10 per cent not achieved to date, showing that the CP is on track to reach the majority but not all targets by the end of the CP. The results framework of the Country Programme with all the outcome and output indicators can be found as Annex 18.

However, such output level progress appears unlikely to translate to intended outcome level change by the end of the CP. Amongst outcome indicators 20 per cent so far have been fully achieved and 20 per cent partially achieved, whilst 54 per cent have not been achieved and 7 per cent have not been reported against. Notably also for some of the outcome indicators, the sources of data vary from year to year and the results also differ markedly.

This is likely to be for several reasons. For some, the target of indicated change was ambitious, particularly given the length of implementation. Further, there is a monitoring mismatch between output and outcome level change in some cases. The scale of output level change is much lower than the intended outcome level change, with some outputs focusing on subnational areas only. Moreover, the causality links are weak between output and outcome indicators in some cases. Many of the output indicators focus on what has been done, and do not provide information on the change that has been brought about (such as knowledge uptake from capacity development sessions, knowledge or attitudinal change from Social and Behavioural Change Communication interventions, service delivery improvements from a system strengthening initiative). It is therefore challenging at times to assert the results in terms of change achieved and contribution to outcome level change.

The survey results showed overall mid–high satisfaction levels with the results achieved (the lowest being 3.8 of 7) amongst survey respondents (n=16) as shown in Figure 5. The highest is social protection policy, followed closely by child protection, immunization, new-born registration, lifelong education, nutrition and child protection.

**Figure 5. Evaluation survey results for responses to the question "How satisfied are you with the results achieved in your area of work through UNICEF's initiatives and interventions in terms, for instance, of service coverage, accessibility, quality etc." Source: evaluation team.**



Within the analysis below, we discuss each outcome area and respective output in detail drawing together evidence generated within the evaluation including the evaluation interviews, survey and monitoring indicators. At the end of each outcome section, we discuss how this relates to the outcome level indicators. Whilst the monitoring data was not disaggregated by marginal groups (such as gender, disability and equity), the evaluation draws data from interviews and the web-survey as far as possible.

**Outcome 1. By 2025, parents and children, with a focus on the most vulnerable, have access to equitable, integrated, quality essential health, nutrition and HIV services including during emergencies.**

**Output 1.1: Health systems have improved capacity for the delivery and utilization of quality new-born and infant health services at the facility and community levels.**

**Finding 10. UNICEF has supported the provision of primary health care (PHC) services to newborns and infants throughout the COVID-19 emergency response and beyond, focusing on immunization services integrated with other essential services. UNICEF leveraged the COVID-19 emergency response as an opportunity to strengthen the health system with a larger scope, including by providing technical and financial support to improved infrastructure and equipment of PHC units and capacity building to health staff. UNICEF invested in evidence-based advocacy efforts for the improvement of public funds allocation to PHC, and continued to make efforts towards linking service provision to demand through community empowerment initiatives.**

At the Government level, with the World Bank UNICEF advocated for conducting a Public Expenditure Review of the Primary Health Care (PHC) sector to improve funds allocation and contributed technically to

it as well as to the costed PHC roadmap in partnership with the Clinton Health Access Initiative and WHO. UNICEF also financed the Government participation in the Regional PHC Finance Forum which led to the development of a National Action Plan for Improving PHC Financing.<sup>154</sup>

Drawing from the desk review of the annual reports, during the period under review, at the service level UNICEF supported 327 healthcare facilities (HCFs) to access commodities such as coveralls, face shields, medicines in partnerships with UKAid; printed and distributed 400 Integrated Childhood Illness Management guidelines among HCFs; trained 29 maternal and new-born health focal points to conduct perinatal audits, plus 100 healthcare workers on the use of the electronic maternal and perinatal death surveillance and response tool. UNICEF largely contributed to the development of the neonatal intensive care unit in Mbabane Hospital, procured all machines and commodities, and trained its staff on their use and maintenance. UNICEF financed the provision of medical oxygen equipment and spare parts for 15 HCFs, installed oxygen piping in Mbabane Hospital and other two referral hospitals in Manzini and Lubombo regions, and solarized two oxygen Pressure Swing Adsorption plants in Shiselweni region.<sup>155</sup> UNICEF also supported the installation of solar panels in seven remote clinics that are often affected by power cuts, both to ensure alternative sources of power and to reduce billings for HCFs.<sup>156</sup> These efforts have contributed to raising the percentage of new-borns receiving post-natal care within two to seven days of childbirth from 57 per cent in 2020 (baseline level), to 90 per cent in 2024, almost achieving the target of 95 per cent.<sup>157</sup>

The CP has also supported immunization within the Expanded Programme on Immunization. A health system strengthening approach was taken to promote the integration of immunization and other essential services in PHC facilities. This has been explored within a 'deep dive' in the evaluation to understand more about UNICEF's contribution towards service delivery, system strengthening and demand creation (see Box 2 below).

**Box 2. Deep Dive: UNICEF's Contribution to Health System Strengthening: the Expanded Programme on Immunization**

The Expanded Programme on Immunization (EPI) was adopted by Eswatini to make routine immunization services and other child survival interventions accessible to communities in PHC unites and through Community Outreaches, starting from new-borns' vaccination to incrementally including nutrition interventions and assistance to pregnant women. COVID-19 impacted the EPI in terms of fewer children taken to be immunized as well as in terms of delivery of health care services since outreach services were suspended, leaving a gap of 23,000 underserved, zero-dose, and under-vaccinated children. Additional new challenges posed by COVID-19 to the EPI were the vaccination of adult people for the first time, and the need of cold chain equipment to ensure appropriate vaccines storage.

Through the adoption of the 'One-Stop-Centres approach', which offers comprehensive health packages encompassing immunization, nutrition, HIV, and sexual and reproductive health (SRH) services in one facility, UNICEF provided technical and financial support to the integration of COVID-19 vaccines in the routine immunization services offered by 47 out of 176 HCFs (i.e. 27 per cent). To mobilize the demand, UNICEF supported immunization campaigns in all four regions of Eswatini leveraging the Periodic Intensification of Routine Immunization and the Africa Vaccination Week, reaching 20,118 children for routine immunization and their parents/guardians for COVID-19 vaccinations. Taking a systems approach, to ensure the correct management of the vaccine supply chain, UNICEF provided financial and technical support for the procurement of cold chain equipment such as cold storage rooms for vaccines storage and cool boxes to protect vaccines during distribution, and the instalment of solar power to ensure power supply to the storage rooms. To address the issue of vaccines stock out, UNICEF convened MoH

154 UNICEF Eswatini, Annual Report 2023, 2024.

155 UNICEF Eswatini, Annual Report 2024, 2025.

156 Interviews with government staff.

157 UNICEF Eswatini, Combined Outcome/Output Report and End-Year Summary Narrative, 2025.

and MoFT to agree on procedures for the procurement and distribution process, providing capacity development for optimization of the existing national financial resources.

UNICEF took the opportunity created by the resources available for the COVID-19 response to integrate more services in PHC units and strengthen the PHC facilities. The lesson learnt from the COVID-19 vaccine integration facilitated the smooth introduction of the HPV vaccination of adolescents in PHC units and in schools, reaching 75.5 per cent of the target 83,253 girls of 9-14 years by July 2024. To address the high demand of medical oxygen during the COVID-19 response, UNICEF and partners supported the national medical oxygen capacity establishing or improving the oxygen production systems in main health care facilities to benefit not only the COVID-19 patients but also an estimate of 1,500 of children in need of medical oxygen per year. Nine HCFs were supported with the rehabilitation or construction of water and sanitation services to improve hygiene and disease prevention through water supply and toilet facilities.

To revive Community Outreaches suspended during lockdown, UNICEF supported a costing exercise that showcased that outreach programmes provide the best cost per vaccinated child and therefore are more efficient than immunization campaigns. This evidence-based advocacy led to the reinstatement of outreach programmes in the National Health Sector Strategic Plan 2024/25-2027/28 2024-2028 as a strategic intervention to enhance access to health services, particularly for underserved vulnerable populations. To further track underserved populations, UNICEF and WHO helped introducing the use of GIS programme to map distances and identify barriers between hard-to-reach communities and HCFs.

UNICEF support towards the integration of health care services was facilitated by the adoption of a mix of strategies, including the use of the existing EPI system avoiding duplication, and the integration of services in an incremental way.

#### **Challenges and recommendations**

During COVID-19 vaccine stock-out represented a major hindering factor in achieving the immunization targets. Although in 2024 vaccines stock out were minimized, they remain a potential threat going forward, e.g. for the diphtheria, tetanus and polio (DTP) vaccine. Advocacy and technical support to the Government to ensure that stock-outs are avoided will reduce the need for immunization campaigns and thus reduce the cost of the immunization programme.

While more integrated services allow for efficiencies, they also require highly skilled staff, trained to provide a wider health-care package. More capacity building and advocacy support with the Government to ensure that more qualified staff is hired, will be needed. HCFs also suffer from lack of specialized technicians for maintenance of medical equipment, including oxygen production and cold chain systems. This would require staff trained with adequate skills within EPI to ensure full government ownership and leadership in sustaining these systems.

Medical waste management and reverse cold chain for expired vaccines represented a challenge, with HCFs accumulating left-overs in hazardous ways for human health and the environment. UNICEF should continue working with the Environmental Health Unit by providing technical support and policy advocacy to ensure the development of a comprehensive strategy to address this situation.

Despite the efforts in bridging the immunization gap, currently 77 per cent of children are vaccinated for measles and DTP, below the target of 95 per cent of vaccinated children (outcome indicator). This will require strengthening the work with the Office of Statistics to understand how many children are to reach in different areas, as well as to accelerate the sensitization to further improve uptake.

To enhance social behavioural change at community level, UNICEF has been providing financial support to the Health Promotion Unit and the Risk Communication and Community Engagement (RCCE) team within the MoH, who promote communication and information dissemination, also in partnership with CSO like Population Services International (PSI).<sup>158</sup> UNICEF contributed to developing the first National Community-Based Health Strategy 2024–2028 and reviewed the Community Health Volunteers pre-service

<sup>158</sup> UNICEF Eswatini, Annual Report 2021, 2022.

training curriculum.<sup>159</sup> UNICEF trained 2,941 Rural Health Motivators (RHMs), 49 Mentor Mothers and 6 Mentors Fathers to reach 31,159 pregnant women/caregivers, 632 male partners and 17,406 children with a package of essential health, HIV and nutrition interventions, strengthening the RHMs, Mentor Mothers and Fathers model to reach out to hard-to-reach communities and vulnerable constituencies.<sup>160</sup>

**Finding 10. UNICEF has contributed to progressing birth registration by providing equipment for seven health facilities with maternity wards and participating in outreach programmes to sensitize parents. However, staffing limitations in the health facilities and cultural challenges on the demand side are important constraints towards the achievement of the set targets.**

UNICEF has been supporting the Eswatini Government, through collaboration between the MoHA and the MoH, to establish birth registration within the health facilities where it is possible to deliver, to ensure that all new-born children can be registered and issued with a birth certificate before being discharged from the facility.<sup>161</sup> UNICEF provided the equipment to make birth registration services available in seven out of the 11 health facilities offering maternity services in the Country.<sup>162</sup> In 2021 and 2022, UNICEF also participated in the outreach programmes organized by the MoHA to sensitize parents within communities about the importance of registering their children.<sup>163</sup>

While birth registration of children under five has increased from 54 per cent in 2020 to 66 per cent in 2024,<sup>164</sup> the output indicator target of all health facilities being equipped has only partially been achieved, and so the outcome indicator target of achieving 90 per cent of children under five registered by 2024.<sup>165</sup> Constraints and challenges appear to be on both supply and demand sides. On the supply side, the funding channeled by the Government through the DPMO were reported to be insufficient to cover the need, including for hiring new staff in the health facilities offering maternity services, making it pointless to equip new facilities if there is not enough staff hired to provide this service.<sup>166</sup> This would require stronger advocacy support through the Ministry of Economic Planning and Development (MoEPD) to encourage allocation of more funds for birth registration. On the demand side, registering children within 60 days from birth remains a cultural challenge due to different reasons, including a social norm according to which the child must be seen by its household before being given a name.<sup>167</sup>

Another common reason reported was that often parents do not have birth certificates themselves at the moment of the delivery, making it not possible for them to register their child before being discharged.<sup>168</sup> There is need for more outreach activities to sensitize parents about the importance of registering their child and the negative impacts of not having a certificate in terms of access to health care, secondary education and other potential services, as well as to make them aware of the possibility to register their child in the health facility, so that they can be ready to register their child within 60 days. The translation of leaflets, posters and print media used during the Social and Behavioural Change Communication (SBCC) from English into local languages would support the activity.<sup>169</sup>

---

159 UNICEF Eswatini, Annual Report 2024, 2025.

160 UNICEF Eswatini, Annual Report 2024, 2025; and UNICEF Eswatini, Annual Report 2023, 2024.

161 In Eswatini, birth registration (BR) services are free if completed within 60 days of birth; after that, parents have to pay a fee to have their children registered. Birth registration gives legal identity to children, allowing them to access secondary school and health care beyond immunization, which is accessible even without registration.

162 UNICEF Eswatini, Combined Outcome/Output Report and End-Year Summary Narrative, 2025; interviews with UNICEF, government and implementing partners.

163 Interviews with government staff.

164 Central Statistical Office, *Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report*. Eswatini, Mbabane, 2023.

165 UNICEF Eswatini, Combined Outcome/Output Report and End-Year Summary Narrative, 2025.

166 Interviews with government staff.

167 Interviews with government and implementing partners' staff.

168 Interviews with implementing partners and FGD with right holders.

169 Interviews with government staff.

Output 1.2: Health facilities, communities and caregivers have improved capacities to provide quality services for and utilize the prevention and treatment of malnutrition.

**Finding 12. UNICEF has led the development of the costed nutrition strategy, contributed to the increased budget of the Nutrition Council, and included nutrition indicators in the HMIS. However, a Government Nutrition Programme with a dedicated budget for activities and procurement is yet to be achieved. At community level, UNICEF has financed screening for malnutrition, referred malnourished children to health facilities for treatment, and provided nutrition messages to caregivers, including on breastfeeding. However, there remains declining rate of exclusive breastfeeding as well as those of children below two years receiving a minimum number of food groups, which would require revised strategies.**

Within upstream work, UNICEF has provided capacity building and technical assistance to the Nutrition Council for the development of a costed nutrition strategy on the basis of which to develop annual plans aligned with national priorities, as well as to advocate for the allocation of public financing to nutrition programmes and commodities.<sup>170</sup> UNICEF also facilitated the review of the Integrated Management of Acute Malnutrition Guidelines to align with WHO's 2023 recommendations; supported the inclusion of seven nutrition indicators in the Client Management Information System's nutrition module to address data gaps; chaired the Multi-Sectoral Nutrition Forum to help coordinating nutrition initiatives and avoid duplication.<sup>171</sup> UNICEF supply division supported the procurement of nutrition stocks including vitamin A and therapeutic feeds, through World Bank funds, and managed to have nutrition supplies included in the 2025 essential medicines.<sup>172</sup> While UNICEF has been praised for its role in facilitating knowledge sharing and building the Government capacity, the Government programme for nutrition continues to receive no budget and procurement supplies continue to rely on external support.<sup>173</sup>

Within downstream work, UNICEF provided support to community volunteers who conducted growth monitoring, including screening for malnutrition, on 36,586 children under five. Amongst them, the 415 children identified as malnourished were referred to health facilities for treatment.<sup>174</sup> Leveraging the EPI immunization campaign and through the involvement of partners including PSI and Siphilile, 31,159 amongst pregnant mothers, parents and caregivers of children under five years received Infant and Young Child Feeding counselling messages as part of comprehensive essential health package delivered by the Rural Health Motivators and Mentors Mothers within UNICEF Programme.<sup>175</sup> However, the desk review highlighted negative trends,<sup>176</sup> finding that the percentage of children below two years receiving a minimum number of food groups has halved compared to the CP baseline level, reducing from 62 per cent to 30 per cent (outcome indicator).

To prevent undernutrition and micronutrient deficiencies in children under 5 years, UNICEF has been promoting exclusive breastfeeding in communities with the support of two implementing partners, World Vision and Siphilile, in the peri-urban areas of Manzini.<sup>177</sup> In 2024, messages on exclusive breastfeeding

---

170 Interviews with government staff; UNICEF Eswatini, Annual Report 2024, 2025; and UNICEF Eswatini, Annual Report 2022, 2023.

171 UNICEF Eswatini, Annual Report 2024, 2025.

172 Ibid.

173 Key informants from government.

174 UNICEF Eswatini, Annual Report 2024, 2025.

175 UNICEF Eswatini, Annual Report 2023, 2024.

176 Central Statistical Office, *Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report*. Eswatini, Mbabane, 2023.

177 UNICEF Eswatini Annual Reports 2024, 2023, 2022; interviews with UNICEF and implementing partners' staff.

were disseminated nationally through social media platforms during the World Breastfeeding Week.<sup>178</sup> Despite these efforts, breastfeeding targets have not been met: exclusive breastfeeding has reduced from 57 per cent of infants aged 0-5 months in 2020 (baseline level) to 54 per cent,<sup>179</sup> well below the 2024 target at outcome level of 80 per cent.<sup>180</sup> UNICEF also supported the National Council to conduct a pilot assessment to identify drivers of such decline, which were identified in the weak implementation of the maternity leave, especially amongst women working in the private sector, and fear of vertically transmitting HIV to the new-born.<sup>181</sup> This assessment of findings could lay the basis for a revised strategy to encourage breastfeeding.

