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### United Nations Children's Fund

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### Country note\*\*

#### Swaziland

##### *Summary*

The Executive Director presents the country note for Swaziland for a programme of cooperation for the period 2001 to 2005.

### The situation of children and women

1. King Mswati III of Swaziland has declared the HIV/AIDS epidemic a national disaster. Sero-prevalence among pregnant women attending antenatal clinics is currently estimated at 31 per cent, rising from only 4 per cent in 1992 and 26 per cent in 1996. Within the adolescent age group (15-19 years), there are four times more AIDS cases among girls than among boys. Children under the age of five years account for 7 per cent of reported AIDS cases. Irrespective of their HIV status, the prospects of the epidemic for children are bleak, particularly for orphans. The emotional trauma of living

with, and caring for, family members infected with HIV compounds the situation. The current pace of AIDS-related deaths is associated with an increase in the number of orphans who will need care and protection from the few support systems available, with many orphans having to assume the parental role for younger siblings.

2. Infant and under-five mortality rates, while high at 72 and 89 per 1,000 live births, respectively, do not yet reflect the full impact of HIV/AIDS as they were determined at an earlier stage of the epidemic. Apart from HIV/AIDS, contributors to high morbidity and mortality include malnutrition, diarrhoeal diseases and respiratory infections. In particular, results from the 1995 nutrition survey show a prevalence of 27 per cent for stunting, 7 per cent for under weight and nearly 2 per cent for wasting. Vitamin A deficiency among children and women of child-

\* E/ICEF/2000/2.

\*\* An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2000.

bearing age is high, with 46 per cent marginal and 8 per cent severe deficiencies. Forty per cent of children are reported to be anaemic.

3. At 110 per 100,000 live births, maternal mortality is also high. Pregnancy-related causes of mortality include haemorrhage, unsafe abortions, sepsis and inadequate clinical skills for handling obstetric and abortion emergencies, factors that may be complicated by AIDS. Adolescents are particularly at risk, considering that the teenage pregnancy rate is high and accounts for 25 per cent of all deliveries in health facilities.

4. While the gross primary enrolment ratio was almost 92 per cent in 1998, problems associated with high repetition and drop-out rates remain key features of the education system. It takes an average of 11 years for a child to complete a seven-year primary education, translating into a 57 per cent increase in costs per child.

5. Many issues affect children in need of special protection. The child labour force could be expanding, owing to the need for AIDS orphans to fend for themselves. There are increasing numbers of rape cases: from 588 in 1997, to 649 in 1998; and 350 cases reported during the first five months of 1999. Child victims of sexual abuse frequently include orphans and children living on the street, neglected and abandoned by their families. A coherent juvenile justice system does not exist, and the current legislation for the protection of children is not adequately enforced. Discrimination against children with disabilities remains, despite attempts by the Government to provide special education and health care.

6. The ability of families, communities, institutions and civil society to fulfil the rights of children is hindered by a number of factors, especially the lack of knowledge and recognition of children's rights, non-supportive cultural values and practices, the worsening prevalence of HIV/AIDS and inadequate structures and resources. However, many of such challenges emerging from the analysis of the situation of the country's children are being addressed, to varying degrees, as part of two key development initiatives. The National Development Strategy maps out the long-term (25-year) vision for all sectors, while an Economic and Social Reform Agenda identifies priority actions and targets over a period of three years. An essential part of the proposed programme of cooperation will be to assist Government to establish operational mechanisms for these initiatives.

## Lessons learned from past cooperation

7. Progress has been made towards the health and education goals identified at the World Summit for Children. The current country programme has contributed to the achievement of targets for immunization, primary school participation, breastfeeding, oral rehydration therapy and universal salt iodization. However, as previously pointed out, infant and maternal mortality rates remain high, a situation compounded by the growing impact of HIV/AIDS. With Swaziland set to achieve many of its Year 2000 goals, those concerning child survival are likely to be eroded by the AIDS pandemic unless drastic changes are made in behaviour as well as in ensuring the availability of resources for families, communities, civil society and the Government.

8. High coverage in service delivery has been made more sustainable by an increased emphasis on capacity-building to enhance the quality of service. In addition, consultative mechanisms have been put in place to facilitate effective collaboration. However, partly due to the insufficient attention paid to monitoring and evaluation during the development of the current programme, limited coordination of data collection and analysis has led to discrepancies which have rendered progress monitoring sub-optimal. Because initiatives involving young people and women have had a positive outcome, more steps need to be taken to involve them in planning and monitoring to ensure that interventions are more inclusive and proactive.

9. There is an expanding appreciation among government and non-governmental organization (NGO) partners of the importance of an intersectoral approach to addressing issues related to children's rights. Advocacy for children in need of special protection has reached nationwide coverage through the media, youth groups, policy makers and civil society organizations. But for the new programme to be more effective in terms of mobilizing real actions, complementary high-level and grass-roots advocacy will need to be conducted.

10. Greater collaborative efforts and joint planning are needed for effective partnerships with United Nations agencies and other external organizations to support programme requirements, especially with regard to HIV/AIDS. Such partnerships could be strengthened through a more systematic and sustained process of information sharing and a proactive approach to advocacy and programming. Other areas that need to be addressed in the new country programme include management and monitoring practices, enforcement and influence of rights-

based policies, and a countrywide communication strategy for behaviour change.