To address the issue of overweight children below the age of five, as well as of school-age children and adolescents, UNICEF supported the Nutrition Council to develop, finalize and endorse the STOP-Obesity Acceleration Costed Road Map.<sup>182</sup> The nutrition policy, currently under review by the Government, also includes guidance on how to protect children from unhealthy food marketing.

**Finding 13. To strengthen the water, sanitation and hygiene sector, UNICEF advocated for public financing, provided capacity building, and financed the rehabilitation of health-care facilities, meeting its targets. However, the scale of need would require more focus on modelling for public financing, scale up and sustainability. At the community level, important progress was made towards the reduction of open defecation, although the target set has not been met yet. UNICEF also supported Government systems in the preparedness and response to the impact of climate change, with a focus on drought.**

To strengthen the WASH system, UNICEF provided technical support to national efforts towards public financing for the development of the health-care water ten-year roadmap, a costed action plan used by the Government to budget interventions.<sup>183</sup> UNICEF advocacy efforts with the MoH have resulted in the Government allocation of the equivalent of over 1 million US\$ to the annual budget for sanitation and hygiene, although this is well below the target set at 0.5 per cent of the GDP.<sup>184</sup> UNICEF offered capacity building of 20 healthcare workers and biomedical engineers on hygiene behavioural change, infection prevention and infrastructure maintenance.<sup>185</sup> UNICEF also provided technical and financial support to rehabilitate and upgrade water and sanitation services in 32 health care facilities throughout the country.

While UNICEF successfully met its output target of 32 health-care facilities reached through UNICEF-supported programmes,<sup>186</sup> an assessment conducted in partnership with Globecare Foundation showed that the country needs go far beyond that.<sup>187</sup> In such a context, to focus the investment in modelling to show the government why and how it is important to have up-to standard WASH services in health facilities in terms of economy and health of the citizens would be better suited and more sustainable.

At the community level, in 2021 UNICEF supported the Community Led Total Sanitation (CLTS) project, whereby communities were empowered to identify their WASH problems and find solutions, which resulted

---

178 UNICEF Eswatini, Annual Report 2024, 2025.

179 Central Statistical Office, Swaziland Multiple Indicator Cluster Survey 2014, Key Findings. Mbabane, Swaziland: Central Statistical Office, 2015; and Central Statistical Office, Eswatini Multiple Indicator Cluster Survey 2021-2022, Survey Findings Report. Eswatini, Mbabane, 2023.

180 UNICEF Eswatini, Combined Outcome/Output Report and End-Year Summary Narrative, 2025.

181 Interviews with government and implementing partners' staff.

182 UNICEF Eswatini, Annual Report 2024, 2025.

183 interviews with government staff.

184 UNICEF Eswatini, Annual Report 2024, 2025.

185 Ibid.

186 UNICEF Eswatini, Combined Outcome/Output Report and End-Year Summary Narrative, 2025.

187 Interviews with implementing partners' staff.

in open defecation free communities.<sup>188</sup> Through Micro-projects, UNICEF has been providing system strengthening at community level in rural areas by training the members of the WASH committees in financial management and system maintenance. UNICEF developed and disseminated videos on WASH improvements and hygiene behaviour change among 2,500 people, and reached over 1,000 health workers and 3,000 members of communities with hand washing messages during the World Hand Hygiene Day.<sup>189</sup> While these efforts are likely to have contributed towards the decline of open defecation, halved from 11 per cent in 2020 to 5 per cent in 2024, the target of only 3 per cent of the population practicing open defecation has not been reached yet (outcome indicator).<sup>190</sup>

To improve the preparedness and response system to droughts and related disease outbreaks, UNICEF supported strengthening the outbreak surveillance system and coordination, and improve infection prevention control in HCFs.<sup>191</sup> On the response side, UNICEF supported the MoH to strengthen the existing COVID-19 response structures, including the regional Rapid Response Teams, to integrate the capacity for response to other possible outbreaks for maximization of the available resources.<sup>192</sup> UNICEF contributed to the development of social protection, education, WASH, and nutrition components of the National Contingency Plan for Drought. Moreover, UNICEF worked together with the World Food Programme to develop a humanitarian shock responsive social protection system.<sup>193</sup> In 2022 UNICEF published the Climate Change Landscape Analysis for Children, developed in consultation with adolescents and youth, to inform the development of an advocacy strategy for increased investment in climate change adaptation.<sup>194</sup> The Analysis pays particular attention to the impacts of climate change on children living with disabilities, orphans and vulnerable children.<sup>195</sup> In 2024, UNICEF's support for youth engagement in climate change led to the first Local Conference of Youth in Eswatini, whose participants developed the National Child and Youth Statement on Climate Change, capturing youth-driven solutions and recommendations that contributed to the Global Youth Climate Statement at the UN Climate Change Conference.<sup>196</sup>

[Output 1.3: Health facilities, communities and caregivers have improved capacity to provide and utilize gender-responsive services for children and adolescents living with HIV and pregnant and breastfeeding women.](#)

**Finding 14. To prevent MTCT, UNICEF supported the finalization of the Eswatini PMTCT Impact Measurement Survey and the development of a triple elimination validation roadmap. It also provided a combination of services such as viral load tests, pre-exposure prophylaxis and education to breastfeeding mothers, all of which are likely to have contributed to keep the MTCT rate below the expected target of 4 per cent.**

According to the desk review and interviews, UNICEF contributed to research and evidence generation for the PMTCT, with technical backing from UNICEF Eastern and Southern Africa Regional Office, and in collaboration with country and regional offices of the World Health Organization. UNICEF supported the MoH finalization of the Eswatini PMTCT Impact Measurement Survey (EPIMS), i.e. an assessment of Eswatini's programme for prevention of MTCT to determine current national rates of mother-to-child

---

188 UNICEF Eswatini, Annual Report 2024, 2025; interviews with government and UNICEF staff.

189 UNICEF Eswatini, Annual Report 2024, 2025.

190 UNICEF Eswatini, Combined Outcome/Output Report and End-Year Summary Narrative, 2025.

191 UNICEF Eswatini, Annual Report 2024, 2025.

192 Ibid.

193 UNICEF Eswatini, Annual Report 2023, 2024.

194 UNICEF Eswatini, Annual Report 2022, 2023.

195 United Nation Children's Fund, Climate Landscape Analysis for Children. Summary Report 2022/2023, UNICEF Eswatini, Mbabane, 2023.

196 UNICEF Eswatini, Annual Report 2024, 2025.

transmission throughout the breastfeeding period (18 and 24 months), with the aim to inform strategies for the HIV elimination agenda.<sup>197</sup> UNICEF also supported the institutional capacity of the National Validation Committee for the application process for certification of elimination of MTCT. However, since the final transmission rate emerged in the study is lower than the UNAIDS Spectrum data (1.34 per cent compared to 3.29 per cent for 2023),<sup>198</sup> further research is required to understand the reason for this sharp decline. For the elimination of mother-to child transmission of HIV, syphilis and hepatitis B, UNICEF provided technical assistance to the Government in the development of a triple elimination validation roadmap, in partnership with WHO.<sup>199</sup>

In terms of service delivery, UNICEF financially contributed to a combination of preventive measures that included viral load tests for 144 pregnant mothers, support to pregnant mothers' adherence to ART for PMTCT. After birth, pre-exposure prophylaxis, HIV testing (including distribution of self-test), education on how to breastfeed, SRH education and commodities were provided in health facilities to breastfeeding mothers.<sup>200</sup>

**Finding 15. UNICEF provided technical assistance to the MoH in the development of manuals of operating procedures to ensure quality health care for adolescents and young people living with HIV (CALHIV). Through implementing partners, UNICEF financed service delivery programmes that promoted active participation of CALHIV. UNICEF made concrete efforts to ensure that the lost-to-follow-up rate was maintained below 1 per cent (going beyond its target), and that adequate treatment was found for those children resistant to the first and second lines of treatment.**

For the prevention of HIV transmission amongst adolescent girls and young women and/or adolescent and young key populations, UNICEF provided technical support to the MoH for the development of the Adolescent Health Care Services Standards and Training Manual, the validation and adaptation of the WHO Accelerated Action for the Health of Adolescents for Eswatini. UNICEF also contributed to the finalization of Standard Operating Procedures for the Clinical Management of Gender-Based Violence (GBV) and Intimate Partner Violence in the Health Sector to ensure access of adolescents and young people to quality services in clinical settings.<sup>201</sup>

To ensure that no adolescents (10-19 years) on ART are lost to follow up, UNICEF supported an approach that recognizes young people as agents of change and active participants. Through partners like Baylor's College, UNICEF reached 386 (206 girls, 180 boys) aged 10-14 and 530 (284 girls, 246 boys) aged 15-19 through Teen Clubs; moreover, 132 mother-baby's pairs were enrolled in the Baby Club, organized on a monthly basis to ensure adherence to treatment, and provide life skill training and psychosocial support.<sup>202</sup> 30 teen members and 40 Community Adolescent Treatment Supporters (CATS) were trained in leadership, to assist other children through peer to peer support providing mental health support, SRH education, COVID-19 and HPV vaccinations.

To ensure that children and adolescents continue the ART, UNICEF supported Baylor's College to conduct 579 home visits to check on patients who had stopped coming to the clinic. To ensure effectiveness of treatments, UNICEF supported 144 genotype tests for those children who failed first and second line of

---

197 UNICEF Eswatini, Annual Report 2024, 2025.

198 UNAIDS indicated the final vertical transmission rate including during breastfeeding at 3.29 [2.42 - 4.32] in 2023, from the website: <https://aidsinfo.unaids.org/> (last accessed on 27/03/2025).

199 UNICEF Eswatini, Annual Report 2024, 2025.

200 FGD with right holders.

201 UNICEF Eswatini, Annual Report 2023, 2024.

202 UNICEF Eswatini, Annual Report 2024, 2025; key informants from UNICEF and implementing partners.

treatments. 49 care givers for alternative care homes were trained in different fields of health and on improving treatment adherence, so they can target not only HIV positive adolescents, but also all other adolescence to ensure prevention and avoid stigmatization.<sup>203</sup>

UNICEF made use of the U-Report platform to have nurses and health workers available to respond to questions from users, ensuring that 887 questions were addressed. U-Report was also used to spread messages on HPV and COVID-19 vaccines, and data collected from U-Report helped tailor messages to adolescents, making them more relevant and relatable, leading to better engagement and adherence.<sup>204</sup>

### **Progress at outcome level**

Drawing from the ECO 2024 Combined Outcome/Output Reports, for the Mother Child and Adolescent Health programme component results at outcome level are mixed (see Table 14). This is related to the monitoring data available given that although DHS or MICS are utilized as the major sources of outcome data, when not available administrative data is used to track progress. Therefore, the year-to-year data varies significantly, as does the output to outcome level causality, and these limitations are taken into account in the analysis (and more emphasis was placed on the output level analysis above).

Despite the efforts in bridging the immunization gap caused by COVID-19 and the suspension of Community Outreaches, the data shows that currently 77 per cent of children are vaccinated for measles and DTP against a target of 95 per cent of vaccinated children. However, newborn health care has improved, significantly increasing the percentage of new-borns receiving post-natal care within two to seven days of childbirth to 90 per cent in 2024, almost achieving the 95 per cent target. Amongst the new-born and infant health services, birth registration of children under five has increased in the last four years reaching 66 per cent, although at a slower pace than expected (90 per cent).

Nutrition targets are far from being met according to the data. Despite the integration of nutrition services into immunization and the sensitization efforts targeted to parents and caregivers, exclusive breastfeeding of infants aged 0-5 months is well below the target of 80 per cent (54 per cent) and has actually decreased from the 2020 baseline level (57 per cent). Similarly, based on the latest MICS 2021-2022 the percentage of children under two years receiving a minimum number of food groups has halved compared to the 2020 level (30 per cent and 62 per cent respectively). As an indicator of hygiene levels to prevent disease that can cause malnutrition of children, the proportion of population practicing open defecation has halved compared to the 2020 level (5 per cent and 10.7 per cent), however not reaching the target (3 per cent). Nutrition is an area that will require potential adjustments in the strategy and further investment in terms of evidence-based advocacy for public financing, and social behavioural change of parents and caregivers to ensure they adopt correct nutritional and hygiene behaviours.

In the provision of services to children and adolescents living with HIV and for PMTCT, greater achievements have been registered, suggesting that the strategy adopted by UNICEF so far has been effective. Coverage of ART among all children aged (0-4, 5-9, 10-19) has reached the target of 95 per cent, while the percentage of children who have acquired HIV through vertical transmission from their mothers has gone beyond target of 4 per cent, reaching 1.34 per cent.

---

203 UNICEF Eswatini, Annual Report 2024, 2025; interviews with implementing partners' staff.

204 UNICEF Eswatini, Annual Report 2024, 2025; U-Report website, accessible at the link: <https://eswatini.ureport.in/opinion/> (last accessed on 27/03/2025). Three polls were held between 2021 and 2024 on HIV: (i) on Adherence to SRH and HIV services in time of COVID-19; (ii) Interventions to prevent HIV among adolescent and youth; (iii) on ART Adherence.

**Table 14. Outcome 1 indicators with targets and actuals. Source: Data from UNICEF Eswatini, Combined Outcome/Output Reports 2021-2024.**

	Baseline 2020	2021 Target/ actual	2022 Target/ actual	2023 Target/ actual	2024 Target/ actual
<b>Outcome 1: Maternal, child and adolescent health</b>					
Percentage of children aged 6-23 months receiving a minimum number of food groups	62	70/58	70/65	70/68.5	75/30
Percentage of children who are vaccinated for: (1) first dose of measles-containing vaccine; (2) (b-i) three doses of diphtheria, tetanus and pertussis (DTP)-containing/Penta vaccine; (3) (b-ii) number of countries in which percentage of children vaccinated	75	80/79.3	90/81.5	90/76.6	95/77
Percentage of infants aged 0-5 months who are exclusively fed breast milk	57	60/37	75/67	75/54.3	80/54.3
Proportion of the population practising open defecation (24-02-L2 -06)	10.7	6/10.7	3/3.8	3/4.6	3/5
Percentage of health facilities with inter-operability between the health system and civil registration system to facilitate birth registration at the service delivery point	0 (2021)	N/A	N/A	18/4.1	Not reported
Children born to mothers living with HIV who have acquired the virus through vertical transmission, at 18 months of age [percentage]	5	4.5/4.5	4/.14	4/1.34	4/1.34
Coverage antiretroviral therapy among all children aged 0–4, 5– 9, and 15–19 [percentage]	95	95/96	95/78	95/95	95/95
New-borns receiving post-natal care within two to seven days of childbirth [percentage]	57.3	65/51	70/89	95/90.3	95/90.3
Proportion of children under five whose births are registered - Birth Registration [percentage]	54	60/53	80/86	86/67	90/66

**Outcome 2. “By 2025, all children and adolescents in Eswatini are protected from violence and HIV, are learning and are equipped with the skills to become active citizens”.**

**Output 2. 1. Strengthened education system improves learning outcomes and skills development**

**Finding 16. UNICEF’s support to the Ministry of Education and Training (MoET) in the rolling out of standards for inclusive education (including children living with disabilities, those from poor and disadvantaged backgrounds) in some schools, has shown some indication of mindset change and integration of disability inclusion within infrastructure projects. A digital learning package for secondary schools in response to the COVID-19 epidemic has the potential to strengthen the education sector’s capacity to continue education service delivery through emergencies. A skills development project has reached a substantial number of youth but has not been designed to tackle underlying systems-orientated issues.**

UNICEF is supporting the MoET to roll out standards for inclusive education. The Standards were developed in 2019 with UNICEF support,<sup>205</sup> and make Eswatini one of the few countries in the region that have institutionalized standards or guidelines that support teachers, school leaders, and managers in

<sup>205</sup> Ministry of Education and Training, Standards for Inclusive Education Special Education Needs Unit, 2019.

implementation.<sup>206</sup> During this CP UNICEF has supported the piloting of the national standards in 24 schools (12 primary, 12 secondary) to date including efforts to improve the school infrastructure, school policies and sensitization of teachers and parents and the findings of which will be used by the MoET to roll out inclusive education in the future. According to the MoET, some initial capacity development with the pilot school staff showed an early indication of change, citing examples integrating disability access within infrastructure expansion projects.<sup>207</sup> However, the long-term nature of change is recognized “This is going to be a journey. It requires a mindset shift for schools to fully serve those with disabilities”.<sup>208</sup> The evaluation observed that much of the language around inclusive education focuses on children with special educational needs and disabilities, yet the Standards are aimed at education for all learners including those from poor and disadvantaged backgrounds. The need to ensure a cross-sectoral referral network and support (including health and social workers) was also highlighted by government stakeholders.

Also, within inclusive education, UNICEF has supported specific subsets of learners to get back to school since the COVID-19 epidemic. A case management programme supported 127 teenage mothers and children with disabilities (a little below the target of 150) to reintegrate into school utilizing psychosocial, mental health and sexual reproductive health services to remove all barriers and facilitate reintegration. This responded to a gap in government budget allocation for the area.

UNICEF’s support to the MoET to develop digital learning began as a response to the impact of the COVID-19 pandemic, and also to strengthen the education sector’s capacity to continue education service delivery through emergencies. The E-Learning Passport was developed, with the curriculum for secondary education digitized and uploaded, and it has an estimated reach of 120,000 learners. As of 2023, it had been partially achieved (a scale of 1.2, rather than 2.2) and no data was available at the time of the evaluation for 2024. The MoET has embraced the creation and continuity of the learning platform, and allocated financing with the budget. As the MoET stated ‘During Covid, schools were closed. We were using stop-gap support initially through newspapers, radio and television. We realized that we needed a system, and started to work with UNICEF on the learning platform. Now we are sure that if there is an emergency situation, that students can access the curriculum and interact with their teacher’. One prevalent challenge is access to the internet, data and affordability going forward. Cognizant of this in 2024, UNICEF brokered a public-private partnership between UNICEF, the International Telecommunications Union, MoET, and Ministry of Information, Communications, and Technology under the global GIGA initiative, to connect every school to the internet and facilitate access to learning materials and improve the quality of education. The number of children who accessed education was reported to be 45,000 in 2023 (and 2024 target of 2000 was not reported against) and the evaluation has not seen any monitoring or assessment to date of how useful it has been nor any ‘teething’ issues that have been identified and responded to at this stage.

In response to the issues that youth unemployment rates are high (estimated at 58.2 per cent among youth aged 15-25 years, particularly in rural areas where it is 65.9 per cent), UNICEF supported youth employability projects, funded by the European Union (EU) and through two youth-serving NGOs, Achievement Eswatini and Luksasa. Business incubation centres for social entrepreneurship were developed with skills training in basic accountancy, job search support, careers planning and life skills training. In 2023, 11,892 were trained (exceeding the target of 11,020) and in 2024, other 12,000 (meeting the target of 12000). This included teenage mothers (36) who conducted entrepreneurship and life skills. In terms of equity and gender, the monitoring does not disaggregate the data to assess whether these also targeted rural locations; or how gender responsive or transformative the skills training was. In 2023,

---

206 UNICEF ESARO, Mapping And Recommendations on Disability-Inclusive Education In Eastern And Southern Africa, 2023.

207 Interviews with government staff.

UNICEF also provided financial support to 80 secondary schools (30 per cent) reaching 3,005 adolescents (1,676 girls and 1,329 boys). The monitoring also does not provide an indication of the uptake of the skills or indeed the utilization and employment opportunities for the youth. Interviewees (UNICEF, development partners) expressed their concern that whilst the EU funded project is supporting skills development for some youth, it presents only a temporary solution applicable to one or two cohorts of youth and does not attempt to tackle underlying issues that are contributing to youth unemployment or align with UNICEF's systems-orientated thinking.

**Finding 17. UNICEF has been actively advocating for the scale-up of early childhood education for all, including financial support for teacher hiring and training, and has worked with the MoET to include Early Child Education (ECE) in their annual budget. Despite the lack of Cabinet approval for full-scale expansion, progress is being made through local resources and data-driven advocacy to improve school readiness.**

One of the priorities set out within the CP was the roll-out of quality early learning interventions to improve school readiness, given low foundational literacy and numeracy rates. Currently only 22 per cent of 3-5 year olds attend early childhood education centres, and many of those are private settings.<sup>209</sup> This aligns with a MoET and World Bank Education Sector Analysis that highlighted that expanding access to and raising the quality of ECDE services is a key priority to better prepare children for school.<sup>210</sup> Challenges within early childhood education include insufficient government funding, a lack of qualified teachers, and delays in the development of a standard curriculum for the Grade-0.<sup>211</sup> UNICEF has advocated for the progressive scale-up of ECE (produced an advocacy brief<sup>212</sup> which was submitted to the Government Cabinet by the MoET and is due for further consideration by Cabinet in 2025). A financing solution was not initially included within the advocacy package, and a separate financing model advocacy note was developed, which focuses on reducing the high per capita cost of education at primary level caused by very high rates of repetition.<sup>213</sup> Government is already spending an average of 5.7 per cent of its GDP on education which is significantly higher than middle income countries' average.<sup>214</sup>

UNICEF has also 'modelled' support, by financially assisting with the hiring of 100 teachers in 2024, as well as supporting the improvement of the quality of early learning through training 102 head teachers and deputies.<sup>215</sup> Whilst the Cabinet hasn't signed an approval of scaling up of this, the MoET included in their annual budget, and will be hiring staff, indicating that there is traction. This chimed with government commitment expressed within evaluation interviews (government staff) and there are calls for detailed and costed planning. Important features of UNICEF's work in ECE are the reliance on the Country Office in-house capacity, using available data for evidence-based advocacy and leveraging national financial resources.

**Finding 18. UNICEF supported the MoET in developing a web-based electronic education management information system (EMIS) to improve data reporting, management, and analysis, with capacity development training provided to staff at various levels. A pilot showed strong buy-in and ownership from stakeholders, with EMIS coverage now reportedly reaching 97.3 per cent for primary and 97.2 per cent for secondary schools. Despite successes in timeliness and efficiency,**

---

209 UNICEF, Advocacy Note - Investing In Early Learning to Achieve Sustainable Development in The Kingdom Of Eswatini, 2023.

210 MoET and World Bank, Eswatini Education Sector Analysis, 2021.

211 UNICEF, Advocacy Note (Summary) - Investing in Early Learning to Achieve Sustainable Development in The Kingdom Of Eswatini, 2023.

212 Ibid.

213 UNICEF, Giving Children in Eswatini a Head Start Early Childhood Care, Development and Education Financing Brief, 2023.

214 Ibid.

215 UNICEF, Combined Outcome/Output Reports and End-Year Summary Narrative, 2024.

**there are challenges like limited internet access and insufficient devices, particularly in rural schools.**

UNICEF has supported the MoET in the development of an electronic education management information system (EMIS) to improve the timeliness of reporting, management, and analysis of education data, based on recommendations developed in 2018.<sup>216</sup> The new digitized web based EMIS was developed in 2020 customized with technical support from the University of Oslo, HISP Uganda, and HISP Mozambique. During this CP, capacity development trainings were conducted for the MoET central level, regional level EMIS staff and school administrators on the new data collection tools, data capture, validation, and analysis. According to the desk review, the pilot of the new EMIS which was initiated in 100 schools in Manzini, and an assessment in 2022 revealed buy-in and ownership by stakeholders at the MoET, education partners, civil society regional and school levels.<sup>217</sup> According to monitoring data, EMIS now has a coverage of 97.3 per cent for primary level and 97.2 per cent for secondary. Evaluation interviews with implementing partners highlighted the significant commitment of government, which is also translated into budgetary allocations.

Evaluation interviews with UNICEF and government stakeholders highlighted the success in improved timeliness of data, albeit that a hybrid form of paper and digital is being used as an interim transitional measure, and recognized the potential for enhanced efficiency going forward. Within outcome monitoring data, the system is stated as being 'mostly achieved' against its target. Teething issues were also noted regarding data and internet access for schools (particularly in rural areas). A negative unintended effect is the time burden on focal point teachers, given the limited number of devices (currently one per school) and the reliance in many cases on one focal point teacher to input the data. This is likely to be a challenge in terms of speed of uptake of the EMIS in some schools. During this transitional period data is being collected by a mixture of paper and digital processes. This is expanded upon further in Finding 32.

[Output 2.2: Strengthened child protection systems promote positive social norms for prevention and response to violence against children and adolescents](#)

**Finding 19. UNICEF has played an important role in supporting Eswatini's efforts to address violence against children (VAC), contributing upstream to the dissemination of the VAC survey (VACS) and the development of a National Plan of Action to End VAC with high level political commitment. To bolster children-oriented service delivery, UNICEF has supported multi-sectoral response services, and enhanced capacity across sectors like justice, social services, and law enforcement. Despite the positive impact of these efforts, such as training justice professionals and reaching thousands of children with services, challenges remain, including overwhelmed service providers, limited resources, and gaps in one-stop service centers. UNICEF has also supported the establishment of a child toll-free helpline, however, the helpline is not operational 24/7. Additionally, UNICEF's efforts to prevent VAC have involved social norm change campaigns, including focus on children with disabilities but the short-term nature of these projects is a concern.**

The VACS 2022 show a general decline of violence against children in Eswatini, since the last VACS 2007, an indicator that ongoing prevention and response interventions are having a positive impact. However, child protection service providers are consistently reporting being overwhelmed by the number of reports, against diminishing financial resources to effectively deliver the required services.<sup>218</sup>

---

<sup>216</sup> In February 2018, the Regional Office (ICT & BEGE) conducted a joint mission to provide technical support to the Country Office in identifying priority areas to assist the Ministry of Education and Training (MoET), in reviewing the current paper-based EMIS and develop an ideal platform, following MoET's desire to improve the efficiency of the EMIS system.

<sup>217</sup> MoET, HISP Uganda and UNICEF, Implementation of DHIS2 For EMIS in Eswatini: Pin-Driven Model, 2022.

<sup>218</sup> UNICEF Eswatini, Combined Outcome/Output Reports and End-Year Summary Narrative, 2023.

UNICEF has promoted the use of the findings of the VAC Survey to share findings and the granular insights into who is being most affected by violence, which type of violence, and in which settings, that is critical information to ensure more coherent, effective, and efficient responses. UNICEF established a partnership with the DPMO and the Center for Disease Control (CDC) Country Office in Eswatini to raise awareness about the impact of VAC in the country and possible entry points to address violence through different sectors. 45 government and non-governmental child rights stakeholders were sensitized on key findings from the VACS and five sector-specific knowledge products were developed on key VACS 2022 findings in 2024. In 2023 over 200 children and young people and over 70 representatives of national child rights organizations were invited to attend VACS 2023 dissemination workshops.<sup>219</sup>

UNICEF has continued to support multi-sector response services to provide quality and speedy response services to girls and boys who have experienced violence. Significant contributions have been made (evident within desk review and interviews with government stakeholders, implementing partners and service delivery partners) in building the capacity for better quality response, for example amongst one-stop centres, social services workforce, the police and prosecutors. For example, by the end of 2024 60 per cent of justice professionals were trained/ certified in dealing with child offenders and child victims. Also, by the end of 2023 (no data available for 2024) 6,000 children who have experienced violence, exploitation, abuse and neglect were reached by health, social work or justice/law enforcement services through UNICEF-supported programmes (as per the target level). Significant continuing challenges in response services emerged in the evaluation: the increase in reported cases has increased workload and reduced the case worker to survivor ratio; the lack of one-stop services in two regions (currently there is one in Mbabane and one in Manzini only); the need for consistent levels of support across all areas of one-stop centres.

The first government-run child toll-free helpline (116) has also been supported by UNICEF (collaboratively with Young Heroes, SWAGAA and notably USAID). In 2023 alone, the helpline received 2,213 child protection cases (no data available for 2024). The running of the line is largely donor funded but UNICEF is advocating to have all its running costs eventually financed by Government. Further challenges include that the helpline does not operate on a 24-hour basis and there is need for stronger referral systems from the call center to child protection service providers.<sup>220</sup>

A more overt and strategic approach is evident from mid-2024. UNICEF has focused efforts on gaining political commitment at the highest level and has supported the development of a National Plan of Action to End Violence Against Children (which is due to be finalized and costed during 2025). This has led to a high-level pledge when launched by the Deputy Prime Minister at the 1st Global Conference on Violence Against Children.<sup>221</sup> There has also been a process of aligning national legislation with international standards regarding the criminalization of child sexual abuse and exploitation and protection of child victims. UNICEF is assisting in strengthening the government system for child protection by supporting the development of the National Minimum Standards for Residential Care Facilities, and the Child Protection Social Services Workforce Mapping and Assessment. These products, which combine the analysis of the current state of the workforce providing social services, and one of the guiding instruments which informs the delivery of services in residential care facilities, intend to improve how these services are delivered, and the gaps that must be addressed to achieve an optimal workforce, both in terms of absolute numbers and technical capacities.

---

219 UNICEF Eswatini. Country Programme Annual Report 2023. 2023.

220 Ibid.

221 1st Global Conference on Violence Against Children, Columbia, November 2024.

UNICEF has also strengthened national capacity through a co-ordination mechanism – the structure includes regional networks on violence so that there is coordination from the grassroots all the way to the national level. According to government stakeholders it has been useful for sharing experiences, harnessing the issues ground level and reducing duplication of efforts.

UNICEF has also supported social norms work to assist prevention of violence against children, given that there can be an acceptance of physical disciplining of children. The Swaziland Action Group Against Abuse (SWAGAA) focused on raising awareness about VAC and in 2024 alone sensitized 3,858 learners and 443 community members on violence against children and gender based violence. A key pattern that has been highlighted by SWAGAA was the particular vulnerability of children living with disabilities, and so disability inclusion has become an area of sensitization. Over the four years, 66,004 community members participated in social and behavior change communication interventions promoting elimination of VAC. However, UNICEF and implementing partners expressed concerns that it is being conducted through short-term projects which are not conducive to the long-term nature of social norm change.

UNICEF's support to stronger routine data collection and monitoring for child protection through the Child Protection Information Management System (CPIMS+) in Eswatini was considered a significant achievement when it first launched in 2022, marking the country's first case management system for child protection. There was strong government interest and commitment, supported by UNICEF through the provision of IT equipment, training, and ongoing financial support. The system in 2023 recorded 1,312 child protection cases, helping to strengthen the routine collection and monitoring of child violence data.<sup>222</sup> However, a major challenge has been the government's inability to fully finance the system, leading to a reliance on UNICEF for continued support (discussed further in Finding 32).

[Output 2.3. Effective, integrated gender and adolescent-responsive systems are established for HIV prevention among adolescents and young people.](#)

**Finding 20. UNICEF's work in Eswatini has contributed to HIV prevention and adolescent health by supporting key national strategic documents, improving SRH services, and integrating mental health into adolescent sexual and reproductive health (ASRH) education. Notable achievements include revisions to critical policies, finalizing standards operating procedures on GBV clinical management, and providing mental health information, including through social media and outreach, as well as empowered youth in advocacy efforts. The innovative youth-led accountability mechanism has enhanced SRH service quality through the MobiSAM app. However, challenges remain, including persistent HIV risks particularly among adolescent girls, dwindling donor funding, and barriers to scaling digital health solutions due to data costs and accessibility issues.**

UNICEF's work on HIV prevention for adolescents in Eswatini has focused largely on support to national strategic documents. There have been some notable successes, including support to the revision of key national documents such as the Adolescent Health Care Services Standards and Adolescent Sexual Reproductive Health Training and the Life Skills Education Curriculum manual. To ensure safe testing for HIV in health care facilities, UNICEF worked with the MoH finalizing Standard Operation Procedures on the Clinical Management of GBV and Intimate Partner Violence. Challenges persist, particularly in addressing the high incidence of HIV among adolescent girls and young women, exacerbated by gender inequalities, early sexual debut, and limited access to comprehensive sexuality education. UNICEF staff noted the dwindling funds for HIV and SRHR in the donor landscape, and that HIV is treated as a separate issue

---

<sup>222</sup> UNICEF Eswatini, Combined Outcome/Output Reports and End-Year Summary Narrative, 2023.

rather than part of SRHR. An unintended negative effect of the '95-95-95' target<sup>223</sup> is the perception that HIV has been addressed, yet the existing pockets of HIV still have the possibility of spreading presenting a challenge for programming going forward.

UNICEF has also made strides in supporting mental health services for adolescents and young people (AYP) in Eswatini, collaborating with MoH and civil society organizations to integrate mental health support into ASRH education. 515 children, adolescents, parents and caregivers were presented with community based mental health and psychosocial support health services in 2023 (no data on 2024). Additionally, through dialogues and social media platforms, over 347,000 AYP were reached with essential information on mental health, SRH/HIV, GBV and VAC. UNICEF also supported the integration of COVID-19 and HPV vaccination in centers providing SRH/HIV services, leading to higher vaccination uptake in these centers. The participation of 348 AYP in advocacy events further amplified their voices in global and national campaigns, demonstrating UNICEF's commitment to prioritizing mental health within broader SRH and HIV initiatives.

The youth-led accountability mechanism, developed in partnership with SAFAIDS and UNICEF, has made notable strides in improving the quality of SRH services for young people. The model, which was initially launched in 15 health facilities, has seen significant engagement, with 1,744 young people registering to monitor service quality using the MobiSAM application. Through this platform, young users provided 2,875 recommendations for service improvements, contributing to a resolution rate of 55 per cent.<sup>224</sup> The feedback process, including real-time reporting and analysis, allows for the direct involvement of young people in shaping the quality of services, which has been particularly effective in fostering greater youth participation and policy advocacy. Additionally, the integration of this feedback into health facility operations and the broader health system has led to tangible improvements, such as addressing concerns about privacy and service fees. The model has been positively received by the MoH, with discussions ongoing about the potential for wider adoption (discussed further in Finding 32). Further, the linked Internet of Good Things platform has reached over 6,500 young people with vital HIV prevention and SRH information, and face-to-face outreach has connected thousands more.

### **Progress at outcome level**

Whilst there is progress at the output level - of the 13 targets utilizing the latest available data, ten were fully achieved, one was mostly achieved and two were partially achieved - outcome level indicators show very mixed results given limited progress more broadly within the sectors. As described above (see Finding 9) this is related to the outcome-level monitoring data available. Although DHS or MICS are utilized as the major sources of outcome data, when not available for some years, administrative data is used to track progress. Therefore, the year-to-year data varies significantly, as does the output to outcome level causality, and these limitations are taken into account in the analysis (and more emphasis was placed on the output level analysis above).