## Proposed country programme strategy

11. The goal of the programme of cooperation for 2001-2005 is to support national capacities to promote, protect and fulfil the rights of children. In pursuit of that goal, the programme aims to achieve the following objectives: (a) reduce infant and maternal mortality; (b) prevent the transmission of HIV and improve care and support to those infected with and affected by HIV/AIDS; (c) support national efforts to ensure access to relevant, quality education and improve completion rates; and (d) contribute to the reduction of all forms of child abuse, as well as to the creation of an enabling and supportive environment for families and communities to provide care and protection to all children. The mutually reinforcing strategies to be adopted for underpinning the programme are capacity-building for effective interventions; advocacy and social mobilization for change; and monitoring and support to information systems. These strategies will use every opportunity to address the issues of HIV/AIDS, child protection and gender in view of their centrality to the fulfilment of the rights of children.

12. Interventions for building capacity at community, service-provider, regional and national levels will feature prominently. To translate human resource capabilities into improved capacity for action, increased efforts will be channelled to addressing the policy, coordination and managerial framework for influencing positive behaviour and realizing the rights of children and women. In support of community-based approaches, whose success will also provide a sound basis for advocacy, attention will be paid to strengthening partnerships with the regional administration, community leaders and NGOs. The programme will aim to improve access to and the quality of basic social services by promoting synergy among the various interventions.

13. Effective communication approaches will be used to encourage voluntary behaviour change through the dissemination of appropriate information and social mobilization. Where appropriate, mass media of all types will be used to convey clear and convincing messages to influence decisions and actions of individuals and groups. Programme communication and social mobilization activities will seek to promote community participation; improve knowledge, attitudes and practices; strengthen partnerships among duty-bearers; and increase the

commitment of decision makers to the realization of children's and women's rights. Advocacy activities will focus on placing women's and children's rights on the national agenda as well as raising awareness of the range of actions for promoting improvements in their well-being. The potential for advocacy to positively influence child-centred policy and programme development will be enhanced by a concerted effort to monitor and report on the situation of children and to use research as a tool for responding directly to the need to fulfil the rights of children and women. Such actions will look especially into the capacity and vulnerability of families and communities to address the impact of HIV/AIDS on child health, child-rearing practices, child labour and child development.

14. The following three programmes are proposed for the next cycle of cooperation: (a) integrated basic social services; (b) community action for children's rights; and (c) policy and institutional support.

15. *Integrated basic social services* aims to improve access to and the quality of basic social services by strengthening the capacity of families, service providers and communities to provide appropriate care and protection to all children at various stages of their development. The scope of basic social services will include child health, nutrition and early childhood care, reproductive and adolescent health, basic education and life skills, with particular attention to children in need of special protection. It will include the prevention and reduction of the prevalence of HIV/AIDS, especially among children and women, by supporting efforts to go to scale in school- and community-based programmes for participatory communication and education. Innovations for improving the quality and relevance of education will be carried out, to keep children in school.

16. *Community action for children's rights* aims to promote and sustain the capacity of communities to act in favour of children. It seeks to enhance the capacity of families and communities to fulfil the rights of children by improving their knowledge, attitudes and practices on children's rights. Community action aims to strengthen and prioritize the interests of children at all times. Social mobilization to facilitate genuine community participation in development programmes will be undertaken, emphasizing the role of children, youth and women in initiatives aimed at addressing issues related to their rights. UNICEF support will include the facilitation of community-based assessment, analysis and action on the causes of illness, malnutrition and death among young children, and HIV/AIDS prevention and care, including

community preparedness to fulfil the needs and rights of orphans.

17. *Policy and institutional support* aims to promote and sustain an enabling environment for the fulfilment of children's rights. Actions will be taken to ensure that national policies, laws and institutional mechanisms support commitments for the survival, development, protection and participation of children. This programme will also focus on strengthening the capacity of governmental and non-governmental organizations to spearhead policy and legal reforms for ensuring consistency with the Convention on the Rights of the Child. National initiatives seeking to improve social sector spending and the efficient use of human, material and financial resources will be reinforced.

18. The process of United Nations reform in Swaziland has achieved the following: (a) completion of the Common Country Assessment (CCA) in June 1998; (b) agreement to harmonize the country programme cycles of UNICEF, the United Nations Development Programme and the United Nations Population Fund; and (c) a response to the HIV/ AIDS epidemic under the Joint and Co-sponsored U n i t e d

Nations Programme on HIV/AIDS. Consultation among United Nations agencies continues to facilitate implementation of the recommendations of the CCA. UNICEF will strengthen its collaboration with other United Nations agencies in developing the United Nations Development Framework and in HIV/AIDS programming under the AIDS theme group. It is expected that the programme cycles of UNICEF and other United Nations agencies will begin to be harmonized in January 2001.

19. UNICEF will expand its existing partnership with business and civil society organizations. Consistent with the Government's aid policy, the Ministry of Economic Planning and Development will be responsible for the overall coordination of the country programme and for consolidating support from relevant government agencies and NGOs. Management of the country programme will be characterized by partnership, coordination, improved monitoring practices and efficiency.

## **Estimated programme budget**

### **Estimated programme cooperation, 2001-2005<sup>a</sup>**

**(In thousands of United States dollars)**

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	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Integrated basic social services	1 153	2 099	3 252
Community action for children's rights	494	1 259	1 753
Policy and institutional support	329	839	1 168
Cross-sectoral costs	1 318	506	1 824
<b>Total</b>	<b>3 294</b>	<b>4 703</b>	<b>7 997</b>

<sup>a</sup> These are indicative figures only which are subject to change once aggregate financial data are finalized.

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