By the end of 2024, the indicator for 'transition between primary and secondary' is partially achieved reaching 90.3 per cent of the 93 per cent target (notably, this is below the baseline in 2023). The other five indicators have not been achieved. The pre-school net enrolment rate in 2024 was 9.3 per cent, significantly below the target of 32 per cent. The percentage of learners achieving minimum basic levels in reading and mathematics is low at 39.5 per cent, against a target of 55 per cent. Amongst the older age group, the

<sup>223</sup> The 95-95-95 are a set of goals to reduce the spread of HIV by diagnosing and treating people with HIV. The Joint United Nations Programme on HIV/AIDS (UNAIDS) established the targets in 2014.

<sup>224</sup> UNICEF, Combined Outcome/Output Reports and End-Year Summary Narrative, 2023.

percentage of adolescents not in employment, education or training is high at 34.9 per cent against a target of 8 per cent. Within child protection, the number of children who have experienced violence reached by health, social work, justice/ law nationally is 6,247, against the target of 10,000. As regards HIV, the outcome indicator adolescents aged 15-19 years having comprehensive knowledge about HIV and AIDS is 48.1 per cent rather than the target of 60 per cent. The different results year to year, and different sources utilized with variable measurement and results, are particularly apparent for this outcome. In 2023, the results were better with four achieved. Table 15 shares the data.

**Table 15. Outcome 2 indicators with targets and actuals. Source: Data from UNICEF Eswatini, Combined Outcome/Output Reports 2021-2024.**

	Baseline 2020	2021 Target/ actual	2022 Target/ actual	2023 Target/ actual	2024 Target/ actual
<b>Outcome 2: Lifelong Learning, Protection and Development</b>					
Adolescents aged 15-19 years having comprehensive knowledge about HIV and AIDS [percentage]	50	55/ 50	60/ 50	60/45	60/48.1
Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services	6594	7500/12394	8500/2389	9500/17331	10000/6247
Transition rate between primary and lower secondary education [percentage]	90.9	92/90.9	93/93.08	93/90.3	93/90.3
Percentage of grade 6 learners achieving minimum basic levels in reading and mathematics	4	46/4	50/4	50/50.4	55/39.5
Pre-school net/ gross enrolment rate [percentage]	21.6	27/ 21.6	32/42	32/79.9	32/9.3
Percentage of adolescents not in employment, education or training	9	9/9.79	9/7.9	8/6.4	8/34.9

**Outcome 3. By 2025, vulnerable children benefit from shock-responsive social protection and equity-sensitive efficient budget allocations.**

**Output 3.1. National capacity is strengthened to generate and use robust evidence focusing on reducing socioeconomic disparities and promoting social inclusion**

**Finding 21. UNICEF supported the government of Eswatini in developing the Multiple Overlapping Deprivation Analysis (MODA), a multidimensional tool for assessing child poverty, by providing technical assistance and capacity development which has led to government-led implementation and enhanced multisectoral collaboration. Despite challenges such as delayed MICS data, MODA is contributed to the development of the first-ever Child Poverty Reduction Action Plan and is expected to become a standard part of national data monitoring frameworks.**

One of the key achievements during the CP has been UNICEF’s support to the government in developing the Multiple Overlapping Deprivation Analysis (MODA), a multidimensional assessment tool that goes beyond monetary metrics to evaluate child poverty. By facilitating the development of a new analytical framework, UNICEF supported government agencies (in particular the MoEPD and the Central Statistical Office) to effectively interpret and utilize the data from the MICS and use multidimensional evidence-based

approaches to assess child poverty. This relates to the output indicator ‘Existence of routine measurement and reporting of child poverty levels at national level’ which was achieved in 2024.

Notable is the vital role of government and their deep involvement throughout the process (whereas in comparison in most other UNICEF country offices, consultants are hired to undertake the analysis).<sup>225</sup> UNICEF focused on capacity development and providing technical support in applying the new methodologies and ensuring the accuracy of findings. The initiative was mostly led by MoEPD and financed by national financial resources, and UNICEF contribution was purely technical support. A further key feature has been the multisectoral nature of the work, with a holistic approach to data collection and analysis, and the formation (by MoEPD and the Central Statistical Office) of a cross-ministerial working group, which has facilitated the unifying of child poverty assessment methods across different sectors. Whilst the MODA is yet to be finalized and published, it has served as a strategic guide for identifying critical areas.

The process has not been without challenges. One of the key obstacles has been the delayed availability of critical data from MICS, which hindered the timely application of the MODA tool and training of government officials. Despite these hurdles, the process is showing signs of institutionalization. The findings are being used by the MoEPD for the development of the first ever Child Poverty Reduction Action Plan,<sup>226</sup> and the desk review and interviews with UNICEF indicate that there is a strong likelihood that such child poverty analysis is intended to be integrated into national data monitoring and evaluation frameworks as a standard component.<sup>227</sup>

### Output 3.2 National capacity is strengthened for efficient and relevant social sector budgeting and public financial management

**Finding 22. UNICEF has strengthened national capacity for social sector budgeting and public financial management by facilitating policy dialogues and conducting public finance analyses in collaboration with government stakeholders and development partners. Key contributions include budget briefs advocating for increased investment in WASH and climate adaptation, technical support for cost-effectiveness analyses in health and education, and advocacy for integrating child-focused budgeting into national frameworks (whilst disability-inclusive and gender-responsive budgeting lags behind). While awareness of the Open Budget Survey has increased, it is yet to be seen as to whether it has led to enhanced transparency and civic engagement.**

UNICEF has been supporting national capacity development towards efficient and relevant social sector budgeting and public financial management (PFM). In collaboration with the MoEPD, UNICEF has focused on facilitating targeted dialogues among ministries (in particular health, WASH, education, and protection) with the goal of enhancing the efficiency and impact of government spending. In collaboration with the Ministry of Finance, UNICEF hosted a multi-ministerial Public Finance for Children (PF4C) workshop in 2024 which resulted in a joint statement, which advocates for balanced, child-focused social investments.<sup>228</sup> This high-level commitment concluded that investing in children makes economic and social sense and is a crucial strategy for improving human capital and for achieving Sustainable Development Goals.

Partnerships with other UN agencies, the World Bank, and the African Development Bank were also instrumental in conducting comprehensive public finance analyses. Government stakeholders informed the evaluation that there is a shift in thinking and integrating budget allocation for children, and an ongoing

---

<sup>225</sup> Interviews with UNICEF staff.

<sup>226</sup> UNICEF, Combined Outcome/Output Reports and End-Year Summary Narrative, 2023.

<sup>227</sup> The evaluation was unable to interview the MoEPD (given a lack of response).

<sup>228</sup> Outcome Statement Eswatini Public Finance for Children Workshop (2-3 August 2023, Esibayeni Lodge, Eswatini).

change in software platform will help to facilitate integration in practice. This is reflected in the output indicator 'Extent to which social sector budgets (including social protection) have been strengthened with UNICEF's support, for greater and better investments in children' that has been successfully achieved in 2023 (and no data provided in 2024) and has contributed to the outcome indicator of share of budget, education, health and social protection as percentage of GDP.

Additionally, UNICEF developed budget briefs to advocate for the increased public investment in WASH,<sup>229</sup> and Climate Change Adaptation,<sup>230</sup> presented to the government. The climate finance study is the first of its kind for UNICEF in the region and detailed the size and composition of public spending on climate change mitigation and adaptation, particularly addressing spending efficiency, effectiveness, equity, and adequacy. These efforts are part of a broader strategy, including comprehensive budget and macroeconomic analyses of Eswatini, conducted with other UN agencies, the World Bank, and the African Development Bank, aiming to influence future budget allocations. Evaluation interviewees across a range of stakeholders (government staff, NGOs and other development partners) expressed their appreciation of the budget briefs and lamented that there have not been any in recent years, suggesting that there may have been a lack of dissemination to stakeholders. These related to the output indicator that 'evidence has been generated on budgets and linkages to child outcome to improve budget allocations/expenditure for children – including social protection programme' which has been successfully achieved.

The small social policy team also provided technical support for a cost-effectiveness analysis of integrated vaccination outreach and collaborated with the World Bank at technical level to conduct a health public expenditure review, aimed at enhancing health spending efficiency and influencing policy. Also as discussed above, the social policy team supported advocacy which highlighted potential cost savings from reducing repetition rates in primary education, strengthening the case for expanding free pre-primary education.

In terms of focus on social inclusion, there has been some limited work on disability inclusive budgeting with a plan of action that promotes disability inclusive budgeting, yet it is not integrated in sector budgets. The evaluation also heard that the government is not working on gender responsive budgeting as yet, or that UNICEF is providing advocacy in that area.

UNICEF's support to the Open Budget Survey (OBS) has led to increased awareness of the importance of transparency, accountability, and public engagement in the budgetary process. UNICEF has intensified efforts in this area, disseminating and facilitating dialogue on the survey results. Despite the progress made, there have been several challenges in the implementation of the OBS in Eswatini. While the Ministry of Finance has made efforts to integrate citizen feedback, such as setting up an email system for public suggestions, there is still insufficient civic engagement and financial allocation for it. Although the government has shown an increasing willingness to engage with the findings of the OBS, and some steps have been taken to improve participation and accountability, the actual impact on the budget process remains somewhat limited.

---

229 UNICEF, Maximizing the Value of Public Budgets for Universal Access to Safely Managed Water Sanitation and Hygiene: UNICEF Analysis of the Government of Eswatini WASH Sector Budget, 2023.

230 UNICEF, Unlocking Climate Finance for Sustainable Development in the Kingdom of Eswatini: UNICEF Analysis of the Government of Eswatini Climate Budget, 2023.

### Output 3.3 National capacity strengthened for the delivery of shock-responsive child sensitive social protection.

**Finding 23. UNICEF has strengthened Eswatini’s social protection system through advocacy for a Universal Child Grant, reforms to the disability grant scheme, and technical support for government capacity building, towards a more inclusive approach that considers gender, disability, and child-specific needs. Collaborations with international partners and contributions to the National Contingency Plan for drought have further advanced social protection frameworks, while ongoing efforts focus on improving data management and inter-agency coordination. However, challenges persist due to limited government capacity, inefficient implementation, lack of monitoring mechanisms, and frequent personnel changes, hindering long-term progress in social protection reform.**

UNICEF Eswatini has been actively involved in advancing the social protection system to better address the needs of children and vulnerable populations. Through comprehensive advocacy, UNICEF has played a pivotal role in developing child-sensitive social protection programs, particularly through its support of a Universal Child Grant (UCG). The organization’s engagement with the government, including collaborations with the Ministry of Finance, the Ministry of Labour and Social Security, and the Department of Social Welfare, has led to a mapping exercise that assessed the existing social protection system. This effort is guiding the creation of a more inclusive system that considers factors such as gender, disability, and child-specific needs. UNICEF has also focused on supporting reforms to the disability grant scheme, working to ensure that it is more tailored to the needs of children and households affected by disability. Furthermore, UNICEF has provided technical assistance to improve the capacity of government officials on child-sensitive and disability-inclusive social protection, with a particular emphasis on training and enhancing the knowledge base of stakeholders. UNICEF Eswatini is also providing feedback and co-ordination support to the development of the National Social Assistance Framework (see finding 8). This relates to the output indicators ‘level of strength of the social protection system’ which has been achieved in 2023 (no data in 2024), and ‘level of gender-responsiveness of social protection programmes’ which was achieved in 2023 (and no data in 2024).

Among the key achievements in UNICEF’s work on social protection in Eswatini, the advocacy for a Universal Child Grant stands out. UNICEF has successfully raised awareness of the significant child poverty rate and the potential impact of a universal approach, which would help ensure equitable support for all children, regardless of their gender or disability status. However, this needs to be done alongside clear technical support to the government to support them to understand the financial breath of the multiplicity of social assistance programmes that are already in place and strategic planning to support them in possible consolidation. Additionally, UNICEF’s technical collaboration with international partners like the University of Oxford and the University of Cape Town has provided valuable insights into the impacts of social transfers on child well-being. The ongoing development of a disability-inclusive management information system and the introduction of gender-responsive social protection frameworks, in partnership with the STAAR program, represent further strides in making social protection systems more inclusive and effective. Further, UNICEF contributed to the social protection component of the National Contingency Plan for drought. UNICEF has also helped to enhance government understanding of social protection systems and fostered inter-agency coordination, despite the challenges posed by institutional knowledge gaps and personnel turnover.

Despite these achievements, there are notable challenges in the implementation of social protection reforms in Eswatini. One of the main hurdles is the limited capacity within the government to implement and monitor social protection programs effectively. While funding for social protection has increased,

inefficiencies persist, particularly in the implementation phase. There are no clear mechanisms for monitoring and evaluating social protection systems, which impedes the ability to address issues such as misuse of public funds and underutilization of resources. Additionally, the lack of a decentralized system and outdated data management further exacerbates these challenges. Personnel changes and changes in government structures every five years contribute to a lack of continuity and institutional memory, making it difficult to sustain progress in social protection reform.

### Progress at outcome level

Overall, within outcome 3, of the ten output indicators reported against, seven were fully achieved, two were mostly achieved and one was partially achieved.

At the outcome level, there are two outcome indicators, reported in Table 16. One indicator ‘The extent to which measurement, analysis or policy advice has informed policies and programmes to reduce child poverty’ is only for 2023 and remains the baseline value. The other indicator ‘share of budget spending on education, health and social protection as a percentage of state budget and GDP’ shows that the targets have been achieved each year; in 2024 spending was 32.21 per cent of the state budget (against a target of 32 per cent). UNICEF can plausibly be said to have contributed to this achievement given its leading role within advocacy for increased budgetary allocation and enhanced public financial management across the sectors, and there is a causal linkage with the output indicator ‘extent to which social sector budgets (including social protection) have been strengthened with UNICEF’s support, for greater and better investments in children’ which was fully achieved in 2023, but was not reported against in 2024.

**Table 16. Outcome 3 indicators with targets and actuals. Source: Data from UNICEF Eswatini, Combined Outcome/Output Reports 2021-2024.**

	Baseline 2020	2021 Target/ actual	2022 Target/ actual	2023 Target/ actual	2024 Target/ actual
<b>Outcome 3: Social Policy</b>					
Extent to which measurement, analysis or policy advice has informed policies and programmes to reduce child poverty [scale]	4	No target/ data	No target/ data	4/4	4/ No data
Share of Budget spending on education, health and social protection as % of State budget and GDP	8.1	10/10.4	10/28	30/32	32/32.21

### EQ7. What are the major factors influencing the achievement (or not) of Country Programme outcomes?

**Finding 24. UNICEF's work in Eswatini benefits from key enabling factors such as the country's small size which facilitates strong relationships with government partners, integrated sectoral collaboration, and highly skilled staff with access to global expertise. However, challenges persist, including limited funding opportunities due to Eswatini's middle-income status, government shifts that disrupt continuity as well as systemic issues such as low national investment in health and nutrition, weak social protection mechanisms, and deeply rooted social norms which hinder progress.**

UNICEF’s work in Eswatini benefits from several enabling factors that facilitate effective programming and collaboration. One key advantage is the small size of the country, which allows for easier access to

government stakeholders and the ability to build strong, personal relationships with key decision-makers. This proximity enables UNICEF to respond quickly to government requests and align its initiatives with local needs, ensuring a more tailored approach to programming. Additionally, the CO's small size fosters effective communication and collaboration between sectors, promoting a more integrated approach to addressing development challenges. Another key enabler is the high calibre of UNICEF staff, who bring strong technical expertise to their work.<sup>231</sup> Staff benefit from access to regional and global knowledge through UNICEF's broader networks, and the flexibility to adapt best practices to the local context. However, UNICEF in Eswatini faces staffing limitations, with resources stretched across multiple priorities and a need for more personnel to ensure full involvement in all areas of work.

UNICEF has demonstrated significant flexibility in addressing financial gaps within strategic priority areas, and supporting areas where government funding or procurement systems may be delayed or lacking. For example, in the case of genotype testing, which is not available within the country, UNICEF has provided the necessary funds to ensure that children who require this test are able to access it, even though only a few children need it.<sup>232</sup> In education, UNICEF has financially supported training programs and workshops which could have taken much longer to be approved through government systems.<sup>233</sup> Additionally, UNICEF has played a critical role in gap filling for priority areas, particularly in HIV response. The Ministry of Health has recognized UNICEF's catalytic funding, especially as HIV-related funding has declined due to improvements in general population HIV indicators.<sup>234</sup>

UNICEF's work in Eswatini benefits greatly from strategic partnerships in its implementation that enhances the effectiveness and reach of its programs. Examples include the partnership with Baylor, an international organization that brings expertise and support in pediatric care; SWAGAA which brings in-depth grassroots and community understanding and expertise in violence against children and social norms; and SAFAIDS that draws upon its wealth of regional expertise in youth accountability. Such collaborations are instrumental in leading contextualized local solutions but drawing on wider experience.

UNICEF's convergence strategies have played an important role in enhancing the delivery of essential services in Eswatini. By integrating COVID-19 and HPV vaccinations into existing SRH and HIV services, UNICEF has successfully utilized a "One-Stop Approach," ensuring that adolescents and young people can access multiple health services in a single visit. This integration has led to higher vaccination uptake in these centers, with further evidence collection planned to advocate for broader integration. Similarly, UNICEF's integration of birth registration services into maternities, where most births occur, resulted in more newborns leaving health facilities with their birth registered. However, cultural norms, such as the need to see the child before naming, continue to present challenges in improving birth registration coverage.

While these enabling factors support UNICEF's work in Eswatini, there are also several constraints that hinder progress. One major challenge is the limited funding opportunities for a middle-income country like Eswatini. Although the country faces high levels of inequality and social needs, it is not eligible for substantial amounts of foreign aid, which limits the resources available for development projects. Furthermore, donor priorities often do not align with UNICEF's broader goal of system change, with many donors focusing on project-based funding for short-term results, rather than long-term, sustainable interventions. This mismatch is particularly evident in areas like youth skills development and social norms change, where donors are less willing to invest due to the slow pace of measurable progress. The lack of

---

231 Interviews with government staff and development partners.

232 Interviews with implementing partner and UNICEF.

233 Interviews with government staff.

234 Interviews with government staff and UNICEF.

flexibility in donor earmarked funding further complicates UNICEF's ability to adapt and respond to emerging needs. Another constraint is the government's periodic structural changes, which result in personnel shuffling and a lack of continuity in key roles. This makes it difficult to sustain relationships and build on previous work, forcing UNICEF to restart advocacy efforts with each new government cycle.

In addition to these external challenges, UNICEF also faces systemic issues within various sectors in Eswatini for example, in health and nutrition, there is low government investment, including within primary health care, nutrition activities, and sanitation. There are also structural issues such as a fragmented approach to WASH services, where a lack of clear roles and responsibilities often leads to weak government leadership and poor sustainability. Social protection faces weak implementation mechanisms and an absence of monitoring and evaluation frameworks. Lastly, persistent social norms, particularly around issues like violence against children and disability, create additional barriers to change, requiring long-term efforts to shift attitudes and behaviours across the country. Such systemic issues underline the importance of a system strengthening approach (see Finding 26).

**EQ8. To what extent has the Country Programme responded to emergency situations, climatic shocks, governance issues?**

**Finding 25. UNICEF demonstrated a proactive and adaptive approach in responding to the COVID-19 pandemic and other crises. Funds have been leveraged not only to respond to the specific crisis but also to strengthen systems that could serve to respond to future emergencies. However, concern has emerged across stakeholders around the level of preparedness to respond to potential disasters, and the extent to which social protection issues are integrated consistently in emergency response practice.**

In response to the COVID-19 pandemics, UNICEF has been successful in raising funds for health emergency preparedness and response programmes, as explained under Finding 27 on efficiency. Besides addressing immediate needs such as timely distribution of personal protection equipment and medical equipment, and COVID-19 vaccine preparation and introduction, UNICEF used the available resources as an opportunity to support system and capacity strengthening with a larger scope. The COVID-19 response resources were utilized to improve the cold chain system for vaccine stock, strengthen the medical oxygen system, rehabilitate WASH facilities, install solar power to reduce reliability on the grid in selected health facilities, benefitting service delivery of the health sector beyond the COVID-19 response.<sup>235</sup> For instance, the high demand of medical oxygen compelled UNICEF to procure oxygen cylinders and establish oxygen production and piping systems in some of the main health care facilities. While this intervention was initiated to respond to the immediate needs of the COVID-19 pandemic, the improvement of the national medical oxygen capacity benefited not only the COVID-19 patients, but it is expected to serve also an estimate of 1,500 children in need of medical oxygen per year, as well as future emergency situations provided that they are well maintained.

In the education sector, prolonged school closures due to COVID-19 and civil unrest in 2021 led UNICEF to support MoET with the development of an online platform for blended learning to strengthen the education sector capacity to continue its service delivery during emergencies. UNICEF supported the development, digitization, upload and launch of the Learning Passport for Curriculum for senior secondary school, with an estimate reach of about 40,000 learners.<sup>236</sup> Moreover, in view of the anticipated El Niño and to strengthen emergency preparedness and coordination, UNICEF supported the training of 75 MoET

---

<sup>235</sup> UNICEF Eswatini annual reports across all years under review; interviews with UNICEF staff.

<sup>236</sup> UNICEF Eswatini, Annual Report 2023, 2024.

personnel and emergency focal points on Education in Emergencies. Other ways in which UNICEF responded to the crises include support to Government and partnering CSOs to provide risk and prevention communication through media to reach out to the wider public, including at community level. For example, to address the issue of fear of breastfeeding during COVID-19, UNICEF supported Siphilile to develop relevant messages for health workers and Mentor Mothers, to help raise the breastfeeding rates.<sup>237</sup> In response to governance issues, UNICEF supported those children who were incarcerated and injured as a result of the protests, by providing child protection, health and psychosocial support, drawing on funds allocated to GBV and VAC prevention and response interventions.<sup>238</sup> As part of the UNSDCF Result Group 3, UNICEF supported the ECHRPAl in assessing rights violations during the 2021 civil unrest.<sup>239</sup>

During the Cyclone Eloise, UNICEF took the lead on nutrition and WASH interventions. To build resilience and emergency preparedness to the impacts of climate change, UNICEF contributed to the development of social protection, education, WASH, and nutrition components of the National Contingency Plan for Drought. In 2023, to monitor and contain the risk of increased malnutrition due to the early stages of drought, UNICEF supported the Nutrition Council to train 89 nurses in the high risk Shiselweni region to use the newly developed Integrated Management of Acute Malnutrition monitoring tool and to report on nutrition indicators in the new module on nutrition included in the Client Management Information System. At community level, UNICEF with non-governmental partners provided information and skills to leaders and members of the most vulnerable communities on climate resilient water supply. The programme was combined with interventions that contributed to improving hand hygiene and access to clean water in schools and communities. To improve hygiene and prevent water-borne diseases outbreaks, UNICEF supported the Open Defecation Free certification for the last four supported communities in Lubombo and Shiselweni regions.

While the country has de-escalated the COVID–19 response, the risk of other disease outbreaks remains high, also related to climate change impacts. Therefore, UNICEF supported the Ministry of Health to strengthen the outbreak surveillance system, including the regional Rapid Response Teams, and improve infection prevention control in HCFs, in order to integrate the capacity for response to other possible outbreaks.<sup>240</sup> In emergency situations, UNICEF has been praised for the good level of coordination and communication with Government and civil society partners.<sup>241</sup> UNICEF participated in the National Disaster Coordination Meeting and in the Health and Nutrition Cluster, providing guidance for emergency protocols and resources for their implementation. Monthly coordination meetings with WHO facilitated update on progress and projects.

Despite these positive examples of responding to emergencies, the evaluation also heard concern by a range of stakeholders (UNICEF, government, development partners) as to the degree of UNICEF's preparedness to respond to potential disasters. Some UNICEF stakeholders expressed their frustration that they were 'always running behind emergencies' and that 'by the time that the funds were available that the emergency is sometimes over'. They also lamented that an agreement with the Red Cross for emergency response that had previously enabled an early response, is no longer in place.

There was also concern about the extent to which social protection issues are integrated consistently in practice within emergency response, for example ensuring that girls safety is taken into consideration within planning of refugee camps within the recent Mozambique refugee crisis. UNICEF's support to establishing

---

237 UNICEF Eswatini, Annual Report 2021, 2022; UNICEF Eswatini, Annual Report 2023, 2024; interviews with implementing partners.

238 Interviews with government staff.

239 UNICEF Eswatini, Annual Report 2021, 2022.

240 UNICEF Eswatini, Annual Reprt 2024, 2025.

241 Informants from government and implementing partners' staff.

a humanitarian shock-responsive social protection system designed to provide rapid and effective assistance in times of crisis to safeguard the well-being of vulnerable populations, especially children, should integrate such considerations.

As regards preparedness for climate shocks, there appears to have been a stronger focus on droughts rather than other shocks such as floods. UNICEF Eswatini has supported the Government in developing the National Contingency Plan for Drought. In terms of adaptation, in line with the UNICEF ESARO flagship programme on 'climate resilience, adaptation and children', the Country Office developed the Climate Change Landscape Analysis for Children to inform the development of an advocacy strategy for increased investment in climate change adaptation. In order to improve preparedness, UNICEF requested their implementing partners to include emergency response elements in their proposals.

UNICEF in Eswatini remains constrained by the limited funding opportunities as a result of middle income status, which can affect the efforts in building resilience in between emergencies. While the CO now has two focal points trained in emergency response, they also work in other areas representing another challenge to the limited number of staff members already stretched on multiple tasks.<sup>242</sup> Moreover, the past crises highlighted the need for more emergency sensitivity analysis and programming. However, UNICEF Risk Register does not account for risks related to fragility, violent conflict, disasters, climate change, epidemics and economic instability, as recommended by the UNICEF Guidance for Risk-informed Programming.

**EQ9. To what extent has UNICEF been able to position itself as a strategic partner in the country context, and to leverage on its comparative strengths to help achieve its results?**

**Finding 26. UNICEF Eswatini is strategically positioned and well-qualified to support both the Government and CSOs towards achieving their priorities. A recognized comparative advantage is UNICEF's capacity to remain faithful to its core mandate across sectors and ministries, and be able to develop good and effective relationships. Other identified strengths are UNICEF's competence in generating evidence and its capacity to conduct evidence-based policy advocacy.**

UNICEF Eswatini is strategically positioned and well-qualified to support both the Government and CSOs towards achieving their priorities, through demonstrated comparative advantages. Across most stakeholders, UNICEF was widely recognized for having a voice when it comes to advocating for children's rights.<sup>243</sup> UNICEF has remained faithful to its core mandate, strongly advocating and being available to ensure that child rights are heard. UNICEF's expertise in rights of children makes it a partner to consult even when not directly involved in specific intervention related to children. Its multisectoral mandate (across health, education, social policy, social protection) also gives it a comparative strength to work across sectors and ministries, and identifying and realizing interlinkages. This advantage is also linked to UNICEF Eswatini's capacity to develop good relationships across many different stakeholder groups, from Government, through CSOs, to community level.

One of UNICEF's main comparative advantages is its competence in conducting research and generating evidence. UNICEF has led the latest 2021-2022 MICS, which was used for the development of the UN Common Country Assessment and the UNSCDF baselines and collaborated to the 2022 Violence Against Children and Youth Survey. UNICEF developed a Climate Landscape Analysis for Children and various budget briefs on health and education sectors, all highly valued across stakeholders. However, while

---

<sup>242</sup> Informants from UNICEF CO.

<sup>243</sup> Informants from government and implementing partners' staff.

UNICEF has been appreciated for its contribution towards knowledge creation and sharing, some stakeholders also recognized the need going forward that the Government produces evidence and therefore UNICEF's need to provide capacity support towards this.<sup>244</sup>

Linked to the generation of data, is UNICEF's capacity to conduct evidence-based policy advocacy. UNICEF has been widely appreciated for conducting the latest 2021-2022 MICS, and for translating it into key advocacy messages to shed light on children's multidimensional deprivations and leveraging domestic financing for children's rights.<sup>245</sup> Using the evidence generated by the MICS and relying on its capacity, in 2024 UNICEF engaged with the Cabinet at the level of Principal Secretaries to influence the budget to address the children's rights. These efforts resulted in the inclusion in the 2025 government budget new allocations for the establishment of birth registration services in maternity units, vaccine procurement, the implementation of the plan of action for the prevention of VAC, rural water projects, online learning, the EMIS, the teaching and learning programme, and inclusive education. The strategy of advocating for domestic financing for children's rights not only increases ownership by the government and therefore sustainability but also contributes to shifting UNICEF's role from programme delivery to providing solutions.

In addition to its advocacy and technical capacity, stakeholders valued the funding that UNICEF has brought to support child rights policy and programming. Whilst this was appreciated as a key role and contribution from UNICEF, several stakeholders also acknowledged that UNICEF's funding is likely to decrease in the future.<sup>246</sup> The evaluation heard examples where UNICEF have signposted its partners to other stakeholders to explore potential new partnerships and funding which has been appreciated. An example of this is the connection established by the Government/ DPMO with a private company on programming around child safety online. Within UNICEF's funding role, flexibility has been valued by stakeholders, for example whereby UNICEF has granted the government and CSOs to revise their annual work plans to respond to emerging needs, or been able to fund and convene meetings that may otherwise have been delayed due to slower government processes.

Many stakeholders indicated that another comparative advantage of UNICEF is its system strengthening approach for transformative change at all levels of the system, from the government to communities, by providing intervention models for the government to adopt and scale up.<sup>247</sup> At government level, UNICEF has been providing capacity building and technical support, adopting a partnership approach based on trust, while at the same time requiring accountability and transparency from the government. By investing in building the government's capacity, UNICEF is appreciated for ensuring that learning is retained with the government and therefore contributing to sustainability. At community level, UNICEF engages with communities to understand their needs and involve them in the change. UNICEF's programmes have been emphasizing empowering communities for local-level decision-making.

## 6.4 Efficiency

***Efficiency. To what degree does the Country Programme deliver, or is likely to deliver, results in an efficient and timely way?***

<sup>244</sup> Interviews with UNICEF and government staff.

<sup>245</sup> Interviews with government staff.

<sup>246</sup> Interviews with government and implementing partners' staff.

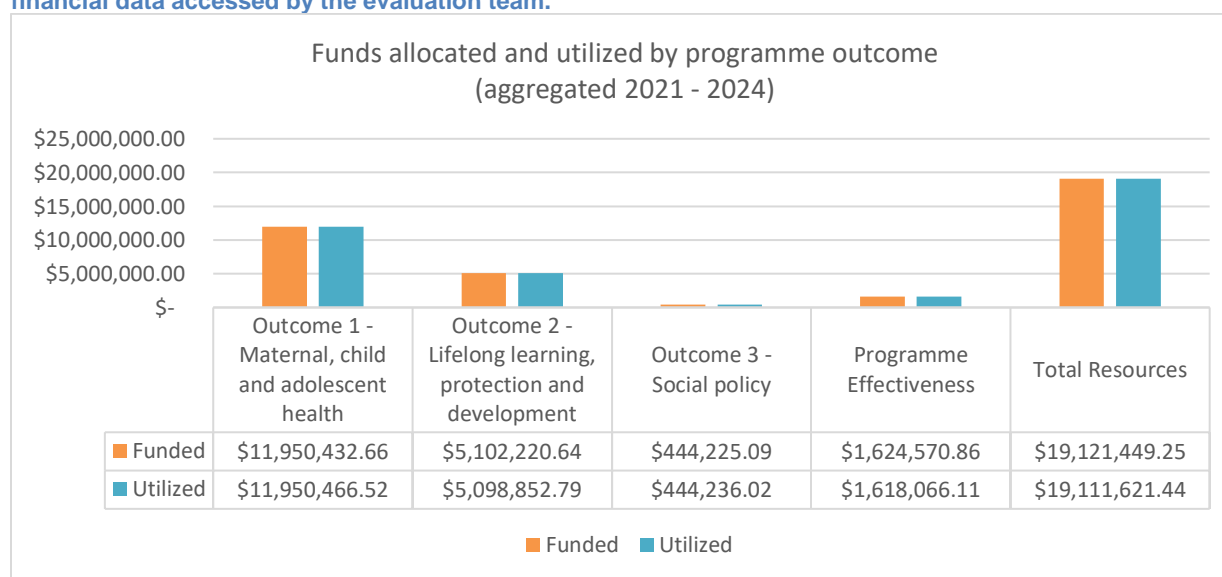
<sup>247</sup> Interviews with UNICEF CO, ESARO, and government staff.

EQ10. Were the funds allocated and/or mobilized by UNICEF in Eswatini, invested in the most appropriate priority areas, delivering results for children in a timely way with high quality standards? What were the key enabling/ constraining factors?

**Finding 27. UNICEF was able to successfully mobilize resources and use them, meeting funding and expenditure targets. However, while Outcome 1 greatly benefitted from the raised resources, the benefits to the other outcome areas were more limited due to earmarked funding which restricted budget allocation, leaving some programme areas underfunded. There is scope for improving the fundraising strategy to ensure higher shares of flexible funding.**

For the period under review, The Country Programme had a budget allocation of US\$ 19,121.45 between 2021 and 2024, which was fully spent over the same four-year period, showing ability to use of the available resources and to meet financial objectives including funding and expenditure targets.<sup>248</sup> The funds utilization was just slightly over budget for Outcome 1 and Outcome 3, compensated by slightly lower expenditures for Outcome 2 and Programme Management, as illustrated by Figure 6.

**Figure 6. Aggregated funds allocated and utilized by Programme outcome and total, from 2021 to 2024. Source: financial data accessed by the evaluation team.**

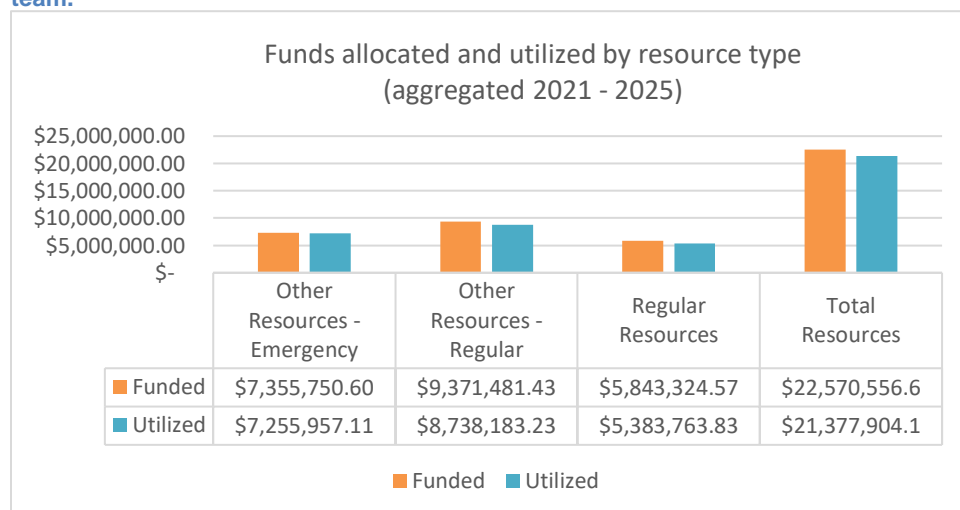


The CO was successful in mobilizing Other Resources beyond their annual targets across all four years, facilitated to an extent by the COVID-19 emergency response and leveraging an operational fundraising and advocacy strategy which included fund raising initiatives such as events and meetings, and proposals for donors.<sup>249</sup> For the overall Country Programme period 2021-2025, almost three quarters of its resources has come from Other Resources Regular and for Emergencies (74 per cent), whereas slightly more than one quarter has come from regular resources (26 per cent). This level of resource mobilization was commendable, given the decrease in global funding sources due to Eswatini being a middle-income country. Figure 7 shows the funds allocated up to 2025 and utilized within 2024, disaggregated by source type.

248 The Evaluation Team could access financial data on allocation and expenditure by Programme areas (outcomes and outputs) for the period 2021 – 2024.

249 UNICEF Eswatini Annual Combined Outcome/Output Report and End-Year Summary Narrative, 2025..

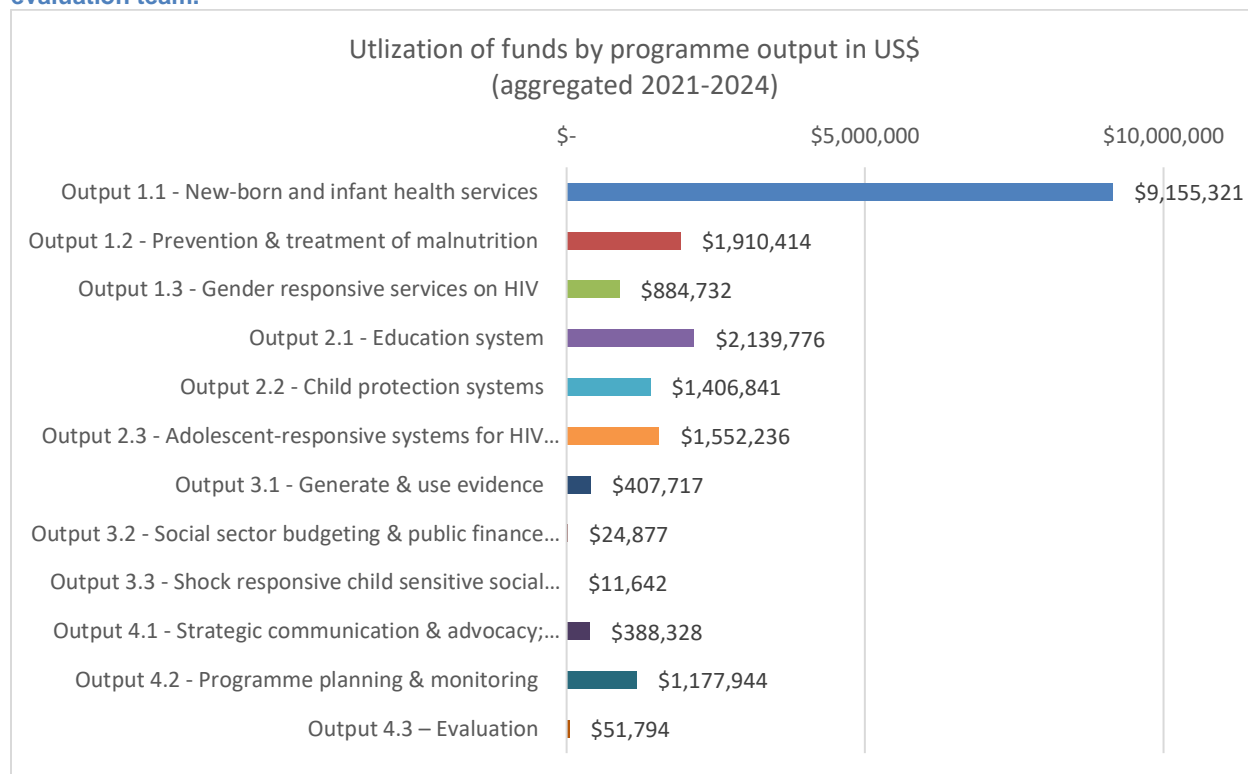
**Figure 7. Funds allocated and utilized by resource type. Source: financial data accessed by the evaluation team.**



While UNICEF’s success in raising Other Resources was certainly a commendable result, it is necessary to highlight that those kind of donor funding were earmarked either for emergency response or for other specific programmes, not allowing flexibility of utilization as emphasized by some interviewed stakeholders.<sup>250</sup> This was a hindering factor that left some priority areas such as SRH and VAC with limited funds compared to the needs. The Programme area that benefitted the most from the Other Resources raised, as well as from the reallocation of funds from other Outcome areas, was Outcome 1, which almost doubled its planned allocation to respond to the COVID-19 pandemics. Despite the positive resource mobilization, the survey results suggest that the financial resources were felt to be inadequate, as well as their allocation, by both UNICEF staff and IPs, which left gaps in responding to certain needs. To address the challenge of restricted funding, there is scope for improving the Country Office fundraising strategy to strategically combine earmarked funding with flexible funding of all types, including strengthening the mobilization strategy from the private sector and supporting public-private partnerships. Figure 8 represents the distribution of funding by output areas, showing the predominant allocation of funds towards the capacity for delivery of newborn and infant health, which included immunization.

<sup>250</sup> Interviews with UNICEF CO staff.

**Figure 8. Distribution of funds by Programme output areas, in US\$. Source: financial data accessed by the evaluation team.**



**Finding 28. UNICEF staff’s technical capacity has emerged as a key enabling factor for delivering results in an efficient way, although more capacity development is needed to support upstream work, and the current staffing levels are stretched to fully meet the Programme’s demands. Short project cycles and delays in funds disbursements have emerged as main constraining factors to efficiency.**

A key enabling factor in the efficient utilization of funds was UNICEF staff high technical skills and expertise in their specific thematic areas. The technical capacity of UNICEF staff was praised by government and IPs and was confirmed by the survey results. Another facilitating factor was the UNICEF staff’s availability and support towards the partners in terms of M&E, reporting, training, guidance and advice.<sup>251</sup> Communications were reported to be frequent, especially during the COVID-19 period. However, while UNICEF staff were praised for their technical capacity by external stakeholders, UNICEF staff themselves highlighted the scope to enhance their skills in upstream work, including advocacy, resource mobilization and partnership, especially targeted to the private sector. Given that policy and system change through upstream work can involve the demonstration and testing of implementation models, and engagement with the Government for the uptake of those models, this stretches current staffing capacity.

While the organizational structure is considered to be adequate in facilitating the implementation of the Country Programme as it mirrors its structure,<sup>252</sup> the human resources were broadly perceived to be

<sup>251</sup> Interviews with government and implementing partners’ staff.

<sup>252</sup> Interviews with UNICEF staff.

insufficient to meet the Programme's demands.<sup>253</sup> During the COVID-19 period, the CO was supported by higher workforce (29 staff, 8 TAs and 14 consultants) necessitated by contingencies and hired thanks to the availability of more funds.<sup>254</sup> For instance, for Outcome 1, there were two more specialists, of which one dedicated person on immunization and a consultant with technical engineering background to advise on the cold chain. However, after the completion of the COVID-19 emergency response, the number of staff was reduced and since then human resources have been perceived to be stretched especially for Outcome 1 and 3. Given the small size of the CO, staff members hold multiple roles and are designated focal points for functions without specific job posts. Staff retention within UNICEF has emerged as further issue of concern for external stakeholders.<sup>255</sup> The staff turnover was perceived to affect efficiency in implementation due to both the IPs' need to adjust to new ways of working, as well as to the UNICEF staff's need to adapt to the new context, especially for international staff.

Other constraining factors in the efficient implementation of the Country programme were the short project cycles, for instance of six or eight months' contracts, which required IPs lot of efforts in terms of repeated project development and planning, while allowing limited time for implementation.<sup>256</sup> Short project cycles were reported to affect all the project phases, from planning, to implementation, to working towards sustainability, as well as the possibility to assess the project effects in a longer period of time. Timeliness of activities has emerged as a controversial element from the survey as well, whereby half of the respondents from both UNICEF and IPs do not agree that activities are implemented in a timely way.

Long contracting procedures with IPs were referred to as another constraining element, which led to instances of misalignment between financial cycles of UNICEF and funds recipients, making processes more cumbersome.<sup>257</sup> Delays in the release of funds were also reported, affecting not only the IPs' ability to implement within the agreed timeframe, but also the retention of IPs' personnel. Partners reported difficulties in retaining trained and valuable staff in their position given the gaps in funding, which required hiring and training new staff, affecting the momentum and the institutional memory. The survey results suggest diverging perceptions with regard to the timelines in the release of funds, whereby UNICEF staff's responses are more positive compared to those from the IPs.

**Finding 29. UNICEF Eswatini conducts regular monitoring and reporting as per wider UNICEF requirements. However, there is scope to enhance how UNICEF Eswatini tracks its work to better measure differential change and inform assessments of progress, including within policy and system strengthening work.**

Whilst there is regular reporting and monitoring data as per UNICEF requirements, the evaluation team found various inadequacies in the M&E system. The monitoring data generally involves output level indicators that enable the tracking of activities but does not measure the effectiveness of those efforts, for example by capturing changes in knowledge uptake, behaviour change or service improvements. Outcome level data is derived from variable data sources that provide very different outcome level results year to year. Furthermore, the causal link between output indicators and outcome level change as measured within the indicators is not always clear.

---

253 Interviews with UNICEF, government and implementing partners' staff; survey results.

254 UNICEF Eswatini, Combined Outcome/Output Reports and End-Year Summary Narrative, 2024; interviews with UNICEF, government and implementing partners' staff.

255 Interviews with government and implementing partners' staff.

256 Interviews with implementing partners' staff.

257 Interviews with implementing partners' staff.

The evaluation found some inconsistencies across the monitoring data (highlighted in Annex 18), and narrative reporting does not systematically address all of the outputs and outcomes within the monitoring data. Data is also not consistently disaggregated by gender, equity and disability, thus making it difficult to analyse differential results for different subgroups.

Finally, the evaluation heard from government staff across multiple government departments of the gaps in government internal M&E systems, and data analysis. There may be scope to draw on wider UNICEF expertise to strengthen government systems to measure change in policy development and implementation, and system strengthening in a collaborative way.

## 6.5 Sustainability

***Sustainability. To what extent is there likely to be continuation of benefits from the Country Programme (with consideration of gender, equity and disability)? What is the potential for scale-up and replication of interventions?***

EQ11. To what extent are the positive changes and effects of the Country Programme likely to be sustainable at the relevant levels (e.g. community, provincial/state, national) especially equity, gender, and disability-related results?

EQ12. To what extent have the Programme strategies, plans, and tools, particularly those with an equity, gender, and disability focus, been institutionalized in systems, policies, mechanisms, and strategies among government, NGO/civil society, and other partners and stakeholders?

EQ11 and EQ 12 are addressed together, given that the findings were inextricably linked.

**Finding 30. During this CP UNICEF has paved the way for sustainable change, in particular within its policy advocacy for costed policy frameworks, and the leveraging of government finance. System strengthening efforts whilst important contribution to long-term change, require further technical and financial support. UNICEF and development partners raised concerns about more project-focused efforts which are less conducive to sustainability and are not linked to broader system strengthening.**

Areas with higher sustainability are those where the programme strategies have been institutionalised in policies, strategies and guidance, particularly where they have been costed and have budgetary allocation. UNICEF's work in data generation, analytics, and dissemination has been instrumental in influencing policy changes, such as within HIV policy, VAC initiatives. UNICEF's support for sectoral standards (e.g., inclusive education, residential care, adolescent health care services) ensures institutionalized improvements in service quality and inclusivity. These guidelines are likely to have lasting impacts beyond UNICEF's direct involvement. Domestic financing for children's rights has been an important sustainability strategy. UNICEF has successfully advocated for budget allocations in areas like vaccine procurement, online learning, and the prevention of violence against children. Early efforts in child-oriented budgeting and public finance allocation show promise for long-term sustainability.

System strengthening whilst having long term potential, is currently showing mixed sustainability. UNICEF has contributed to strengthening health, education, and child protection systems, particularly in HIV prevention, maternal and child health, and emergency response however, sustainability depends on

continued technical support and government buy-in. Targeted training and skills development (e.g., EMIS, multi-sectoral response services) have been valuable, but one-off training is not producing long term benefits. The lack of monitoring on knowledge uptake and system functionality limits understanding of long-term impact.

Social behavioural and communication initiatives to shift social norms (such as around gender-based violence, disability inclusion) are crucial for sustainable change. However, these initiatives are within short-term project cycles and lack sufficient monitoring, reducing their long-term effectiveness.

Areas with lower sustainability include projects and those with maintenance issues going forward. The EU-funded youth skills training programs have been project-based rather than systemic, limiting their impact broader youth unemployment challenges. There are also infrastructure sustainability issues; WASH and health infrastructure projects face maintenance challenges, often due to financial and social issues rather than technical issues and suffers from a lack of government maintenance strategy. Examples include the breakdown of community-managed water systems and solar panels in health facilities.

The evaluation survey results show that the positive changes and effects brought about through UNICEF's contribution were perceived to be sustainable by 56 percent of all the survey respondents (n=16) and unlikely to be sustained for the remainder 44 per cent.

**Finding 31. Youth engagement supports long-term change and whilst significant achievements have been made there is scope to do more. While UNICEF's Youth Advisory Board plays a valuable role in advocating for children's rights and providing insights on key issues, its engagement across UNICEF is variable.**

An area that has the potential to contribute to long-term change is that of youth engagement. There have been significant efforts across programming, such as the youth accountability mechanism within sexual reproductive health (see Finding 20) and peer-support mechanisms for young people living with HIV and young mothers (see Finding 15). Whilst UNICEF commendably has a Youth Advisory Board (as discussed in Finding 6) which advocates for children's rights and provides insight to UNICEF about issues that affect young people, such as education, mental health, climate change, and child protection. It is not utilized by all sections of UNICEF and engagement is not as early or meaningful as it could be at times. The evaluation heard from the Youth Advisory Board members that whilst they value their roles, responsibilities and the exposure gained from participation, they would also like to enhance their 'on the ground' presence in order to listen to and have the opportunity to amplify a breadth of community voices and issues. They also highlighted the need for systems of accountability "We should know if our opinions are included /incorporated in their documents, making sure that there is more meaningful participation" (Youth Accountability Board member).

In terms of UNICEF engaging or developing the capacity of youth civil society which could contribute not only to enhanced lobbying and advocacy, there have been some significant efforts such as the inclusion of young people in community health dialogues regarding COVID-19 immunization.<sup>258</sup> ECO supported children and young people for a consultation meeting with the Parliament in early 2024, and engaged adolescents and young people to offer their insights to improve the relevance of a package of Global Fund-supported HIV interventions.<sup>259</sup> These are important efforts to also empower and support youth leadership

---

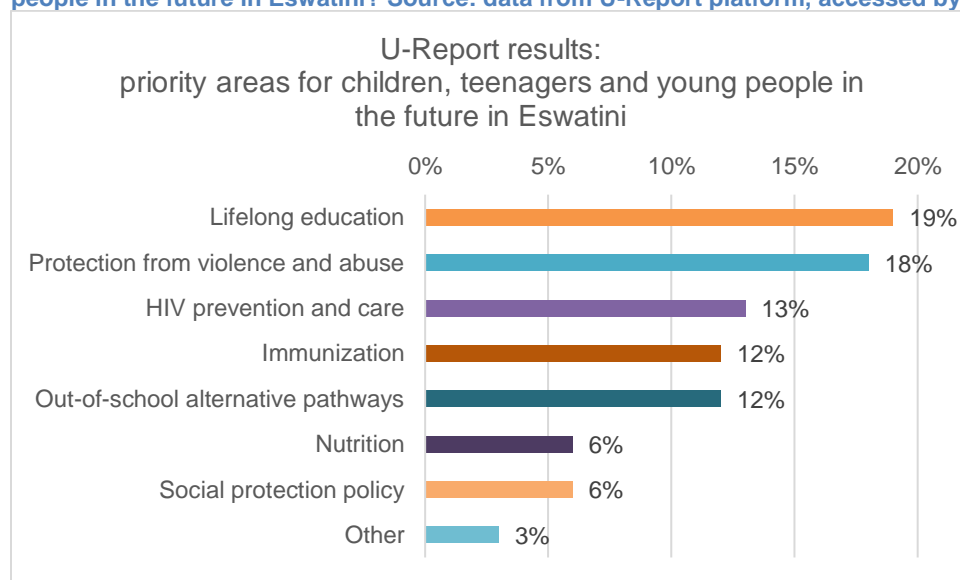
258 <https://www.unicef.org/eswatini/stories/community-health-dialogues-provides-safe-space-young-people> (last accessed on 01.04.2025).

259 ESAR HIV AIDS Knowledge Hub, Adolescents and Young People in Eswatini: Programmes for Us, by Us, 2023.

going forward but more could be done in terms of training and capacity development of youth, finding platforms for amplifying the diverse voices of youth and strengthening accountability for youth lobbying, alongside other development partners. Related to this, the evaluation heard from CSOs and development partners of the role that UNICEF could play in supporting the lobbying and policy advocacy capacity of CSOs/ NGOs to strengthen their skills in influencing policy for a more accountable and sustainable system.

The evaluation utilized the U-Report platform as an opportunity to reach out to the wider population of right holders in Eswatini, to collect their perceptions around selected UNICEF-supported sectors, such as health, education, and child protection, and what the priority areas are for children, youth and adolescents (see figure 9). There were 1,478 respondents, 63 per cent female and 37 per cent male. The full results for all questions are shared in Annex 12.

**Figure 9: Responses to question: What do you feel are the priority areas for children, teenagers and young people in the future in Eswatini? Source: data from U-Report platform, accessed by the evaluation team.**



**EQ13. What interventions introduced by UNICEF are likely to be more widely replicated or adapted, and scaled up?**

**Finding 32. During the CP UNICEF is demonstrating some promising models that can be more widely replicated or adapted by government partners. However, they have not been sufficiently conceptualized within a broader and shared planning and monitoring framework.**

UNICEF has supported the development of some new and promising solutions to the pressing problems facing service delivery towards addressing children’s rights. For example, UNICEF has supported the CSO Siphilile with the ‘Mentor Mother Model’ (first introduced in South Africa) which identifies and recruits mothers to be mentors and supporters for pregnant women and other mothers in their own living area.<sup>260</sup> The Mentor Mothers are given a one-month in-house training and continuous supervision and support from the Siphilile Management Team. This community-based peer support model empowers women, to make fact-based decision and to take action for a better and healthier life. Whilst it is not yet scaled up to other regions, there is an identified need. There is an expectation across stakeholders (UNICEF, government

<sup>260</sup> Interviews with UNICEF and implementing partners’ staff.

and implementing partners) that UNICEF should focus more on advocacy to ensure that the government takes its responsibility, building on an evidence based approach developed in consultation with partners.

UNICEF has also harnessed digital tools to streamline operations and processes, within the education and child protection sectors. Box 3 shares an evaluation ‘deep dive’ on the promising Education Management Information System to transform the paper-based system to a digital system with improved accuracy and timeliness of data.

### **Box 3. Deep Dive: Education Management Information Services (EMIS)**

#### **Background**

The education management information system in Eswatini was paper-based, and data analysis was lagging behind by two years. The MoET recognized the issue and identified the need to move to a digital based system. In June 2020 (prior to this CP), the MoET, with UNICEF’s support, developed a new, web-based EMIS using the DHIS2 platform. This system was customized with technical support from HISP partners (drawing on their international expertise) and built with the aim of digitizing data capture and analysis. Following pilot testing and capacity-building activities, the system was successfully implemented, with MoET spearheading its rollout and sustaining the system’s development.

#### **Successes**

The MoET, with UNICEF’s support, is transitioning from paper-based data collection to a digital format, enhancing data accuracy and accessibility. The new EMIS has achieved significant milestones, including 97 per cent data reporting for primary and secondary education. In 2024, for the first time education reporting was carried out with 2024 data, however this was using both digital and paper formats (during a transitional period). Notably, the government’s commitment to the roll out and funding the system has been a key factor in its success and potential sustainability going forward. Critically, UNICEF advocacy included setting expectations about responsibilities going forward and maintaining the system from the outset. The EMIS has also gained recognition at the regional level, with Eswatini’s successful model being shared with neighboring countries. The system’s integration of individual student data allows for real-time tracking, evidence-based programming, and policymaking, providing an essential tool for education management in the country.

#### **Challenges**

Despite successes, several challenges remain. One of the key issues is the limited availability of resources at the school level, with only one device for each school and often intermittent internet access, particularly in remote areas. The lack of sufficient devices for all teachers, reliance on focal points for data entry, and inconsistent internet connectivity in rural regions have hindered the system’s full adoption. Moreover, while the government’s financial support has been substantial, bureaucratic delays in fund disbursement and human resource constraints have slowed implementation at certain points. Additionally, there is a need for continuous training and support for school personnel to ensure the system’s optimal use. Furthermore, there are concerns about the underutilization of data for in-depth analysis and monitoring, with calls for better empowerment of school leaders to use the data for decision-making.

A similar project supported by UNICEF, the Child Protection Information Management System (CPIMS+) was launched in 2022 and had initial government interest but as yet no government financial allocation has been provided.<sup>261</sup> Despite a successful pilot phase, the system’s use has dwindled since the end of UNICEF’s direct involvement, highlighting the need for stronger government ownership and capacity building. There are calls for further UNICEF support (financial and technical) in order for the model to mature to then be able to be absorbed by government. Learning from the CPIMS+ is the need for government needs to be brought in at the outset to build the political will across departments (including MoEPD and MoFT) to mobilize funds.

<sup>261</sup> UNICEF Eswatini, Combined Outcome/Output Reports and End-Year Summary Narrative, 2024.

Digital innovations are also being used to gain stakeholder feedback amongst youths within the youth accountability mechanism, helping to give youth a voice in sexual and reproductive health rights service delivery and enhance accountability by service providers and the MoH. Stakeholders recognize it as a model that could be replicated more broadly across the country. It was initially launched by SAFAIDS with UNICEF support in 15 health facilities. Eight other health facilities are being funded by other donors, including five by the World Bank, with some being managed through the MoH. It would be useful for UNICEF to observe lessons; although in most cases government ownership is the overall goal, in the case of an accountability system to support service provision it could be argued that it is better to remain external to the government. The reliance on technology, particularly the MobiSAM app, presents obstacles related to data costs and accessibility, as many young users struggle with limited internet access. Although efforts are underway to make the app more data-friendly, the financial demands of training healthcare workers, mobilizing youth participants, and maintaining the platform remain substantial. Additionally, scaling the model to reach a larger network of health facilities will require significant investment and sustained commitment from both government and civil society organizations. Addressing these challenges is crucial for ensuring the long-term success and impact of the youth-led accountability model.

Whilst the 'modelling' of interventions has been an important strategy, and a prudent one given limited resources and the potential of demonstrating interventions to be scaled up, in practice results are variable in terms of the demand for replication/ expansion. There has been a lack of monitoring or evaluation of models in order to be able to demonstrate their effectiveness, and also a lack of shared planning and monitoring frameworks for testing and scaling up models.

## 7. CONCLUSIONS

The implementation of the UNICEF Eswatini Country Programme (2021-2025) has taken place amidst a challenging and uncertain backdrop. Eswatini's status as a lower middle income country limits its funding opportunities yet belies its significant developmental issues including high poverty levels, persistent inequality, high unemployment and the world's highest prevalence of HIV. The CP period was marked by the COVID-19 pandemic, economic downturn, and external shocks such as the impact of the Russia-Ukraine war on global prices. Additionally, climatic shocks have threatened undermining development gains with higher frequencies of floods and droughts.

UNICEF Eswatini has delivered some promising achievements for children and adolescents during this challenging period. The results achieved to date are testimony to the technical expertise of its staff, strong relationships with its partners and an approach which has largely focused on supporting the government in policy advocacy and system strengthening. There are areas for improvement that can be addressed within the current Country Programme and in anticipation of the next Country Programme.

### **Conclusion 1. Relevance**

[Linked to Findings 1, 2, 4, 5]

The CP objectives and design were broadly relevant for the country context at design. There was and continues to be a clear alignment with national strategies and priorities, and also UNICEF's and international commitments in meeting child rights obligations.

Programme strategies were appropriate and in line with UNICEF's mandate and comparative strengths, and strategies have been mixed according to the context and needs to address systemic and underlying issues. The programme theories of change for each outcome area respond to the rigorous causality analysis that was undertaken. Outcomes address an ambitious range of issues and in cases represent a compressed mix of life-cycle and sectoral issues. The lack of an overarching ToC risked missing opportunities for strengthening linkages across outcomes. Prioritization of some issues, in particular sexual reproductive health and violence against children, has been compromised by challenges in acquiring funds. Clear references to the impacts of climate change on different programme components are missing.

There was a thorough and robust process to understand and identify the needs of different vulnerable groups, including regarding equity and to an extent gender. Whilst the needs of children living with disabilities were not included at the outset (and was not a strategic priority for UNICEF at the design stage), it was incorporated across some outputs during programming.

### **Conclusion 2. Effectiveness**

[Linked to Findings 9 – 23]

The Country Programme is on track to achieve the majority of its outputs by the end of the Country Programme cycle. Over 70 per cent of output indicators have been achieved to date. However, output level achievement is unlikely to translate to intended outcome level change as measured by the national outcome-level indicators. This is likely to be for several reasons including the ambitious timeframe for change, the scale of UNICEF outputs to intended outcome level change and the weak causality between some output and outcomes.

### *Outcome 1*

UNICEF has made significant investments in maternal, child, and adolescent health, leveraging financial opportunities from the COVID-19 response to strengthen Eswatini's health system. Advocacy efforts have focused on increasing public fund allocation to primary health care, while service delivery has been enhanced through the integration of Expanded Programme on Immunization with other essential services such as COVID-19 and HPV vaccinations, sexual and reproductive health, and HIV prevention and care. Investments in infrastructure, including oxygen systems, vaccine storage, and solar power supply, have improved PHC units. While progress has been made in immunization and post-natal care, challenges such as vaccine stock-outs, a shortage of qualified staff, and weak medical waste management persist. Birth registration has also improved, but uptake remains slow due to government staffing limitations and cultural barriers, necessitating further social and behaviour change interventions.

To combat malnutrition, UNICEF has provided technical support to the Ministry of Health in developing a costed nutrition strategy, increasing the Nutrition Council budget, and integrating nutrition indicators into the Health Management Information System. However, further advocacy is needed to establish a dedicated Government Nutrition Programme with sustainable funding. UNICEF has also worked to improve hygiene and sanitation infrastructure in health care facilities, but maintenance challenges and the scale of need exceed current efforts, requiring a shift towards public financing models for sustainability. At the community level, UNICEF has supported malnutrition screening, referrals for treatment, and caregiver education on nutrition and breastfeeding through Rural Health Motivators, Mentor Mothers, health campaigns, and social media. Despite these efforts, nutrition indicators remain unmet, signalling the need for a revised strategy moving forward.

In the area of Prevention of Mother-to-Child Transmission and care for adolescents and young people living with HIV, UNICEF has provided upstream technical assistance, supporting the PMTCT Impact Measurement Survey, a triple elimination validation roadmap, and the development of operating procedures to improve CALHIV care. At the facility level, UNICEF has funded viral load testing, pre-exposure prophylaxis (PrEP), breastfeeding education, and engagement programs for CALHIV. Efforts to reduce lost-to-follow-up rates have been highly successful, keeping them below 1 per cent, while ensuring effective treatment for children resistant to standard HIV therapies. UNICEF has been able to meet its targets of 95 per cent ART coverage amongst children of all ages, and 1.34 per cent of children who have acquired HIV through vertical transmission from their mothers, suggesting that in this area the strategies adopted so far have been effective.

### *Outcome 2*

In the education sector, UNICEF has engaged strategically in upstream work, responding to the education sector review and supporting system strengthening through a digital Education Management Information System for better and timely data collection, as well as a distance learning program for secondary schools to enhance emergency response capacity. While the foundations have been set, it is still too early to see measurable results, and ongoing challenges persist, including internet access, offline functionality, data requirements, teacher workload, and availability of devices. The policy agenda-setting of Early Childhood Education as a key priority was introduced later in the CP, highlighting the need for comprehensive costing of policy advocacy strategies and significant support in system development and piloting. Efforts toward inclusive education, including rolling out inclusive standards and piloting approaches, show early indications of attitudinal and planning changes within schools, but weak monitoring data limits the ability to measure

actual impact. Downstream, UNICEF has supported post-COVID-19 initiatives to reintegrate teenage mothers and children with disabilities into school. A separate skills development project for youth, while addressing an urgent need, lacks strategic integration with wider system change, and UNICEF's role in tertiary education remains undefined.

As regards violence against children, upstream support has shrewdly focused on disseminating the VAC survey to raise awareness, supporting a National Plan of Action to End VAC with high-level political commitment, and strengthening multi-sectoral response services, including justice, social services, and law enforcement. The effectiveness of capacity development efforts in strengthening systems remains unclear, due to one-off training and weak monitoring of uptake and change. There remain ongoing challenges such as overwhelmed service providers, resource constraints, and gaps in one-stop service centers. Downstream, social norm change campaigns, including those focused on children with disabilities, play a critical role and their short-term nature project-orientated approach is not commensurate with the long-term nature of social norm change. The integration of gender inequality and a transformative approach to tackling gender-based violence and male bullying within VAC strategies remains insufficiently defined.

In the area of HIV and sexual and reproductive health and rights, upstream efforts have supported sustainable policy improvements, including finalizing Standard Operating Procedures for GBV clinical management. The youth-led accountability mechanism, using the MobiSAM app, has given youth a voice, enhanced SRH service quality and bridged the gap between policy, service delivery and accountability. Challenges persist, including high HIV risks among adolescent girls, declining donor funding—especially for SRH—and barriers to scaling digital health solutions due to data costs and accessibility constraints.

### *Outcome 3*

Despite very limited resources and staffing dedicated to social policy, UNICEF has played a crucial role in strengthening Eswatini's social policy framework through evidence-based advocacy and capacity development. A key achievement has been supporting government capacity in developing the Multiple Overlapping Deprivation Analysis (MODA), which has enhanced multisectoral collaboration and been used to inform the first-ever Child Poverty Reduction Action Plan, setting a foundation for national data monitoring. Additionally, UNICEF has advanced social sector budgeting and public financial management across sectors by facilitating policy dialogues and conducting analyses, contributing to a growing awareness of child-focused budgeting. In social protection, UNICEF's advocacy for a Universal Child Grant and disability grant reforms, along with technical support for capacity building, aims to create a more inclusive system, though progress is hindered by government capacity constraints and the implementation of a well-functioning social protection system is a medium-longer term proposition. Given its downstream experience, UNICEF is uniquely positioned to bridge grassroots realities with national policy, reinforcing its influence in upstream work and ensuring policy development is informed by on-the-ground challenges and opportunities.

### **Conclusion 3. Meeting the Needs of Vulnerable Groups**

[Linked to Findings 2, 6, 8, 15, 16, 17, 19, 20, 22, 23, 25, 29, 30]

The Country Programme does not have a dedicated overarching Leaving No One Behind (LNOB) plan, that targets interventions to reach marginalized children and communities (understanding and addressing the root causes of their exclusion) with an accompanying monitoring process, and accountability framework.

While there are gender-focused initiatives (such as targeting of out-of-school teenage to reintegrate them within education, and adolescent HIV programmes given the higher level of HIV amongst girls), it falls short

of fully mainstreaming the distinct needs of girls and boys. A gender-transformative approach that actively challenges underlying gender norms is not integrated in any component of programming. Disability inclusion, though not a core component at the outset, has been incorporated with examples of strong system-oriented approaches rather than isolated project-based interventions. However, disability sensitivity is not consistently embedded across all outputs, limiting its overall impact and sustainability. Equity issues are addressed currently through universal coverage (for example the Universal Child Grant, and inclusive education access) which evaluation stakeholders considered a valid strategy given the high levels of poverty and inequality. Reaching children in remote areas is a focus of some programming (for example the immunization is aiming for 100 per cent coverage, and some rural WASH infrastructure interventions), however rural issues such as infrastructure, connectivity, internet access remain significant barriers to successful implementation of programming (for example limited internet connectivity for the education management information system platform). In social policy significant challenges remain; despite allocating two fifths of its budget to social sectors, Eswatini faces persistent child poverty with rates remaining extremely high.

#### **Conclusion 4. UNICEF's response to COVID-19 and emergency preparedness**

[Linked to Findings 3, 8]

The scale of the COVID-19 pandemic's far-reaching implications were not anticipated during the planning and development of the Country Programme. However, UNICEF demonstrated a proactive and adaptive approach in responding to the crisis and other outbreaks. Financing was leveraged, needs assessments were conducted (particularly for Outcome 1) and gaps identified and responded to such as communities not being reached by vaccination efforts and the need for a distance learning programme. The pandemic led to a deprioritization of funding and focus on other critical areas, but the programme artfully integrated some other significant services (such as other immunizations within programme delivery). Despite the delays, the Country Programme has remained relatively on track to achieve its targets.

Despite these efforts, and that there is felt to be greater readiness to respond to a pandemic in the future, concerns remain regarding the overall lack of emergency preparedness. In particular there are frustrations with delays in the disbursement of funds during emergencies, lack of systematized rapid needs assessments at the start of emergencies, readiness of deployment of staff and prioritization of child protection needs within all response initiatives.

#### **Conclusion 5. Coherence**

[Linked to Findings 6, 7, 8]

UNICEF plays a crucial complementary role to the Government and other development actors by providing technical support, capacity development, and funding to strengthen national leadership and systems. A key part of its upstream work is its coordination role, ensuring that the right stakeholders, including civil society organizations, are actively engaged in policy discussions and decision-making. The evaluation found evidence that UNICEF facilitates collaboration and alignment to enhance inter-sectoral co-ordination within government and has helped to bridge the gap between subnational and national levels (through regional networks on violence against children).

One key area for improvement is the need for stronger coordination with other UN agencies. While there have been positive examples—such as collaboration with WHO during the COVID-19 response and joint initiatives like the UN Partnership on the Rights of Persons with Disabilities with UNESCO and UNFPA—there are ongoing concerns about the effectiveness of the "Delivering as One" approach across the UN

system. This challenge reflects broader issues within the UN rather than being specific to UNICEF. Additionally, to prevent duplication of efforts, certain thematic areas, such as gender, are often deferred to other UN agencies like UNFPA. While division of labor is necessary, a more integrated and coordinated approach would enhance coherence and ensure that cross-cutting issues receive the necessary attention across all interventions.

Within the 'ecosystem' of appropriate responsibilities for service delivery across government, CSOs and development partners, UNICEF could benefit from clearly communicating to other stakeholders that its demonstration of models for replication or scale up by government towards enhanced system strengthening is for that purpose, rather than that UNICEF is moving into the service delivery 'space'.

### **Conclusion 6. Efficiency**

[Linked to Findings 27, 28]

UNICEF Eswatini has demonstrated strong financial management and resource mobilization capabilities, successfully meeting expenditure targets and leveraging donor funding, particularly for Outcome 1. However, the reliance on earmarked funding has limited flexibility in resource allocation, leaving some priority areas underfunded. There is an opportunity to strengthen the fundraising strategy to increase flexible funding sources, including from the private sector, to ensure a more balanced distribution of resources across all programme areas and foster public-private partnerships.

While UNICEF staff's technical expertise has been a key enabling factor in delivering results efficiently, challenges remain in staffing capacity for upstream work, advocacy, and resource mobilization. The small workforce, short project cycles, and delays in fund disbursement have constrained programme efficiency, affecting both implementation timelines and partnerships. Addressing these issues by investing in staff capacity-building, streamlining funding processes, and ensuring longer-term project cycles will enhance UNICEF's ability to achieve sustainable and high-quality outcomes for children in Eswatini.

### **Conclusion 7. Sustainability**

[Linked to Findings 30, 31, 32]

During this Country Programme, UNICEF has made significant strategic strides in working upstream, focusing on policy advocacy, system strengthening, and demonstrating service delivery models that can be scaled and sustained. Policy advocacy remains one of the most sustainable programming strategies, yet arguably its full effectiveness can only be realized when governments allocate their own revenue to implement and internalize these policies sustainably. UNICEF's work on budgetary analysis and policy advocacy on budgetary allocation is a crucial complementary strategy within this work.

The link between UNICEF's technical assistance and system-strengthening interventions to the sustainable capacity development of government officers is promising in some initiatives. There is some evidence of UNICEF successfully investing in capacity building; however, a key issue is the lack of data on actual changes resulting from capacity-building initiatives, making it difficult to track progress and impact. A shift is needed away from one-off training sessions towards a more structured, iterative approach that prioritizes continuous learning and practical application. UNICEF and development partners have also raised concerns about project-focused efforts, in particular the youth skills development, that have not been sufficiently linked to broader system strengthening and long-term sustainability.

While the demonstration of innovative models such as Mentor Mothers and the youth accountability mechanism have shown promise, they need to be integrated into a broader planning and monitoring system to assess their effectiveness over time. The experience of management information systems has highlighted that a sustainability strategy should be embedded from the outset for each model, with clear timelines and implementation plans agreed between government, UNICEF and implementing partners, especially in a context where funding is in decline.

### **Conclusion 8. Monitoring Systems**

[Linked to Findings 29]

A key challenge in tracking and assessing change is the lack of systematic monitoring and measurement of change. A critical gap exists between output and outcome indicators, making it difficult to establish a clear causal link between initiatives undertaken, the changes resulting from them, and their contribution to planned outcomes. This includes gaps in assessing knowledge uptake, shifts in attitudes and behaviors and improvements in service provision. Critically within policy advocacy work, there is also an insufficient focus on monitoring and evaluating policy implementation and measuring the tangible differences being made. Moreover, existing indicators do not adequately disaggregate data by key subgroups such as gender or disability, limiting the ability to assess differential impacts.

## 8. LESSONS

The implementation of the Country Programme helped to identify some lessons learnt, the most relevant of which are outlined below.

- The CPIMS+, which was considered a success when first launched in 2022 as it allowed to record over 1,300 child protection cases the following year, showed that the government inability to take full ownership of it made it necessary to continue to rely on UNICEF's financial and technical support for it to run (Finding 19 and Finding 32). On the contrary, drawing on the experience of EMIS, UNICEF's clear communication at the outset regarding expectation for institutionalization by government has helped to inform the government's planning process (Finding 18 and Finding 32). When demonstrating models with the intention of scaling up by government, it is important that UNICEF and government ensure that planning includes clarity for all stakeholders around roles, responsibilities and a proposed exit strategy for UNICEF and timeline.
- UNICEF support to a costing exercise that showcased that outreach programmes provide the best cost per vaccinated child, led to the reinstatement of this kind of service in the National Health Sector Strategic Plan 2024/25-2027/28 2024-2028 (Finding 10). Similarly, in the case of early child education, since the initial policy advocacy documents did not include costing, following requests a budgetary document was developed which showed how efficiencies could be made to support the government to consider the feasibility of implementation (Finding 17). These examples show that UNICEF's policy advocacy efforts can have more traction when they include costing in order to inform government and other stakeholders of budgetary implications.
- Whilst in most other UNICEF country offices consultants are hired to undertake specific assessments and analysis, UNICEF supported the MoEPD and the Central Statistical Office to utilize the data from the MICS to develop the Multiple Overlapping Deprivation Analysis, a multidimensional tool to assess child poverty. UNICEF focused on providing capacity and technical support to the government in applying the new methodologies and ensuring the accuracy of findings. Whilst the MODA is yet to be finalized and published, its findings are being used by the MoEPD for the first ever Child Poverty Reduction Action Plan (Finding 21). The experience of developing the MODA to assess child poverty showed the crucial role of government involvement in evidence-generation for policy making not only to ensure government ownership and capacity development in data analytics, but also to highlight the importance of integrating data insights directly into national policy making.
- UNICEF's strategy to prevent the transmission of HIV to newborns based on the provision of a combination of services to mothers, accompanied by research and technical support to the government, has proved successful in surpassing the set target on vertical transmission (Finding 14). Similarly, UNICEF's approach to prevent HIV amongst CALHIV based on the combination of upstream work with the MoH but also support to access to ARVs and to SRH services, including the education system as a platform for HIV prevention (Finding 15 and Finding 20) demonstrate that the adoption of comprehensive strategies that leverage on the synergies between outcome areas, which enables more integrated responses, is likely to be best placed to contributing towards the steady decline of new HIV infections.

## 9. RECOMMENDATIONS

The recommendations were developed by the evaluation team on the basis of the evaluation findings and conclusions. The draft recommendations were shared with the ECO and the ERG for written feedback (rights holders were not engaged given the national focus of the CP). A meeting was also held in which the recommendations were presented, discussed and validated by the ERG. Comments were incorporated within the final set of recommendations shared below.

### **Recommendation 1. Strengthen Strategic Prioritization and Coherence in Programme Design.**

[Directed to UNICEF ECO; Priority High]

Linked to Findings: 1, 2, 4, 5, 6.

While the Country Programme objectives and design have been broadly relevant and aligned with national priorities and child rights obligations, there are opportunities to enhance prioritization, the breadth of outcomes, strengthen linkages across outcomes, and ensure greater prioritization of key issues such as sexual reproductive health, violence against children, and climate change considerations.

Suggested Action Points:

- Ensure prioritization of thematic areas based upon the existing gaps, mandate, comparative strengths and resources of UNICEF. Focus efforts on advocating for, and supporting government in realizing rights for children, adolescents and youths that are currently not being prioritized such as SRH and VAC.
- Develop an overarching theory of change: introduce a comprehensive ToC that ensures greater synergy between outcome areas and enabling a more integrated response to child rights issues.
- As the highest HIV prevalence country, continue addressing HIV prevention as a priority area, through comprehensive strategies targeted to mothers of newborns, children, adolescents and young people, to sustain the decline of new infections.
- Systematically integrate climate change considerations: embed climate resilience and adaptation strategies within all programme components to ensure that interventions are responsive to environmental vulnerabilities affecting children.

### **Recommendation 2. Strengthen Inclusion and Equity in UNICEF's Programming**

[Directed to UNICEF ECO; Priority Medium-High]

Linked to Findings: 1, 2, 6.

UNICEF Eswatini should adopt a more comprehensive and structured approach to ensuring that no child is left behind, with a particular focus on marginalized and vulnerable groups. Gender-responsive and disability-inclusive approaches should be fully mainstreamed across all programme areas, ensuring that interventions do not only reach vulnerable children but also address the systemic barriers that perpetuate exclusion.

Suggested Action Points:

- Ensure that the next CP has an explicit gender responsive approach mainstreamed. Develop a comprehensive understanding of gender considerations for all CP components and ensure that the Programme Strategy Notes set out differential gender and equity needs for each output area and how they will be addressed within the CP. As appropriate, include a gender-

- transformative approach, ensuring programming actively challenges harmful gender norms (for example within SBCC work).
- Integrate a stronger focus on gender-based violence prevention and response, linking it explicitly to broader efforts in violence against children and sexual and reproductive health and rights.
  - Embed disability inclusion across all programme components from the design phase continuing to focus on range of disabilities and consider supporting the adoption of disability responsive budgeting alongside child responsive budgeting.
  - Continue advocating for and supporting universal coverage approaches (such as the Universal Child Grant and inclusive education access) while ensuring these approaches also address the specific needs of the most marginalized children.

**Recommendation 3. Enhance UNICEF's Support to Eswatini's Emergency Preparedness and Response Capacity** [Directed to UNICEF ECO in collaboration with the Government of Eswatini and development partners; Priority Medium-High]

Linked to Findings: 3, 25.

While UNICEF Eswatini demonstrated adaptability and responsiveness during the COVID-19 pandemic, there is a critical need to strengthen UNICEF's systematic support to Eswatini's emergency preparedness to ensure faster, more efficient, and more child-centered responses in future crises. UNICEF should review its emergency preparedness and response systems, addressing delays in funding staff readiness, and the prioritization of child protection across all response efforts.

**Suggested Action Points:**

**Strengthen Emergency Preparedness Planning and Systems**

- Review emergency preparedness and response systems for rapid response, coordination with government and partners, and resource mobilization. Explore the feasibility of a contingency financing mechanism to enable quicker disbursement of emergency funds, reducing delays in response time. Consider an ongoing partnership arrangement with a humanitarian organization to enhance readiness to respond.
- Establish clear child protection protocols to support the Government of Eswatini's emergency response plans, ensuring that children's safety, mental health, and access to essential services are prioritized. Increase investment in psychosocial support services and community-based child protection mechanisms during emergencies.
- Advocate on financing for emergency preparedness throughout all the relevant sectors
- Consider including within the new CP risk register potential disease outbreaks, climate shocks, and governance issues.

**Recommendation 4. Optimize Coherence and Coordination Across UNICEF's Engagements** [Directed to UNICEF ECO in collaboration with other UN agencies; Priority – medium]

Linked to Findings: 7, 8.

To optimize its effectiveness in supporting national leadership and system strengthening, UNICEF Eswatini should continue its strategic coordination with government, leadership roles in co-ordination mechanisms and convening role ensuring that the appropriate stakeholders are engaged, including from CSOs. It should explore opportunities for enhancing co-ordination with other UN agencies to improve the "Delivering as

One” implementation approach. UNICEF should also ensure greater clarity in its role as a facilitator of system strengthening rather than a service provider.

#### Suggested Action Points:

- Advocate for a stronger coordination with other UN agencies at the UNSDCF table for a more cohesive “Delivering as One” approach, drawing on specific mandates and comparative strengths of each agency, as well as for clear communication towards external stakeholders as to how the “Delivering as One” model is implemented. Key areas that emerged for enhanced collaboration include WASH, and services for perinatal surveillance and care. Foster clarity around roles on gender issues, towards gender mainstreaming within programming.
- Clearly communicate UNICEF’s role as a technical advisor and system-strengthening partner, emphasizing that modeling service delivery is for demonstration and scaling by government, not an expansion of UNICEF’s mandate into direct service provision.
- Provide technical assistance and capacity-building support to CSOs, enhancing policy advocacy skills.
- Expand UNICEF’s efforts to bridge national policies with local implementation, ensuring that best practices and policies are effectively cascaded to the regional and community levels.

**Recommendation 5. Improve efficiency by diversifying funding sources and enhancing staffing capacity** [Directed to UNICEF ECO, UNICEF ESARO and UNICEF Executive Board with collaboration of donors and private sector partners; Priority Medium]

Linked to Findings: 27, 28.

To improve the efficiency of UNICEF’s work in Eswatini, it is essential to diversify funding sources, strengthen staffing capacity, and streamline financial and programmatic processes. A more strategic approach to resource mobilization, with an emphasis on increasing flexible funding, will ensure a more equitable allocation of resources across all programme areas. Additionally, enhancing staff capacity for upstream work, advocacy, and resource mobilization, while addressing inefficiencies in funding disbursement and project cycles, will enable more effective and sustainable interventions.

#### Suggested Action Points

- Strengthen fundraising strategy. UNICEF ESARO to support the CO to identify and engage with regional and global donors, and co-create initiatives to mobilize resources to the CO.
- To expand private sector engagement and secure more flexible and diversified funding sources consider developing a private sector engagement strategy, map the social responsibility interventions by private sector in the country, produce multi-media communication materials and organize workshops and events including field visits for private sector in an effort to pool private sector funding. Leverage the UN Global Compact as a potential platform to strengthen partnership with the private sector.
- Explore innovative financing mechanisms, such as public-private partnerships and impact investing, to support sustainable programming.
- Invest in capacity-building for staff, particularly in advocacy, policy engagement, and resource mobilization, also with the support of external consultants.
- To improve programme efficiency and implementation, advocate for longer-term project cycles to enhance sustainability and reduce inefficiencies related to short-term planning and advocate for streamlined funding disbursement processes to minimize delays and ensure timely programme implementation.

**Recommendation 6. Strengthen the Sustainability of UNICEF’s Work** [Directed to UNICEF ECO and UNICEF ESARO in collaboration with government stakeholders; Priority – medium]

Linked to Findings: 30, 31, 32.

To enhance the long-term effectiveness of its work in Eswatini, UNICEF should prioritize sustainable policy advocacy, strengthen capacity-building efforts, and ensure that service delivery models and innovations are integrated into national systems from the outset. All downstream support should be embedded within a broader system strengthening and / or a policy engagement process. A clear sustainability strategy should be embedded in all initiatives to ensure long-term adoption and ownership by the government.

**Suggested Action Points:**

- Strengthen policy advocacy and budgetary engagement. Continue with evidence-based and costed advocacy packages to facilitate policies that are influenced by UNICEF and backed by sustainable government funding and integration into national systems.
- Continue to build government capacity in budget analysis and child-focused public financial management, ensuring adequate resource allocation for UNICEF-supported policies.
- Expand from one-off training sessions to continuous professional development models, including on-the-job coaching, mentorship programs, and peer learning networks. Develop and implement a structured monitoring framework to track capacity-building outcomes, ensuring that technical assistance translates into institutional change.
- Ensure that all pilot and demonstration models are designed with clear sustainability strategies from inception, including exit plans and government ownership pathways. Embed M&E frameworks within all innovation models, ensuring data is collected to inform scalability decisions. Strengthen multi-stakeholder engagement, bringing together government, civil society, and donors to align pilot initiatives with national strategies and budget frameworks. Foster knowledge exchange with other UNICEF country offices across the region.
- Consider UNICEF’s role within youth employability amidst other stakeholders. Any youth skills development initiatives should have systemic linkages with national education and employment strategies, and be integrated within broader workforce development plans, linking them to technical and vocational education, entrepreneurship support, and labour market needs.

**Recommendation 7. Strengthen Systematic Monitoring and Measurement of Change**

[Directed to UNICEF ECO; Priority – Medium]. Linked to Findings: 9, 29.

To enhance UNICEF’s ability to track and assess progress, a more structured and integrated approach to monitoring and evaluation is needed. This will help bridge the gap between outputs and outcomes, establish clearer causal links between initiatives and results, and track how policy advocacy and system strengthening efforts translate into measurable and disaggregated change.

**Suggested Action Points:**

- Enhance output level measurement: Strengthen efforts to track not only the delivery of activities but also their effect on knowledge uptake, behavior change, and service improvements.
- Improve policy implementation monitoring: Introduce mechanisms to systematically assess how policy advocacy efforts translate into real-world implementation and outcomes, rather than stopping at policy adoption.
- Strengthen data disaggregation: Ensure that all relevant indicators are disaggregated by key subgroups, such as gender, disability, to better assess differential impacts and promote inclusive programming.

## 10. LIST OF ANNEXES IN VOLUME 2

- Annex 1. Terms of Reference
- Annex 2. Evaluation Matrix
- Annex 3. Reconstructed overarching Theory of Change
- Annex 4. Theories of Change for each outcome area
- Annex 5. Stakeholder mapping
- Annex 6. Deep dive subnational site visits
- Annex 7. Data collection instruments
- Annex 8. List of persons consulted
- Annex 9. Evaluation Reference Group members
- Annex 10. List of documents consulted
- Annex 11. Survey results
- Annex 12. U-Report results
- Annex 13. Alignment with UNICEF strategies
- Annex 14. Informed Consent Forms
- Annex 15. Proposed Informed Consent Form for caregivers/parents of children under the age of consent
- Annex 16. Information about the Evaluation Team
- Annex 17. Ethical Review Approval
- Annex 18. Results Framework

For further information, please contact:  
Eswatini United Nations Children's Fund  
UN House, Somholo Street  
Mbabane, Eswatini  
Tel: +268 2409 6600

<https://www.unicef.org/eswatini/>

© United Nations Children's Fund (UNICEF)  
March 2025